

Dwelling with/in Possibilities: Lifelong Learning Through Reflection
on/in Clinical Practice

by


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ABSTRACT

The focus of this autobiographical narrative inquiry is about reflection.

My method of learning about reflection is through reflection. I have used writing, reflecting, re-writing and re-reflecting on/in every day lived experiences to assist me in developing an ever deepening understanding of what reflection can be and what can come of it. Many of the experiences which have contributed to this knowledge and awareness have come from my daily occupational therapy practice.

I have used narratives from my life and clinical practice to demonstrate my wonder, and my struggles in gaining insight into the nature, and the possibilities of reflection. These personal stories, also, illustrate what is required for reflection to move me into significant new ways of knowing and understanding. This way of learning is in contrast to my previous professional education and learning. I have closely examined my clinical practice through critically reflecting and calling into question beliefs, values and assumptions which underpin my everyday activities and interactions. I have, also, begun to discern historical, political, social, economic and ethical forces which shape my practice. Thus, I have gained considerable personal and professional awareness and understanding of the complexities of my everyday activities, and the complexities and multiple dimensions of reflection. Common themes, namely, fairness, justice, respect, caring, vulnerability and my personal stance have been highlighted by this critical reflection and are discussed in the text. The issue of responsibility (response-ability) is raised throughout the writing.

The use of reflection to explore my practice and my personal experiences, and vice-versa, has heightened my awareness to the importance and the power of the inner voice. This exploration has emphasized to me, as an individual, and as a facilitator of adult learning and professional education, the importance and the potential of critical reflection to lifelong learning.

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Dedication

To the memory of my sister, Mary (May), who cared, listened, quietly encouraged and above all trusted, respected and believed in me and my abilities.

Remembering: Possibilities

I was ecstatic when I discovered that I was one of the few junior level students fortunate enough to be chosen to complete a summer work experience in one of the largest and most renowned work readiness programmes in the country. People who had been injured at work, particularly, in the dockyards or the coal mines were referred to this specialized centre to receive intensive rehabilitation which would assist in their return to their previous places of employment. This would be my first, long term, fulltime student placement--eight weeks of continuous clinical practice. At last, after a year of studying, I would have the chance to work with patients. The opportunity to know them as living persons and to practice and develop, what in the professional language was known as, a therapeutic rapport. No longer would the patients be just characters from within the pages of a book or the case studies from someone else's practical experience. Shortly, I would be interviewing, assessing and treating many different patients, people, who would have actual faces, names, families, unique lives and specific health care problems or conditions. Finally, the time had arrived for me to put into practice all, or at least much, of the theory and practical skills I had been learning over the past twelve months. As I rehearsed, in my mind, this upcoming experience the possibilities seemed endless.

It was extremely important to me that I put my best foot forward. It was essential that I be successful in this clinical environment. To have been selected for this placement was an honour and a privilege and I did not wish to be a disappointment to either my school or myself.

As the placement grew closer my anticipation heightened. I was excited and enthusiastic about the opportunity to display and practice my theoretical and practical knowledge and I hoped that this energy within me would encourage my creativity, initiative and originality to blossom in the clinical environment. I knew these qualities to be highly respected and regarded and, also, to be extremely beneficial and useful in the practical setting. However, there was also this other niggling feeling, one of self doubt, would/could I meet, measure up, to the school's and the placement's standards and expectations?

The director of the centre ran a tight operation. I had this information on good authority. Reports from students who had completed clinical placements at this facility, but, more importantly I had personal knowledge. Prior to entering my studies in occupational therapy, I had spent a few days at this particular centre shadowing the staff as they carried out their regular professional duties. It was this experience which helped in cementing my decision to become an occupational therapist. Hence, this field work experience was more than a mere placement. This was my ideal opportunity to prove to the staff and myself that I had made the correct decision regarding my career choice.

On the first day of my placement, as I walked down the long driveway to the centre, I was struck by the contrast between the drab buildings of the institution which rose before me and the beautiful pastoral country side which lay around the rehabilitation centre. Rolling meadows with fields of sheep and cows surrounded the low grey sterile buildings which comprised the rehabilitation centre and consisted of

gyms, light workshops, heavy workshops and outdoor recreation and gardening areas.

I looked at the centre which loomed ahead. I could feel the tension in my body rise and the thoughts of self-doubt began to flood my mind. I quickened my pace almost as a way of ensuring that I would continue on my route. All of a sudden I found myself enjoying the peaceful serene surroundings. The buildings faded into the background and I became more aware of and in touch with nature and this feeling of calm penetrated both my mind and my body. When I entered the building I felt more relaxed and ready to engage positively in my practicum.

One of the light workshops was a huge room filled with many varieties of table and foot weaving looms. Each loom had been specifically adapted to ensure that when used the appropriate muscles or groups of muscles would be engaged. Hence patients with a great number and variety of conditions and injuries could be treated by this particular modality--weaving.

I had been assigned to this particular location and I had completed the preparation necessary for my patient's treatment session. All that was left to be done was to transport the four heddle table loom from the large light workshop to a table in the adjoining smaller light workshop. I was passing through the double doors between the workshops when the loom slipped and crashed to the ground. I stood, dazed in amazement, looking at the disaster. The wooden loom and the newly wound warp were spread out over the workshop floor. The blue warp threads were intertwined with pieces of the loom but, unfortunately, not in the original manner. The supervising therapist, who had been overseeing my preparation session and who

would, also, be observing my treatment and interactions with my patient, looked first at the floor and the pieces of equipment and material scattered around my feet and then directly at me. Our eyes met but there was no verbal exchange. As she turned on her heels and left the scene of the disaster she quietly, yet firmly, reminded me that Mr. X. would be present for his treatment session in approximately fifteen minutes. I knew that I was expected to have this situation in hand by the time the patient arrived for his treatment session.

Once I recovered from my initial numb daze I remember the rising feeling of panic, the tight knot I felt in my stomach and the large lump I had in my throat. I felt dizzy, partly as a result of the physical reaction to this highly stressful situation and, partly, from the thoughts which were swirling around in my head. Slowly, the thoughts began to settle and I was able to think more clearly. I also realized that with my limited clinical experience and my current ability in the technical skills arena to adapt a similar activity or develop a new modality would be virtually impossible. I had very few alternatives. I had to fix the loom and rearrange the warp to its original form.

My first concern was for my patient, Mr. X. He would be arriving soon, expecting to find his treatment session well prepared. He was in the centre to receive specific specialized treatment and I knew it was important that he receive this on a daily basis. What would happen to the muscles and joints in his arm if the treatment modality, weaving, was not available? How would I explain this to him? This was almost impossible to bear. How would this affect our developing

therapeutic rapport? Would he understand? Would he be able to forgive this one, but significant, mistake? Would he still trust me? Saying I was sorry was certainly not going to be enough.

Somehow I was able to piece the parts of the table loom together and to disentangle the warp so that the frame and the weaving were once more operational. I felt greatly relieved when the loom was successfully repaired and delighted that Mr. X. would be receiving his occupational therapy treatment.

When the patient arrived for his appointment and the supervising therapist returned to the treatment area there was no trace of the accident. Throughout my placement this particular incident was never referred to nor discussed.

Reflections: on Memories

I write and share this story because I am interested in paying close attention to and calling into question the beliefs, values and assumptions I bring into the every day practice of occupational therapy as these may shape and influence my clinical activities and interactions. I do this by critically reflecting on and in my clinical experiences, thus, gaining further awareness and understanding of my practice. These reflective and reflexive explorations, also, provide me with insights into the nature of reflection and what is necessary in order to enable movement into considerable new realms of understanding.

I reflect on this story with numerous years of clinical experience behind me, having held various administrative and supervisory roles and having gained in maturity and self-confidence I can more freely and openly identify how and why it is important to me. It is important because the narrative highlights the primary themes of respect, caring, vulnerability, fairness, justice and my personal stance which have surfaced and have appeared almost constantly in my writings, throughout the past three years, when I have been critically reflecting on and in my everyday activities and interactions.

As a member of a health care profession, relationships are

the foundations to the framework of all interactions and transactions whether this be between the therapist and patients, colleagues, interdisciplinary team members, supervisory personnel or students. Just as the topography of a mountain range often influences the difficulties, and pleasures climbers encounter on their travels, so to, do relationships form the basic structure for the challenges and successes experienced by therapists as they journey within their practice. It is in the qualities of these relationships that we see the caring, the respect, the personal stance, the vulnerability, the fairness and the justice.

Emotionally and intellectually this placement was very important to me because I had much at stake--what was the professional staffs' opinion of me as a potential therapist and a potential employee?--was my career choice and career, life, plan appropriate?--would/could I be successful in the eyes of my school, the facility and myself? Bringing these values in/to my practice and placing so much importance on positive answers certainly heightened my personal stance and my vulnerability. Reflection increases my awareness of my personal stance, at that particular moment, thus, informing and enlightening.

In re-reading this story I am stuck by the tensions and conflicts (the excitement and the anxiety, the hope, the anticipation and the self-doubt) I was feeling in my body about this placement and how this tension and conflict was mirrored in the symbols of the beautiful green countryside with its fields of cattle and sheep and that of the low grey sterile buildings of the institution.

In this writing I note my integration with nature and how this helped me overcome my feelings of self doubt. I continue to find being at one with nature very positive and relaxing.

Like the "mingling" Butala (1994) describes: I was in the field to the north lying in the grass...I shut off my conscious brain activity--if only I could sustain that longer--and this time the sounds around me--I became aware of them, which I hadn't before; insects, birds, chiefly the wind. But this time I had a sense of my "awareness" going out of me and not these things entering me, but of me going out to mingle with them. (p. 128)

In retrospect, one of the reasons for my determined effort to rise above the difficulties which the damaged loom created for me, in the clinical setting, was my concern, caring and respect for the patient--the therapeutic rapport which had developed between myself, as the student therapist, and the patient. Being aware of

and keeping the patient's needs and wishes foremost in my mind is an extremely important clinical value. One, which I have never lost and, hopefully, have never overlooked.

I also call into question the issue of relationship, power and authority and how this affected my feelings of vulnerability, my personal stance and my value of fairness. My feelings of vulnerability arose from the fear of failure and the threat of public exposure in front of my patient and the supervising therapist. What would happen if I could not put the loom back together again? What would happen to the patient's treatment session? By cancelling or postponing the patient's appointment I would be creating an unfair situation for Mr. X.--one in which he had no control. Professionally and personally I felt as if I would be abandoning or letting the patient down, if the treatment session could/would not be available at the appointed time. I felt that this was totally my responsibility. This personal responsibility, the bringing of my values, concerns and bias of fairness and justice to this particular setting and my need to display, outwardly, my values and concerns show, inform and enlightened my personal stance. Upon reflection, I am sure that my values and beliefs regarding the importance of fairness and justice were internalized from my home environment.

It never entered my head to ask the supervising therapist for assistance or that she had any role or responsibility in overcoming this disaster. I did not perceive that I was forsaken by the supervising therapist and I did not see the need to address the fairness of this particular situation to all the parties involved. I may have been subconsciously aware of these issues, but my own acceptance of such a situation, I believe, was a result of the clinical culture, my internalization of the facility's and the school's subservient role of the student, my belief (at that time) that I could not question my supervising therapist, and my denial of the importance of the relationship and authority between myself and the supervising therapist. I was aware of the importance of the clinical relationship between myself and the supervising therapist and of her authority, power and control in the clinical setting. However, my denial of this, I believe, was based on fear and concern regarding the possibility of repercussions if the issues of personal values such as fairness, and the feelings of vulnerability were confronted. How would this influence the future of my clinical placement? Would this affect my evaluation? How would this affect the student-therapist working relationship? Upon reflection I believe all of these factors silenced my voice. However, on the other hand, I am sure that my personal stance and my

vulnerability, with the fear of failure and possible humiliation in front of the supervising therapist and the patient were, also, at that period of time, highly motivating factors in my ability to rectify the treatment modality (the loom and the weaving) and, thus, prevent further outfalls from this particular clinical incident.

This story also highlights, for me, the importance of past experience to the present and also future experiences--reflection, learning and praxis. In this highly anxiety provoking situation I called upon previous practical experiences and skills in assembling looms from scratch and applied clinical reasoning to understand why and how the loom and, therefore, the weaving had been adapted to suit the patient's specific needs and current physical condition. By recalling past successful weaving ventures, through applying creativity and clinical reasoning and with my own inner determination and strength this extremely sensitive and potentially embarrassing clinical situation was overcome.

By re-reflecting on this narrative I have

become aware that "this extremely sensitive" and "potentially embarrassing clinical situation" may have been overcome, for that moment in time, during my student placement, but, it had not been fully resolved. Throughout all my years of practice I have always remembered, carried with me, this particular incident. It was only upon critical reflection, the calling into question values, beliefs and assumptions, that I began to realize the importance of the issues the story highlighted for me as a person, a clinician, an administrator and a researcher. Critical reflection of this experience, emphasized, for me, the significance of reflection as a means of exploring practice and the importance to lifelong learning.

I concur with Kimpson (1995):

When I record these dialogues, especially the internal ones, and reflect on them, I point to the power of reflection as a learning tool. (p.17)

For me reflection is also a source of gaining awarenesses, insights and understandings.

Background: Situating My Interest

Since graduating, as an occupational therapist, I have been interested in professional development and continuing professional education. Throughout my professional career I have been active in the national and the provincial professional education committees, and numerous hospital and community based interdisciplinary health care education planning committees. These committees were and are responsible for planning, organizing and implementing educational opportunities and experiences through lectures, workshops or seminars to meet identified normative and organizational needs. In this role I became increasingly aware that there was something missing; there was a gap. Although we conducted extensive needs assessments and surveys, and courses were outcomes of this feedback, more and more I felt as if we were "doing to or for" the individual or groups of individuals. There was very little active participation in the planning, the organizing and the implementation phases. Within the specific courses there was little interaction facilitated and rarely were formative, summative or follow-up evaluations conducted.

In my role as a an administrator I was also particularly interested in staff development and continuing education. I was interested in achieving and maintaining a high level of quality patient care and proficient and competent staff. In administrative language, it was necessary to demonstrate the provision of quality patient care in the most effective and efficient manner possible within the specific financial constraints. How could this be best achieved? There was much talk about

maintaining competent and proficient professionals with a high degree of technical skills and knowledge of numerous modalities and techniques. What are the most efficient and effective means of achieving these skills? Who has the responsibility for education--the organization or the individual? Should the institution teach skills or pay for therapists to attend courses, only, directly related to their current job? At times there is great tension between what the organization (the administrators) identifies as needs and what the front line therapists see as their felt or normative needs. On many occasions this tension related not only to need but, also, ownership of responsibility and the cost factor.

Staff asked that the education offerings relate to patient care--to their clinical practice. In informal discussions and staff reviews therapists reported that the educational experiences and the venues offered did not fully meet their educational and clinical needs. Again, I felt that there was something missing. There must be another or an additional or a complementary avenue?

I started to listen more closely at what the staff were voicing. Their primary interest was their clinical practice; the provision of patient care and all the every day activities which this involved. I also began to notice that the therapists became most enthusiastic and engaged when discussing their clinical experiences. They requested, they desired that the educational opportunities relate to their patient care--their practice.

There is a place for inservices, seminars, and workshops with specific methods such as goal-orientated problem solving, competency-based orientation and the like.

These methods or orientations may be effective in learning technical information and skills, methodological procedures and specific clinical techniques. However, I do not believe that they lend themselves to addressing certain aspects of clinical interventions--the philosophical, the theoretical and the ethical constructs, the therapeutic relationships, the milieu, and the therapeutic use of self. Competency analysis cannot identify the total Gestalt of the therapeutic relationship. Therefore, I believe that there is a space for something more. Hence, the beginnings of my interest in reflection as a mode for staff learning and of professional development.

...reflection in the context of learning is a generic term for those intellectual and affective activities in which individuals engage to explore their experiences in order to lead to new understandings and appreciations. (Boud, Keogh, & Walker, 1985, p.19)

I wish to facilitate, to encourage reflection on and in clinical practice as an activity which can assist therapists to have a greater understanding, awareness and openness to themselves, their practice and others. The learning experience is more than developing clinical techniques and modalities, theoretical bases in the sciences and the humanities, time management, communication skills and organizational skills. This experience is about what it means to care and hope, to increase and understand self and practice through recognition and identification of feelings and tensions and how this affects relationships and interactions. I am interested in the qualities within the interactions. This is the listening, the hearing, the understanding,

the clarifying, the uncovering, the trust and the respect for self and the other's experiences and perceptions.

I believe, this understanding, awareness and openness is necessary for and essential to movement, change and development, both personal and professional. In Dewey's (1939) terms of reflection this is the power to go on growing. This is powerful and enabling.

I continue to be interested in facilitating reflection as a mode of professional growth and development. However, as I explored my everyday experiences and clinical practice through writing and critical reflection I began, not only, to appreciate the opportunities and possibilities for learning and growth available within this method but the depth and complexity of critical reflection. I was beginning to unearth the multiple layers and dimensions, the mosaic of reflection. The critical questioning called into question the underpinnings of my clinical practice and long held beliefs, values and assumptions.

This complexity of critical reflection could not be ignored. In order to utilize reflection as a way of self growth and professional development it was essential to have a greater knowledge and understanding of reflection. It was necessary, for me, in addition to reading about reflection, to continue to explore and examine my everyday life and work experiences. Thus, gaining greater indepth awareness, insights and understandings of the nature of reflection.

My Interest: Dwelling on/in Practice

This narrative inquiry is about my journey into the world of reflection. Dwelling; living; being; building; with/in the possibilities which have been illuminated through reflecting on/in my practice, thus, giving a richer, fuller and deeper appreciation of the everyday practice of occupational therapy. This inquiry is about moving, growing and change. While digging beneath the surface of daily practice I began to unearth not only the complexities of clinical practice but the complexities and multi-dimensions of reflection itself. This has led to a fascination with and an exploration into the nature of reflection.

Reflection opens up the possibilities of becoming aware of all aspects of the experience through a variety of different lenses and multiple layers. When revisited, through re-reflections, the experience may provide yet further insights and call out for further exploration, delving, or both.

Through my writings I have explored and gained awareness, insights, and understandings into my life and clinical practice. Over the past three years I have been closely examining my practice through critically reflecting on and in the everyday activities and the interactions by beginning to discern the historical, the political, the economic, the social and the ethical forces that shape my practice and by questioning how I am part of, and my participation in, what is going on around me. Examination of specific instances and interactions have helped me gain insight into my assumptions, values and beliefs and the effect of what I do. As I reflect

on these stories, through reading, re-reading and re-writing I note that there are common themes running throughout the narratives. These are fairness, justice, respect, caring, vulnerability and my enlightened personal stance. Reading and studying health care, adult education, critical theory, feminist pedagogy and research literature has informed my thinking by stimulating, challenging, unsettling or re-affirming my thoughts and writings. However, I believe that my personal and clinical practice has provided an appreciation of, and the opportunity to practice and explore reflection, that goes beyond what I have found in the literature.

This work follows my journey and integrates my journal writings, stories, reflections and my many conversations and discussions and reflections with colleagues and friends. There is much intermingling and connecting--I listen, I see, I hear, I act, I change, I listen, I see

My thesis is about reflection and my primary way of learning about reflection has been through reflecting and critically re-reflecting on my life and within my clinical experiences. The stories, narratives, of my life and practice which unfold in the following chapters serve to describe my experiences, my, sometimes, multiple reflections and to illustrate my developing understanding of reflection and my clinical practice. This journey of exploration and uncovering is endless, just like the lifelong learning to which, in my instance, it has greatly contributed. This will continue into the future.

This writing is about experience, reflection, awareness, understanding and change. Upon reflection my research is very similar to my journeys and experiences

hill walking and mountain climbing.

Like practice, the mountain is beckoning, calling to me to explore. To see, experience and understand its awe and its beauty.

Like practice, this means dedication and commitment for there will be struggles and tensions as well as excitement and rewards in this place.

Like practice, I will embrace the familiar and the unfamiliar. In this place and space I will face my own and the others vulnerability(ies).

Like practice, caring, trust, and respectful relationships and connections are essential.

Through the story telling I relive the experiences and hopefully the narrative descriptions will engage the reader in the text. These narratives, recounting the stories from the past, often contain within their text my initial reflections on the experience.

When I return to my writings after a period of time I may

be reflecting through another lens. This opens up the possibilities and I dwell.....

When I revisit/re-read the writings of my past experiences, my reflections and interpretations are from the present—this moment in time. Sometimes these remain the same, constant, while others shift slightly or change to unveil deeper and richer meanings and insights.

The layers continue to unfold. The possibilities shift, move and grow.

Just as I am fascinated by the summit of the mountain cloaked in mist, I became intrigued by reflection with its multiple layers, its many facets, its challenges, its complexities, its tensions, its excitement and its rewards.

As we reach higher elevations the mountain is often shrouded in mist. Suddenly, the clouds will lift or shift to reveal the beautiful landscape. There is a stillness, an inviting silence.

It is silence which allows us to learn of ourselves and of others.... Yet, it is not a passive silence; it is a very active voice. As we question who we are, what we think and what we do,

this silence is our guide.... For if we cannot hear ourselves, can we truly hear others? (Law, in Aoki, (Ed.) 1990, p.24)

This layering of my writing has been chosen as a way of illustrating the multiple layers and dimensions and the complexity of critical reflection. The mosaic of voices, the conversations which may be described as discussions with myself, are introduced by different fonts and by the position of the text on the page.

On occasions, the various reflections are interwoven with the central narrative. These may appear to be or may be experienced as interruptions to the main story or to be competing for space and attention. When reflecting on and in practice this is often what happens--a particular work or an idea triggers or draws the narrator to question and delve to another level or facet of the writings to gain a greater appreciation of or about what is going on around and in the particular situation. Each reflection brings a new or slightly different perspective, depth and understanding.

The writing which extends across the page is the narrative, the storytelling.

The writing which connects the multiple writings, also, extends across the page. Introductions, analysis and explanations or both may be provided through this writing.

The writings located on the left of the page are my reflections on the narrative and includes questions which arise for me upon my return to the story.

These reflections have occurred over the three year period.

The writings on the right of the page are further reflections on the story and may contain my interpretations or understandings of the narrative.

These writings are reflections which have been triggered by re-reading the narratives and by calling into question values, beliefs and assumptions.

The hill walking/climbing analogy appears periodically through the work.

This represents quotes by people who have informed the work by making me ponder reflect.

Although the texts are interdependent, they can, also, be read independently. The reader is invited into the writings. Space has been left for the reader to explore, to create, to reflect....

The thoughtful pauses in between the stories provide a further space for the reader to stop for a few moments to think, to reflect.

The writings within this space can be read independently or as a connection between the texts. The invitation is given; the choice is open.

A Thoughtful Pause

How and at what level does the writer, through the text, invite the reader to be involved--negotiating a space for the reader? I begin to see more clearly the importance of engaging the reader, and how the significance, and the interpretation of the text may be quite different for the reader, than that, intended by the writer. The text has its own complexities. The author does not have full control of the text.

In my own writing, the accumulation of quotes, excerpts and repetitions is also an effort to be "multi-voiced" to weave varied speaking voices together as opposed to putting forth a singular "authoritative" voice. (Lather, 1991, p.9)

Remembering: Coming to Reflection

In the fall of 1993 I entered into the Foundations of Curriculum Studies, a graduate course at the University of Victoria. I was not sure what to expect. I had many mixed emotions--I was a little apprehensive, a little curious and a little excited.

The invitation given was to explore everyday practice; "to seek out the commitments and convictions embedded in...daily practice" (Oberg & Underwood, 1989, p. 4). What did this mean? What was this search for ground? What was this questioning, this critical reflection?

I felt this empty vacuum. What did I have to say? I took my everyday practice very much for granted...It just happened... There was nothing too exciting happening... Nothing, anyone else, particularly, anyone outside of my profession would be interested in... It was all so mundane. As an occupational therapist this was what I was trained to do; it was what I was expected to do. Oh, my observations, my assessments, my interventions and my feedback did have purpose and meaning...BUT...what was this everyday lived experience? What could I write about? I was stuck. I could not voice this and, at this stage, I could not write about it. What was there to write about? My mind was a blank. Would anyone be really interested in what I did on a daily basis? It seemed so ordinary, so taken-for-granted.

In retrospect I was truly stuck in what felt like the mud flats

or that my feet and legs were entangled in the long reeds in the marsh land that often surrounds the mouth of the river as it meets the sea. I could not move, or when I did attempt to take a step I slipped and lost my footing. My body felt stiff and rigid, my voice was at the moment silent and my mind felt heavy laden and blank. When thoughts did occur they swirled or seemed to stretch out aimlessly searching, but for what? Inviting mountains loomed up from the rocky coastline and the sandy bays of the long fiord like arm of the ocean. The sea with its many and various moods was also beckoning. Somehow, and somewhere, deep in my soul, I know there were exciting and challenging adventures lying within my grasp. However, as much as I wished, desired, to be walking and climbing on these unmapped slopes or sailing on this uncharted water I could not yet enter into these journeys. Why this reticence?

Did fear lead to this inaction or did this inaction lead to fear? I was stuck. Now, what could I do? I had to take the risk of trying to write but these attempts were very stilted and limiting. The words read like analytical scientific reports and showed very little of myself and daily practice.

Then came the dreaded day, in October, when the professor handed me a written note--I had not handed in any of my writings, was there any way she could

help? This note was very supportive, non-threatening and non-judgemental. I realised that I was the one making all the judgements and setting up the barriers. I had to own-up that I found writing about my everyday practice very difficult. Maybe writing was not my best medium for exploring this ground. Once again, there was support, understanding and the invitation to meet and talk, or to use any medium I found more comfortable to examine my practice. Slowly, I began to realize that I needed to trust both myself and the facilitator and to take the risk to share my stilted writings. It was so difficult to move from my usual way of writing term papers, administrative reports and clinical objective note writing. By talking and sharing my writings, the shift, the critical reflection had begun. The challenges would be great, the journey would not be without anguish and pain but, slowly I was finding my authentic voice and beginning to understand that "the aim of this ground probing is to engage" (Oberg & Underwood, 1989, p. 4).

Now after writing and reflecting on and in my practice and with insights gained it is interesting to revisit, to peel back a layer, in order to commence uncovering what was happening in the beginning weeks before I took my first plunge into the deeper pools of reflection. Before, I commenced my pain-staking, yet exhilarating climb up the often steep, rocky and slippery mountain slopes.

I considered myself proficient in my practice, an experienced therapist who provided appropriate and meaningful clinical assessments and interventions and administrative information and reports. I, also, worked cooperatively and collaboratively with colleagues, students and patients to maintain, to improve and to

enhance patients' functioning ability in their daily lives, the quality of their lives or both.

This did not mean that I did not seek ways for improvement.

I was very committed to a variety of committees and task forces which addressed continuing professional education and learning through conferences, workshops and seminars. In this role, committee members tended to look towards experts who would enlighten and encourage improvement in technical skills, impart information regarding policies and procedures and provide updates on current themes. We looked outside the individual therapist for the expertise--someone else, usually from outside the institution, always had more knowledge or more meaningful experience(s). Even when I recognised skills within staff members it was more commonly from the point of supporting and enlightening others, rather than facilitating the individual to utilize the skills and the insights to question practice or further enhance self-development.

Occupational therapy is said to include the mix of art and science. However, I believe my emphasis has been on developing the scientific side at the expense of the artistic side. This is the administrative, scientific, cool and logical voice.

How can I move from this analytical mode into the domain of thoughtfulness?

.....we fail to see the possibility of understanding thinking. What seems to be concealed and hence left unseen and unheard is the understanding of thinking that might be understood as thoughtfulness as an embodied doing and being, thought and soul embodied in awareness of the lived moment. (Aoki, 1991, p.5)

Over my years in the field of occupational therapy I have been actively involved in debriefing following both individual and group therapy sessions. I examined and gave consideration to my actions, interactions and the dynamics within the sessions and shared these incidents and experiences willingly with team members and colleagues. I have shared stories and listened to the narratives of other colleagues but as I ponder over this I now realise that I did not carry this story telling over into all areas of my practice. I did not seem to fully appreciate the importance, the wealth and the wisdom that lay in and beneath the words in the stories of my clinical practice.

In retrospect, there were many areas and situations where I gave little thought or consideration to what I was doing on a daily basis and, rarely, did I call into question the under pinnings of my practice--my beliefs, my values, my assumptions and their origins.

I was responsible within my practice but where was response-ability with/in my practice?

I still concur that this was partly because I took most of the activities, projects and interactions of the daily practice for granted or as part-of-the-course. Looking back, and now with reflection much less of a process and much more of an occurrence like thoughtfulness, I wonder if at a deeper, yet to be uncovered level, I was aware that if I accepted or entered into this invitation of looking more deeply and critically at my practice there would be no returning to my former way of being. Was my hesitancy and apprehension about these first few steps because at another level I was aware of the importance that my personal stance and vulnerability would have to my paying attention to, and reflecting upon my practice? With/in the dwelling of my practice I would have to open doors to enable and allow myself and others further within, thus, the foundations and the contents would be exposed, available for review and examination. Also as I unlatched the windows I would begin to see and feel the connectedness, the inter-relationship between the private and the public worlds. Through raised consciousness, doors, windows and compartments could/would be unlocked, possibly, for the first time. This was a leap into the unknown--the journey and the adventures had begun. The movement, of examining and exploring my professional practice and my being began to unearth possibilities and unravel the barriers and the limitations.

This is the clinician, the more artistic, free and open voice.

As the art and science in occupational therapy mix and mingle within everyday practice so do my voices. The clinician

voice often has to struggle to be heard by the other administrative voices. Sometimes there is a tension between my voices. However, I am beginning to listen to both and to see each of their strengths. Slowly, there is a mixing...a mingling...a balance to best suit the situation, the experience.

At the end of this course experience I wrote: I have discovered that writing can help tremendously in clarifying and uncovering ideas and thoughts. When the pen and paper come together the ideas, thoughts and reflections are there to be seen. There is no denying, no turning back. The writing helps create an objectivity which does not lose sight of, or exclude the subjectivity, but gives the writer the opportunity to view the thoughts, now words from a different perspective. I believe that writing helped me with my reflection and reflexivity. It somehow makes it easier. I was also very surprised how much I enjoyed, as time went on, the writing. It almost became a desire, a compulsion. This is a gigantic leap for the woman who initially found it so difficult to move out of the scientific mode of writing term papers, or recording documentation for administrative reports or patients charts to writing critical reflective journal entries.

By pushing critical reflection to increasing depths through revisiting previously written stories and through writing and re-writing texts I discovered new and greater enlightening material and insights.

I agree with Susan Underwood when she wrote:

I was discovering my own tale in the telling, becoming in the process whole, both creator and interpreter of meaning. Though searching for my own questions and listening to my own responses, I had struggled not for the approval of an external voice of authority but for that of the inner voice, the one to which I could listen not just for a few months, but for a lifetime. (Oberg and Underwood, 1989, p. 13)

A Thoughtful Pause

Upon reflection, is it possible that I am getting caught up in the webs internalized from my scientific educational background and my years of working within institutions where the formal medical model is the primary framework? My interest in reflection does not fit neatly into the prepackaged world, of the well ordered, organized medical model with its streamlined hierarchies and set directions and procedures.

My personal journal writings have helped me to practice being more focused without compartmentalizing the topics or issues. However, I need to continue to practice looking at issues more specifically while remembering the broader context so that I am free to examine the topic in a variety of different ways. To view the situation through different lenses.

The verbal interactions with teachers, colleagues, and friends and my journal writings have continued to provide insights and truths into my professional practice and every day activities. Although not always what I wish to see or hear, these insights have helped me look deeper into my actions, reactions and interchanges, thus, assisting in furthering personal and professional growth through understanding, awareness and change. I believe that I am less likely to compartmentalize feelings, thoughts, issues, and actions. I can look specifically, but I am aware of the broader context.

This move from compartmentalizing has been crucial because it makes critical questioning possible and this critique can lead to change.

There are many choices, a variety of areas to be explored, and many questions to be asked.

Questioning: Seeking an answer....to the yet unknown question(s) is time consuming and exhausting. This exercise hampers reflection and for me limits my personal and professional growth and development.

Questioning: How, what, why, when and where? I have become aware that questioning, when an answer is expected or required immediately can also be limiting, particularly to the possibilities and multiple views.

Questioning: - in a thought-provoking way, one that does not demand an answer has proven extremely helpful to my reflection by unlocking yet further layers.

Remembering: Roadblocks; Spaces for Possibilities and Movement

Once more I am stuck, and, yet again, I was unaware of what was happening. The telltale signs were all there....I was restless, moving around in a seemingly meaningful way but achieving little. Picking up one book and reading a few lines, moving on to the next....looking, seeking for something. This has continued for a few days now. On each occasion when I decide to take a break to clear my mind I find myself working out logically, in my head, what I will do next. It will be different! I am sure that I have broken out of this rut, this box, but next time happens and the pattern starts all over again...the seeking, the searching, the looking. What am I seeking? Some answer, something that will put me on the right tract and show me the way. The search is in vain.

Since I started looking intensely and critically at my practice there have been many occasions when I have found myself struck--what appears or feels like no, or limited movement, lack of ideas, lack of action or aimless rambling. It always seems to take me a fair amount of time to realize what is happening.

All of a sudden I begin to recognize the knot, the pain within my body. How I wish to untie this knot which at times seems very large. In talking with one member of our graduate study group, the light slowly begins to dawn. I am doing

it again! Searching outside myself for the answers I am sure really lie, at these times, hidden within me.

I find that our study group is a very important support and resource. Within this group there is listening, caring and respect. Each member always has the time to listen, to share, to clarify and to encourage through hearing or asking just the right question(s).

I believe this comes from being in very similar yet often differing stages of growth and development in our journeys of exploring different and new ways of knowing, seeing, and hearing our lived experiences. There is a creativity, an awareness, an understanding and a willingness to share and stretch out to the other, to sense and understand from the other person's perspective. These are the qualities which I believe are also necessary for reflection.

Why when in this state of turmoil do I stop writing?....Writing may in fact be the best way for me to uncover what is causing this pain, this knot.

It feels like I am not moving forward. I may be slipping back into old habits or patterns. I am looking for direction; a path clearly marked with sign posts which would help me on my journey.

There is still part of me that wishes my reflection and this research process could be laid out on a neat and clearly marked map. The lifeline or the bread crumbs which would lead me to my destination. But like the breadcrumbs in the fairy tale, the directions are missing. I think, in this particular case, they may never have been present.

But...wait a moment, in, Jacob and Wilhelm Grimm's, fairy tale Hansel & Gretel, the bread crumbs were left so that the children could find their way home; back by the same route they had previously travelled. Maybe by looking back at where I have been (the old bread crumb line which appears as if it has disappeared) can help me move into the future.

Often it is necessary to look carefully and critically into the past in order to understand the present and to move into the future. It is this critical reflection which can lead to praxis.

Accepting and entering into the invitation to reflect, to explore, to examine, to uncover, to question, and to unearth has increased my awareness and my

understandings of my professional clinical practice and my private life.

In order to accept and act upon this invitation to reflect I had to have a positive attitude, a desire to look more carefully and thoughtfully at my clinical experiences and a willingness to critically call into question these experiences and my beliefs, values and assumptions. It is from this commitment that there is action, growth and change.

I concur with Brookfield (1995) that critical reflection is hard work. It is more than remembering events from my childhood and incidents in daily practice and then providing or writing a descriptive story. It means facing tensions, conflicts and struggles. It is having the fortitude and the determination to stay with the issues or the problems and to delve, wrestle and struggle with all the tentacles that these may produce. To sometimes take the risk to push at the boundaries of the issues and interactions and to tease out the meanings and the interpretations which are important to me as an individual. Coming to an awareness and an understanding through flexibility, connectedness and

*openness, to the self and the other provides the reward(s).
It is the willingness to unearth and examine personal and
professional frailties as well as the strengths.*

Once more, in reflecting critically I can see my own vulnerability and feelings of self-doubt. I am becoming more aware that this questioning of confidence in abilities, also, has to do with values, and assumptions around the nature of knowing, knowledge and experiences. I am conscious of and reminded of many of my own limitations. I do not have all the answers. However, this self-doubt, this questioning, this awareness can be a positive impetus towards changes.

I have found that, although, these road blocks feel very limiting, when looked at critically through a more flexible lens, I see that they may provide the opportunity for in-depth questioning and the space for integration of my thoughts and feelings. When I find myself searching outside of myself, for the answer, I am becoming more aware that this usually means I need to become more centred and grounded in myself--a more thoughtful and critical questioning of my personal life and my professional practice and an attentiveness to and a tactful awareness of my connections and relationships with others. I need to look at these blocks as spaces for opportunity and openings for possibilities.

The critical reflection can move me into significantly new terrain and help to break old patterns.

In these blocks I often seek a direction where I would know what to expect. Yet, I know that this is exactly what I wish to avoid. I am looking for more flexibility and fluidity in the exploration of practice through reflection.

Within this flexible and fluid path I may find some uneasiness and tensions because the way is not pre-planned nor fully developed. This does not mean that there is lack of control or that it is aimless wanderings. It is more like an adventure into the realm of the unknown.

On the mountains there is constant change and challenge, which is dependent upon the season, the weather and the encroachment of human beings. The mountain with its varying terrain, moods and lights calls to the climber, tantalizing, with its divergency, its degrees of difficulty, its risks, and the unexpected. Like reflection, these adventures too, reap rewards.

A Thoughtful Pause

Why was this professional relationship so rewarding, fulfilling and energizing for both parties involved? I believe this is because we are genuinely interested in our everyday practice and together we are looking at this more carefully. At the end of the day we tell our clinical stories and we are beginning to look more thoughtfully and in depth at our practice and to question critically our actions and interactions. There is nothing more exciting than sharing and further examining our insightful and our problematic moments. We are interested in where we stand—our values, beliefs and assumptions. We care about and respect our patients and one another; we work cooperatively and collaboratively; we are interested in the patients voices and one another's voices and more importantly we seem to be listening as there is an understanding and an awareness. Also our strengths and limitations complement one another.

It is the willingness to share and to look critically at our practice that helps make this professional relationship fulfilling and energizing. It takes more than one person to form sharing of interactions and the development and maintenance of a professional relationship. There must be an openness, willingness, exchange, commitment, trust and collaboration.

I have found that the aforementioned qualities are important for reflection to occur

and help in making reflection fruitful.

Is it not sufficient to savour the experience, this exchange, and simply recognise the similarities. Was this wonderful, exciting, and invigorating experience resonance? I would like to just sit, ponder and enjoy this moment; rejoice in the feelings of kindred spirits seeking an adventure.

I realize that although the experiences may be similar they are not necessarily the same. I may interpret the directions and the landscape differently--it is essential to be part of this exploration, for no one else can do this for you.

Remembering: Coming to Fairness and Justice

Since my earliest memories of school I have felt that the use of physical punishment, emotional humiliation or both were unfair, unjust and unnecessary--a misuse of power and authority. What ends, if any does/did this achieve?

My feelings around and on this topic of physical and emotional abuse are mixed, yet very strong and powerful. I feel anger, annoyance, stress, anxiety, sadness and disappointment with my fellow human beings. Sometimes I can feel my whole body reacting to the situation--sweaty palms, tightness or sickness in my stomach and increased heart rate. These are not pleasant nor comfortable feelings. I have a great urgency or passion to do something to stop the situation.

In my professional work with children and adults who have suffered abuse, both physically and emotionally, my concern about the lasting effects of this type of action have been re-enforced. The survivors of abuse can receive help and therapy but this can be a long, slow and painful process.

Many of my negative recollections about primary or grade school involve strapping where I felt the punishment outweighed the crime or the issue at hand. It is my opinion that many, if not all, of the situations could have been handled or solved in another fashion.

My friends and I were four years old and we had just started primary school. This was an exciting time and we were full of wonder and enthusiasm--school was a place to learn about things and an opportunity to further explore our environment.

Prior to becoming a pupil at the school we would deliberately pass the school grounds--it seemed such an enchanting place. Unfortunately, we could not enter the school grounds but we would peer through the metal bars which surrounded the little ones' playground and imagine what it would be like to play in the school yard. At times there would be children playing in the yard and we would be mesmerized by the noise and activities. This looked like such a fun place. We could hardly wait for the summer to be over because this would signal that we, too, could be part of this special magical land. Now, at long last, we had the opportunity to explore every nook and cranny.

In retrospect, the teacher must have been aware of our high energy levels and curiosity, particularly in relation to our playtime, because she told us to stay in the little ones' playground and not to go into the big girls' playground.

Once out in the playground we began to explore, we found an interesting path within this area. On one side of this path there was a high wall and on the other side a wooden fence which separated the path from a beautiful garden. Where did this path lead? We had to find out. So, down the path we scrambled. Part way down this lane the solid wall was replaced by tall metal railings and we could see the big girls' playground. These metal bars separated the path from the senior play area--the forbidden territory. As we looked through the bars to watch the older children play we did not think of or remember the teacher's instructions regarding the big girls' playground. We watched for a few moments and then climbed back up the path to further explore the little ones' playground. Now we knew where the

interesting path led.

Following recess we returned, happily, to our class ready to discover new wonders. Once seated the teacher stated that she knew that some of her class had been in the big girls' playground. She then asked who had gone down the path. I and one or two others raised our hands indicating a positive reply. Others who had also been on this expedition did not raise their hands. The children who had admitted that they had ventured down the path were then told to come and stand in front of the class. The teacher went into the drawer in her desk and removed a long black leather strap. We were then told to put out our right hands where upon we were strapped for not doing as we had been told.

I still remember my feelings of surprise, puzzlement, fear, shock and embarrassment. The physical pain was secondary to my emotional reactions. I, also, remember that we were never asked for an explanation of our behaviour and we were never provided with a reason why it was inappropriate to go down the lane. Furthermore, the children who did not admit to going down the path received no punishment.

My actions had not been intentional; I did not set out to break the rules. It was an adventure and we accidentally found the big girls' playground. Also, we did not enter the playground. We stopped and looked through the fence, for a few moments, to watch the children play.

I had never experienced anything like this before; I had never been spoken to so abruptly or harshly and I had never been physically struck. This climate was

quite different from my home environment.

A few years later, when it was appropriate for us to use this lane as an access to our play area and class rooms, a life long friend, S., and I laughed as we recounted the first time we had walked down the path and the consequences of this adventure. We laughed, but, we agreed it was not one of our most pleasant memories. I never quite had the same enthusiasm for my primary school days.

This story and other similar incidents involving fellow students have had a marked influence on my beliefs and values. I have come to realize where my feelings, concerns and reactions to fairness and justice originate. As I bring these values into my every day activities, this in turn has influenced my professional practice.

It is extremely important to me that I listen to others, that I hear their concerns, viewpoints and interests, so that, I may have an understanding of and from their perspective. In turn, I have the expectation, the hope and the desire that others will listen to me. This cooperation and interchange is essential. Does this partially explain my interest in fair play and my support for individuals who may be considered the underdog?

In retrospect I lost my respect and trust for this teacher. This action had a marked negative influence on my enthusiasm and motivation throughout my grade school years.

Fairness and justice must be seen to be present. The importance of fairness and justice, what this meant and involved and how this was implemented was re-enforced within my home environment. However, on entering the larger community I became aware of differing values and belief systems. Tension existed.

The value and belief in fairness and justice remains important to me and I am aware of this in my preferred teaching and administrative styles and in my own learning preferences. I, also, see how important this is in my interactions and relationships with supervisors, colleagues, staff, students and patients.

My commitment to client-centred practice, where there is an equality in relationships and a shared responsibility, also, arises from my value system and takes into consideration my beliefs and

assumptions surrounding fairness, justice, authority and power.

I must also be aware of the other's values and beliefs and remember that they are as important to them as my beliefs and values are to me.

A Thoughtful Pause

Initially, it can be extremely difficult to break through the superficial or the generalizations to address the particular and then apply this knowledge, this insight, to the more general. To be aware of where you stand in relation to your practice.

Like the snow and ice covered ground of the mountain this can be challenging. Unstable yet appearing stable, motionless yet constantly moving often unseen. With experience the climber becomes more aware of the nuances of this ground.

Further searching, questioning, understanding and awareness can lead to a more solid place with new insights, directions and a willingness, a desire, to probe carefully, yet, critically. It is necessary to be willing to accept responsibility for continually pushing at the boundaries. It is this pushing and probing that brings the excitement, the enlightenment and the rewards of increased awareness, sensitivity and understanding which enables professional and personal change and growth.

If I am to invite others to participate in reflection I too must be prepared and willing to share my own insights and difficulties. When I am working with my patients I never ask them to do anything that I would not be willing to do. Therefore, I can ask no

less and no more of staff and students.

Recognizing and naming the feelings arising within myself is often the first step that I take on this journey to and of self awareness. Somehow this provides a richness and a comfort level which enables me to step back and begin to look at the issues in more depth. It is almost as if in recognizing my personal stance I create a space to explore the issues, some of, which may hit at the core of my vulnerability. I need to remain open and flexible if I am to gain further awareness and insight.

Remembering: Coming to Awareness; Insight

When I first graduated I thought that I had to be able to care for and treat all the patients I met and if I could not do so it was my failing.

The idea that the therapist should be able to handle all situations and interact in a meaningful way with all patients I believe has its roots in the scientific notion of objectivity. Rapport is established with the patient, but there is an element I call "distancing" that serves to prevent or remove the personal or subjective aspect which may bias or influence the relationship and interactions.

There are differences between therapeutic rapport and personal and social interactions and relationships. However, awareness of feelings, a greater understanding of personal assumptions, values and beliefs and how these affect interactions and relationships can be extremely beneficial to establish and in maintaining both therapeutic and personal relationships. I have found and believe that this enlightened personal stance can enhance all interactions.

What a relief, when I began to realize that this was not always possible and that if I had difficulties working with a patient or if they did not wish to participate in treatment it was not my personal failure. I remember my feelings of frustration and annoyance at myself when I found that I often had difficulty interacting and engaging patients who were manic. Why was this happening? I looked externally for expert advice and the cause of the problem. I reviewed the theory and I studied the material regarding assessment, programme planning and treatment techniques. I tried all the theoretical and technical advice but to no avail. What was I doing wrong? The internalization of the teaching and the socializing I had received during my academic and practical training informed me that it could not be the patient, so it had to be me. I looked inward and started to analyze and review my interactions and feelings. I began to note a common theme. The patients that I found most difficult to relate to and interact with were people diagnosed as bi-polar (manic-depressive). The behaviour that I found most difficult to deal with was related to the mania--difficulty in focusing, speech loud and fast, jumping quickly from subject to subject, often interrupting or monopolizing the conversation. It was not the patients who were frustrating me, it was their behaviour and my reactions to this behaviour--behaviour which from a very early age had always irritated me no matter who or where it was being displayed.

Once I realized the historical roots which influenced my difficulties in developing a relationship with these particular patients I was able to do something about it. Prior to interacting with patients who were in a manic phase of their illness I very

consciously recognised the possible behaviours which I found difficult to handle and identified my feelings triggered by these behaviours. Then, I could deal with these internally. I was then able to interact in a caring and therapeutic manner.

At long last I began to listen to my body. The reactions and the subtle changes which, initially, unknown to me influenced my thoughts, and my judgements about the situation and, therefore, my actions and relationships. By becoming aware of my feelings and by identifying exactly what it felt like to be irritated by the specific behaviour(s) I was able to reflect and to question my own behaviour, reactions and feelings. Slowly, I was able to look beyond the feelings and reactions and began to critically call into question my beliefs, values and assumptions which were or could be related to the situation. This critical examination was done by identifying separately the affective and the cognitive re-actions. This awareness lead to an understanding which enabled an integration of these two domains.

At first these actions were very deliberate and conscious acts and the specific process had to be carefully followed. Now, through practice this linear process no longer has to be followed. My responses are more spontaneous.

In looking back, the answer seems so logical, rational and easy but when I was caught up in the social and cultural ideals and expectations this was not as simple as it now appears.

A Thoughtful Pause

I have found that reflection of my practice can provide the insights, the awareness and the truths which encourage growth in my personal and professional development and this in turn impacts positively on patient care and my work with the staff and students. I am aware that I bring my bias, my personal stance and my vulnerability to this space. I do not ignore or deny these. I am willing to identify my bias, share my vulnerability and address my personal stance. These qualities can enrich this process not detract from it.

It can sound so easy, so casual to suggest that it would be interesting to look at or reflect upon practice. To explore, uncover and examine the everyday clinical activities--what is happening or what do clinicians see happening? what is important? what is easy? what is problematic? what is not happening, or is missing? However, I know that this is not the case. From personal experience I know how difficult this can be. The struggles, the tensions and the conflicts that can be unearthed and, of course, there are also the rewards of insight, movement and personal and professional growth.

Reflection on practice involves a shift in focus--a willingness to share private thoughts ideas and concerns and to bring these issues into a small, but public arena. This is risk taking.

Remembering: Caring; An Understanding

§ share this story to reinforce the importance of care, acceptance and respect in the therapeutic alliance. § believe that when judgement replaces this caring, respect and understanding there is a reduction, if not a closure, in the therapists' ability and willingness to reflect both with/in their practice and, also, with/in themselves. This lack of acceptance and judgmental stand blocks out the view of and concern for the other.

I was thinking of my clinical experiences and all of a sudden K. popped into my mind. This brought a flood of wonderful and interesting memories. K. will be a young man now but I still remember the first day I met him--just as if it was yesterday.

I was a young and enthusiastic therapist who was embarking upon a new and exciting job in a school-hospital setting. Not only was I new to the department and work area, I was new to the hospital and the city.

Inside this highly specialized school-hospital setting I felt energized about my new duties and responsibilities and, particularly, excited about meeting the children with whom I would be working.

One of my first responsibilities was to meet with the teachers of the children I would be assessing and treating. It was essential that we work co-operatively in developing a schedule. I was returning to the rehabilitation department following

these interactions. The elevator door opened on the second floor to reveal a young boy and another occupational therapist. As they entered the elevator we exchanged "Hello's". I knew the therapist was an occupational therapist because we were wearing the same uniform. The young boy was about six or seven years old. He had blonde hair, bright blue twinkling eyes and a warm smile. His shirt and pants were clean but well worn. He just looked at me and then quite suddenly said, "I want you as my O.T.". I was surprised and was not sure what to say. I smiled at the young boy and then quickly looked at the therapist for some guidance or support. What happened next surprised me even more. The occupational therapist looked at the young boy--"K., would you like to have this lady as your O.T.?", and then turning to me she said, "You must be the new O.T.". By this time K. was quite elated and he answered both her questions--"Yes", and "Yes. She's new because I haven't seen her before. I want her!". My mind was in a whirl--what was happening? Why did this occupational therapist wish to hand K. over to me so quickly? Why did K. wish a new O.T.? Can this really happen this way?

When we reached the rehabilitation department the occupational therapist with K. in tow went directly to the head occupational therapist's office. Hesitantly, I followed her to the office. Once in the office she described the incident on the elevator and requested that it be official that I take K. To some extent I felt like I was being sold a product and this made me feel very uncomfortable. We were talking about a person, little as he may be he was still a living, caring individual. What did K. wish? I talked with him for awhile and, yes, he still choose me as his

therapist. K. and I became a team.

Word spread like wild fire--"the new O.T.'s going to take K.". Everyone was wishing me good luck. Slowly, I began to discover more about K. He had been attending the school-hospital even before kindergarten and as I suspected it was not his physical disabilities that presented the difficulties to the therapists, it was his emotional and behaviour problems. K. had never had a therapist for longer than four to six months. He had been transferred because therapists had difficulty working and communicating with him. The most recent treating therapist was delighted not to have K. to contend with, on her already high caseload. Needless to say I heard one horror story after another. However, to me the horror was not in the stories or K.'s behaviour, the horror was in the telling of the stories and how K. was being passed from one person to another. Where were the caring empathetic therapists? Where was the stability? Maybe it was time that the therapists looked at their behaviour, feelings and actions? Where was K.'s voice? What part did power play in this issue? Did anyone even ask K. his opinion or what was going on? How did he feel? What were his desires and wishes? It is interesting how expectations and preconceived ideas can foster and encourage behaviour, reactions and interactions. How can we eliminate or reduce these self perpetuating predictions?

I believe K. was a young boy who was trying to have his voice heard and, also, to have some opportunity to make a choice and have a sense of control within a fairly restrictive institutional setting. He reminded me of a small puppy who had

come out of the basket to find that all the people were already holding or petting the cute and cuddly puppies from the litter. The puppy then stumbles over to a specific person in the group and looks up longingly...K. chose me. I decided that I would take this choice as an honour, one to be respected. If this was going to be a challenge I would accept it. Again, I am sure my ideals over fairness and justice and looking out for the underdog play a role. I, also, believe that more emphasis must be placed on the relationship, trust, caring and respect. What are our pedagogical responsibilities?

K. was a very likable and loveable child; he was gentle and caring; he was interested in everything and he was keen to learn and to explore. He responded to the therapeutic caring, the open communication and the active involvement in his treatment programme. It could be said that he came into being. I never saw the horrific behaviour described by the other therapists. Oh, he did test me but this was to be expected and I met this with unconditional caring and trust. We developed a good therapeutic relationship and we worked with one another for two years.

I was K.'s last occupational therapist within the school-hospital system. With the support of his family who became increasingly involved in his treatment, the therapeutic team and the regular school teachers we were able to place K. successfully within the regular school system. I continued to see him on a regular basis till he was fully integrated into the school system. Fortunately, K.'s prior history had been forgotten and was not carried into the new system. The teachers were very supportive and he fit well into this new environment. I appreciated the

openness and the caring of his regular school teacher and the other pupils and their families. This was a collaborative effort.

In order to reflect, particularly critically, the therapists must be willing to examine their own actions, reactions, values, beliefs and assumptions and have an openness to the others' feelings, thoughts, values, beliefs and assumptions. Critical reflection is to go beyond what is seen. It is an opportunity and invitation to try to understand the possible reasons for the others' actions, reactions and behaviour. In the judgemental mode it is easy to listen to and see the things which support or enforce the judgements. It is much more difficult and challenging to remain open--to stand back or detach oneself in order to gain a greater understanding and awareness of another's perspective.

I remember once when climbing making the decision that I could/would not complete the final stage to the climb. There was a large high sharp rock outcropping which had to be conquered before the last few feet to the summit. My judgement was based on my very narrow view and limited knowledge of the situation and from the stories I had heard from friends who had previously attempted to reach the top. The group I was climbing with tried to explain that there

were alternative routes but I was determined; my mind was set. I was not open to any of their suggestions. I rationalized that this decision was for my own, and therefore, their safety. Later I learned of the safer and easier routes from a member who had been more open to hearing the alternatives available. He had ventured to try one of these and he had successfully completed the climb.

To this day, I still regret my limited view which prevented me from sitting on the summit.

A Thoughtful Pause

Can I help the therapists discover or uncover the excitement and knowledge available in their everyday practice and the deep richness of sharing and exchange?

Through telling, writing, reading and listening to life stories--one's own and other's--those engaged in this work can penetrate cultural barriers, discover the power of the self and the integrity of the other, and deepen their understanding of their respective histories and possibilities. (Witherall & Noddings, 1991, pp. 3-4)

Remembering: Empathy; Coming to Understanding

Members of the multi-disciplinary team were finding this young patient uncommunicative and they reported he would not respond to any of their efforts to engage him in conversation and he did not answer questions related to the accident or his care. Furthermore, he would not become actively involved in any aspect of his treatment. The staff were feeling extremely hopeless and frustrated.

The treatment team had made the judgement that the patient was uncommunicative and resistive. How can the team move from judgement to understanding?

When I entered the single room I saw a young man sitting, huddled on a chair, in a far corner of the room staring out the window. He was wearing a hospital gown and robe and his long hair, beard, face and hands were covered in black sticky tar. He appeared very sad, forlorn and alone as he gazed out of the bedroom window.

How can we begin to recognise, be more aware, sensitive to another's vulnerability? Does awareness and understanding of our own vulnerability and shortcomings help sensitize us to the others uncomfortableness and uneasiness?

As I slowly walked into the room, I became very aware of the silence, he turned and looked at me. I smiled and quietly introduced myself. I took care, initially, not to come too close to him. He appeared scared and afraid; he seemed so vulnerable and I did not wish to invade his space. It was important that he had some level of comfort.

Developing a therapeutic rapport with the patient is extremely important for all health care professionals. As in other relationships, the quality is significant because it is through this relationship that trust, care and respect are formulated. There is a respect and an appreciation of the other's experience. These qualities are essential to/in all relationships.

I looked at this young man and said--"The accident must have been very scary". He looked surprised and yet relieved and his response was immediate; it was as if the flood gates had been lifted. He answered--"Yes, I was terrified. I thought I was going to die. The tar just kept coming, it covered me, I couldn't breath. I thought it would never stop. I couldn't even call for help". He talked at length about the accident and what it was like to be so close to death.

Respect, understanding, listening to the patient's voice, the patient's story.....these are the qualities necessary for moving from judgement to understanding. The patient becomes a human being not just another case requiring treatment.

Understanding is an opening, a dwelling of multiplicity, a space of possibility in which we can orient self, as well as a place of ethical responsibility to others. (Greene, 1994. p. 12)

A Thoughtful Pause

In exploring empathy, the duality of reasoning and feeling, to think and feel at once; how one achieves an understanding of the person, the way of knowing; and the acceptance and respect for differences seem to be extremely important to engagement in empathetic appreciation. I have noted that in practice some students and therapists appear afraid or ambivalent about this level of intimacy. They hesitate from taking the step towards a special connectedness with the client--what they may display is sympathy not empathy. To be empathetic the practitioner must have a connection with the client. They know and understand what it would be like to be in the client's shoes even although they may never have been in the same or a similar situation--yet, through this embracing they know that they are not in the client's shoes. They are aware of the clients experiences but the client and the practitioner are not fused as one. The practitioners have sufficient understanding and confidence in themselves to be able to differentiate the feelings and the experience. Thus, the therapeutic process can proceed.

Respect, caring, empathy and therapeutic use of self are essential to and in clinical practice. As practitioners, we take every day actions and activities too much for granted and may become complacent. Reflection of these so called mundane activities could serve to illuminate and illustrate the richness and fullness of the every day practice.

Remembering: Vulnerability; An Awareness

B. burst into the staff room. She was initially unaware of the two therapists already engaged in a conversation. B. was talking to herself "that was a disastrous group"; pause; "two patients ruined the group"; pause; "what will the nursing staff think"! From the tone of her voice, her facial expressions, her body movements--the shrugging of the shoulders and the quick movements of her arms and finally the effort exerted in throwing her body onto her chair--it was very easy to detect her frustration and a level of annoyance. All of a sudden B. became aware of our presence. She immediately included us in her monologue--her report, her interpretation of the group she had called disastrous. There was little opportunity given for response. We listened intently. "I was trying to hold a group on decision making--I had it planned. I knew what I wanted to convey. I had it organized--we were going to decide, as a group, how to do a particular task and follow the activity through to completion. All the group members would be involved; everyone would have had a role.....But two people in the group kept interrupting the process. They were disrupting the group. One patient shouldn't even have been in the group--all she wanted to do was to discuss decision making in relation to suicide. Another was trying to direct the group, take over my leadership role, because she wanted to show how you could use decision making in the community".

At this point (as the clinical supervisor) I knew I had to interrupt B. I had to establish if the patient was contemplating suicide and if B. had taken appropriate

actions to ensure the patient's safety. I was extremely relieved to discover that these issues had been handled appropriately. This interchange only stopped B's story for a few moments. Immediately following this interaction she returned to a further detailed description of how others had wrecked her group.

I was initially surprised and shocked by this discourse. The therapist was showing no insight into her personal interactions nor the interactions within the group. She was accepting little or no responsibility for the group process tending instead to blame everyone else. The patients because they wished to change the plans or the direction of the group to meet their own needs; the nurses because they sent inappropriate patients to the group; and the patients again because from their feedback the nurses would probably think or knew that the group had been unsuccessful. B. displayed little empathy, awareness or sensitivity for or towards the patients. It seemed as if B. saw the patients as objects. Their voices were not being listened to or when they were heard it appeared as if the therapist attempted to silence them in order that her plan, content and direction would not be lost and, also, as a means of gaining a sense of control.

I could not help but wonder if I was hearing correctly--was I truly listening to the voice of a fully qualified staff member? As much as I was trying to be non-judgemental--the judgements about what should or should not have been happening in the group kept leaping into my mind. It was very tempting to become autocratic and tell B. what should have been done in the group. However, the only person this would have helped (in the short term) was me. It would have alleviated my

frustration with B's interactions and with what had occurred in the group and it may have helped reduce my confusion about how best to handle this situation. This course of action would have provided an immediate solution. However, I believe I would have modelled similar behaviour to the behaviour B. was displaying.

In retrospect, I was the only one involved in this interaction who was looking for a solution which included change. B. certainly was not. She was seeking confirmation and approval that her analysis of the group was correct, that all her interactions had been appropriate and that we would have handled the group in exactly the same manner. J., her peer agreed that she too would have handled the group in the same manner. This increased my tensions about the whole matter.

I attempted to help B. and J. look at the group from a different perspective. What concerned her about the patient referring to practical situations in the community? What did the patient do or what were the reactions of the other patients that made her believe or feel that the patient had taken over the leadership role of the group? What did this mean to her? What did it mean to have a group that was not successful? Why was it important that the team perceive or see the group as a success? I was trying to assist B. to look more closely at herself and her practice. I was attempting to stimulate or facilitate reflection. B. found this very difficult, constantly, referring to the others. She became increasingly frustrated as I tried to address the issue back to her as a therapist and as a person.

Again upon reflection it was probably not the appropriate time or space for B. It would have been better if I had simply stated that I recognized that this had

been a difficult group experience and that it could be interesting to explore this further. I could have followed this by offering an invitation to review this experience at a mutually convenient time. This would have given B. time to compose herself and hopefully, the opportunity to revisit the situation. It would also have given me more time to reflect on the situation, to look at my own reactions, address the issues that I found interesting and provide the opportunity to formulate questions to stimulate discussion and, hopefully, reflection.

In reflecting upon B's verbal description of the group I became aware that content and control seemed to be major themes. She also tended to focus on her own performance, forgetting others except when looking for explanations as to why the group had not run as she would have preferred. This interested me. I could not help but question how these were possibly related. In thinking about students and other new grads I am aware of the importance of being familiar and comfortable with the content, particularly in a group setting. Does technical competence or familiarity with the task increase the confidence of the therapist? It is my opinion that it does. I, also, could not help but wonder how B. felt about her profession--the relevance of her clinical practice. How are her concepts of occupational therapy and the clinical occupational therapist in psychiatry related to self? This may have been linked to her concerns about how the nurses perceived the group.

Another issue which interested me was the difficulty or tension I felt between my desire to help B. develop confidence and competence in her practice, particularly in the group setting, while also wishing that I could facilitate or foster attitudes of

thoughtful reflection. I have been aware of this tension or feeling before but have not identified it so clearly.

I have previously been aware of this tension in my practice but in the past I have ignored or pushed aside this tension as being between the desire to help the therapist develop confidence and competence in her practice and the desire to encourage and facilitate thoughtful reflection. There is tension but the conflict is not in developing confidence and competence and facilitating reflection, the conflict is within myself and the methods I saw as solutions to the immediate situation.

On the one hand I wish I could instantly fix the problem by ensuring that the therapist know specific group techniques, procedures and dynamics which would hopefully lead to fewer mistakes or discrepancies. Almost like rote learning. There is no need to question.

On the other hand, I am interested in the therapist becoming more confident and competent through increased awareness of her everyday clinical practice by calling into question her actions, reactions, thoughts, values, beliefs and assumptions and looking more carefully, thoughtfully and tactfully at others. It takes time and patience to facilitate and encourage this

movement and possible change.

I know the path I wish to follow. Hopefully, by recognizing the source of this tension I can let the quick fix vanish and be more comfortable in choosing the method best suited to the setting and the context. There will be occasions when it is necessary to teach a specific technique and there will be times when reflection and critical questioning is the choice.

Often in the clinical setting there is a need for both methods and one method does not exclude the use or introduction of the other.

I have always felt very strongly about presenting strategies or techniques in a cook book style. This approach may be useful if the therapist utilizes it as a guide--one where the recipes can be adapted and modified to suit the particular situation or the patient(s). However, my fear is that this cook book approach is too simplistic. The therapist may miss the complexity of the issues, the solution and their practice. I, also, believe that this can be restrictive and can prevent the therapist from beginning to look at her practice through critical reflection. My major concern is that the therapist will miss the importance and role of relationships in or to their practice. There is more to a competent therapist than technical skill or craft. What about the sensitivity, the trust, the awareness, and the respect?

Therefore, I was surprised at my need to give or tell B. precisely how to run or conduct the group. I was, also, frustrated because all my attempts at trying to facilitate B. looking at her practice or self seemed to fail. How could I help?

I realize that I have to accept my personal limitations. As much as I wish B. to be able to look critically or reflectively at her practice, become more aware of self and others and begin to hear and listen to the voices of her patients I cannot force this upon her. Reflection cannot happen instantly just because I think it would be a good idea. B. has to be ready. She has to be in a position to be open to this reflection and this may take time. However, can I help set the stage for this openness--this readiness to begin looking reflectively? I am interested in assisting or facilitating staff to utilize reflection as a means to continuing professional growth. A way of bringing into the open the meaning of occupational therapy for each individual therapist. Thus, moving into continuous learning--lifelong learning within the individual therapist's career.

I think that B. had become so involved in trying to produce the best or the perfect group (product) that she became almost oblivious to the group members--particularly their needs. In discussions, and when developing practical tools or in choosing specific modalities B. always placed great emphasis on being client-centred; the patient must be actively involved in the process. However, once in the practical setting she became so caught up in the content that she was unable to hear, listen or actively engage the patients. Maybe this almost over planning of the group comes from a concern to give the clients what she believed they required

and an anxiety over being able to provide this. She may also have been trying to minimize surprise responses from the patients. Unfortunately, this was not the case. How can I help B. plan so that there is a place for the patient? How can I help B. encourage care, awareness and respect for the client in her planning? How can I help B. let go so that she can become more attuned to the clients as persons and, thus, empower them? How can I help B. see that in occupational therapy there is always a state of flux and that this movement helps make our practice exciting and rewarding and, of course, at times frustrating?

I must also remain open to hearing and listening to B's voice. Just as I expect B. to include her patients in the planning and implementation of treatment sessions I too must include B. if this is to be an active learning process. I must, also, know when to stand back and empower B. by encouraging her autonomy. B. has a responsibility (response-ability) for her own participation, learning and practice.

As I write, I find that my attitude towards this group interaction is beginning to change. By looking more deeply within myself (reflection) I am finding areas or issues (I cannot think of the words to adequately describe this) I had not thought of before or previously explored. It is as if the fog has cleared and I can see how my own assumptions may also have been clouding the issue. Realizing this I can now own my responsibility and make changes within myself which, hopefully, can be useful in this situation and in others.

This reminds me of climbing and how important it was to stop and view the landscape. What I saw

was constantly changing because each step uncovered something new and often each new discovery was more exciting than the last. The views were wonderful and they could be awe inspiring. On occasions these views could be misty but this had its own magic. It tempts, it calls for exploration and probing and when the mist lifts, often as suddenly as it appears, or it is penetrated, the view can be breath taking. I could chose to stop and look or explore my immediate surroundings or I could venture further afield to glimpses of distant horizons. The landscapes changed constantly in the different lights, and, then there was the sky which had its many faces.

I think there was, also, a part of me which felt that I should provide exactly the right kind of help and that I had to be effective in the eyes of the young less experienced therapists--after all I am the expert. I may also have felt that there was an expectation or at least a perception from the younger therapists that I should be providing the correct answer. Although I would like to think that this is not necessarily the case I may have been viewing this as a sign of my competence. I do not believe that I have to have all the answers or the right kind of help but I do believe that I have a responsibility to assist the therapist, through facilitation, in such areas as discussion of alternatives, reflection, and access to a variety of human and technical resources. In this particular situation I was confused. There were too many different aspects which required review--the basic technical skills, the group

dynamics, the safety and security of patient care, the control issue, patient relationships, team dynamics, therapeutic use of self and basic interpersonal communication. I felt myself being pulled in too many directions--after safety and security which issue had the highest priority?

I was very aware of my own feelings. Were they influencing my decisions? Was I being too judgemental? How could I help B. learn from this difficult lived experience? How could I help make B. aware of her vulnerability and how this could influence the group process? How could I, also, encourage and promote the confidence so essential for her self-esteem? I felt confusion. There was tension between these possible actions and interactions.

In reflecting critically on this situation I can see my own vulnerability and feelings of self-doubt. Once again can this self-doubt be a positive impetus for change? In this critical reflection am I not questioning myself, my being as a facilitator of and with/in the practice of occupational therapy?

A Thoughtful Pause

Maybe I was afraid to face this inner tension or confusion because I was afraid of showing or facing my own vulnerability. I had to admit that I had to further explore my assumptions, values and beliefs (this seems to be an ongoing process).

It is interesting to note how difficult it was for me to face my vulnerability even when admitting it to only myself. It is even more difficult and scary to share and expose this to, and with others. Being aware of this tension, understanding the emotions involved and the threat and difficulty there is in sharing information which highlights this vulnerability is extremely important. Particularly, as I am often asking staff to look, explore and share aspects of their clinical practice which may, for them, hit upon or highlight their vulnerability--even if only to themselves. Many of the issues we discuss in reviewing and analyzing clinical practice involve aspects of power, control, technical skill and proficiency--all topics which are key issues in the arena of vulnerability and personal stance. Is it essential to feel this tension before one can recognize the vulnerability and uncover or unlock the issues causing the tension?

If as a facilitator I am to connect with the therapist I too must be willing to share, to make public, my experiences. Does the willingness to share help with authenticity, and relationships?

I am aware of therapists' vulnerability and their fear of showing this vulnerability. They willingly talk about specific skill development and roles but have difficulty looking at or sharing regarding their clinical practices. Through my respect for this feeling of vulnerability I have been very cautious with regard to talking about topics/issues which can expose this vulnerability. Maybe I am being too cautious? Why am I being so protective? This well meaning caring, this respect could be preventing me from asking specific questions or suggesting alternative directions. Can I also be protecting my own vulnerability and my personal stance? What role does power, authority and politics play?

Why do I stop probing when I feel some opposition or resistance, from the therapists, to the questions or the direction we are exploring with regard to clinical practice? For example: with the issues of control and transference, the therapists will discuss what they believe it means to the client and what specific authors have written about these issues but, they are much more wary about looking at this from a more personal view in direct relationship to their clinical practice. What role does ethics and politics play?

How can I gently, caringly and respectfully encourage the next step on this long flight of stairs to greater understanding and depth of/on/in clinical practice?

Maybe I was over concerned with what Ruddick (as cited in Belenky, Clinchy, Goldberger, & Tarule, 1986) calls "preservation of the vulnerable child" (p. 218). Rather

than falling into the trap or habit of providing the answer or disconnecting or recalling through frustration I could support the positive aspects of the therapist's actions and interactions while giving just sufficient information to re-engage the therapist and encourage reflection through sensitivity and flexibility.

As a facilitator I need to be aware of my actions and interactions if I am to maintain a balance between objectivity and subjectivity. In my opinion this is possible. I can be both personal and objective. When I work with my patients I have to maintain a certain amount of objectivity in order to be involved in the therapeutic process. However, I am not an objective outsider as in the traditional empirical stance. Neither do I develop friendships with my clients but I do have a personal caring and empathetic rapport--therapeutic use of self. I put a great deal of importance in their voices--their needs, interests and concerns. Therefore, I believe a similar objective--personal technique could be utilized in the facilitator's role with staff and students.

Remembering: Coming to Respect

The following clinical experience provided me with unique opportunities for reflection. I could reflect on and in my practice as the coordinator with clinical and administrative responsibilities for the therapists and the student within the organization and, as it would happen in this specific case, as a direct clinical instructor of the student's educational fieldwork placement. However, what I felt was particularly important, was that circumstances offered me the chance to view reflection through yet another lens. The therapist who was initially supervising the student was, also, facilitating the student's reflection on and in her clinical practice through discussions and reflective journal writing. As I am interested in facilitating reflection with staff this was an opportunity for me to observe, reflect, discuss with the therapist and the student their experiences and re-reflect. Thus, gaining further understanding and awareness about the nature of reflection.

It was a new experience for the student, G., to be present in a clinical environment. This was a strange new world, one full of wonder, excitement, mystery, and perhaps some magic. Yes, fear, anxiety and apprehension were also to be found. The sites, the sounds, and the smells were somewhat familiar and, yet, these senses also informed the student that they were quite different from anything else she had experienced. She brought to the placement her ideas and her assumptions of what to expect in this new practical setting. She also carried with her, values, beliefs

assumptions and prejudices and her feelings of great uneasiness and discomfort. As a co-ordinator of this learning experience I observed her hesitant approach and her uneasiness and concern through her non-verbal language--the puzzled expression, the furrowed brow, the wide open eyes and the weak almost tremulous smile.

However, where was G.'s voice? For the first few days of the fieldwork experience she was silent, cautiously following the directions of the staff in the area to which she had been assigned. At this time she had great difficulty articulating what she was seeing and she was certainly unable to share what she was feeling. When she did start to speak and ask questions staff were very concerned about the language she used and the way she described and spoke about the patients and their situations (staff described her comments as "judgemental"); her lack of understanding about the patient's illness and conditions and why they were involved in treatment; and her lack of empathy or ability to see things from the patient's perspective or to put herself in the patient's shoes. The staff also expressed concern about her verbal interactions with the patients--both for the patient's and the student's sake. There was a naivety about her personal disclosures and her penetrating, probing, and direct questioning carried a sharp edge which gave the impression of a lack of caring and respect for the patients. Following one treatment session she stated to one of the interdisciplinary team members that she was bored and saw no reason why she should continue to observe this type of treatment session and she saw no advantage in her continued participation in this particular treatment procedure. Staff reported that in the discussion which followed the above interaction G. displayed much

indifference, defensiveness and distancing from the clinical experiences and the interdisciplinary team. This was a very serious situation.

The supervising personnel who contacted me to review this situation were extremely distraught and frustrated. They felt responsible for providing G. with an interesting and informative learning experience. What could they do to help the student? How could they change her attitude, make her less judgemental? What could they do and how could they make the practicum more meaningful and interesting for G.?

In the re-reading and reflecting further on this aspect of this story I began to question and to gain a greater understanding of how the staff may have been feeling. I believe that they may have felt that they too were being judged. What does it mean to the therapists to have their programme, their treatment procedures called "boring"? What do the student's comments say about the staff as therapists? The comments and the situation may even have put their competency and proficiency into question. What does it feel like and what does it do to the therapists to have their professionalism and professional competency questioned? Were the therapists able to see this situation from this student's perspective?

In my capacity as a supervisor, I have found that in situations where therapists feel judged it is not unusual for the staff to feel that their performance is somehow inadequate. It has been my experience that the staff feel the need to respond to the student's boredom or disinterest by raising or trying to increase their own performance level.

They feel totally responsible for the situation and try even harder to fill the gap, whether this be by providing more detailed information, or trying to be the perfect therapist.

Each of these solutions results in the therapists expending more and more energy and often the student becomes less engaged in the placement. Rather than being an active participant in the learning process the student becomes a passive recipient. There is little or no cooperation or collaboration in the learning/educational experience.

It may often be hard for experienced therapists, who work in an area they feel passionate about to imagine how the student may feel as they experience the situation for the first time. Did the therapists ever find this or any other clinical area threatening or anxiety provoking?

How can we keep ourselves, the working relationships and the spaces in/between open to respect, to awareness, to understanding and the possibilities? How can we keep the connections and the invitations in the clinical setting open?

It is almost impossible for us to understand, much less empathize with students who find our subject boring or intimidating.

I concur with Brookfield when he states:

the further we travel from our first experiences of learning it, the easier it is to forget the fears and terrors new learning can provoke. (1995, p.50)

I found it interesting that the supervising therapist felt completely responsible (response-able) for the learning experience, the learning environment and the student's learning. Where was the student's responsibility (response-ability)? What was her role in this clinical experience? What responsibility (response-ability) did she have for her learning and her experiences?

I knew from previous experience that the interdisciplinary team valued the importance of involving the student actively and collaboratively in the practical learning process, through mutually agreeing upon the experiences to be observed and the level of the student's participation, and working collaboratively regarding the placement objectives and the active involvement in the debriefing sessions. However,

the usual means of sharing and exchanging during the debriefing sessions, following the patient assessments and treatments, did not appear to be beneficial to either party.

The staff expressed concern that G. did not appear to be receptive to the clinical information being imparted by the interdisciplinary treatment team members. They felt that her questioning appeared to be derived from a defensive-critical mode rather than critical inquiry. Her responses to staff questioning or seeking clarification of her explanations or interactions were perceived by them as defensive. The few times when the student appeared more relaxed and responsive was during breaks where she would share social interactions and personal stories. Unfortunately, these more informal situations could not be utilized to engage the staff and student because the treatment team were, slowly, beginning to withdraw and disengage from G., even in these social settings. The situation was becoming very unpleasant for everyone involved.

I was not directly supervising the student, but as the coordinator I had concerns and questions. Why was the student so uncomfortable? Was she afraid? What issues, values and beliefs were being called into question for the student?

Was there a sense of caring, respect and empathy for the student? If this was not present, then what was happening in the clinical environment? Did the student's attitude and behavior lead

to the therapists censoring their interactions and responses? Were they, like the student, recoiling from this situation? Did the staff realize that they too were becoming increasingly judgemental about the student's behavior, actions and interactions.

How can we reduce the judgement and move into a realm of respect, understanding and awareness?

What was the student's awareness, understanding of the situation? Was her defensiveness arising from an awareness of the situation or did her defensiveness block the reality of the situation?

This was G.'s first clinical experience. From my previous experience of working with students, my initial observations of G. in this practicum and from the team's reports of her behavior and interactions with the staff and patients in this clinical setting I felt that she may be feeling very vulnerable in this new environment. G. was aware that the team knew, from her level of training, that her theoretical knowledge and practical skills for this setting were limited. However, did she have a fear of the team realizing just how little she knew in this particular setting? She was the only student in this clinical environment, therefore, she had no peer(s) with whom to discuss issues, problems or fears. Did

she feel that there was no safe place or person with whom to discuss her uncertainties, anxieties and fears? Brookfield (1994, 1995) discusses this fear which he calls the "imposter syndrome", in relation to the experienced professional. I believe this can also be related to G.'s concern of having her vulnerability unmasked—the fear of humiliation, of looking foolish in public. This fear of having my own vulnerability unmasked was present in my narrative about my first long-term student placement. My own awareness of my fears around humiliation and vulnerability may also, partly, explain my concern for the student in this setting. Understanding of this bias may also assist me looking at other alternatives and listening to the other's voice. Did G.'s concerns and uncertainties lead to a resistance in actively participating in this clinical learning situation? Was her disengagement in the practicum her means of survival in this unfamiliar environment?

Or was she bored? This possibility also warrants investigation. What did she mean when she used the expression bored? Were we hearing/listening to the student's voice? Where was her responsibility (response-ability) in this placement?

Did the staff also feel vulnerable? Did G.'s behavior and interactions expose their "imposter syndrome"?

How were G.'s concepts of occupational therapy and her role as a student of this profession related to self? How did she see her identity? How did she feel about or see the profession in this particular setting?

Upon reflection, I became more aware of the tension and possible conflict in my various advisory roles. What was my responsibility to the student? What was my responsibility to the supervising therapists? What was my responsibility to the patients, the facility, and the university? How could/would I negotiate these inter-related and connected spaces?

In discussions with the direct supervising therapist, in addition, to speaking directly with G. about her clinical performance, difficulties, behavior, attitude, fieldwork expectations and evaluation procedures it was suggested, and the decision made that the student would also be provided with an invitation to keep a reflective journal about her practical experiences in this clinical setting.

G. enjoyed telling stories which described social situations and interactions.

Therefore, it was our hope that by writing descriptions of her clinical experiences in conjunction with discussions and interactions in the clinical environment she would increase her understanding and awareness of the clinical practice. This reflective journal writing was seen as complementary to the other clinical teaching techniques and modalities utilized within the practicum.

The difficulties being highlighted by the staff in this clinical placement made me ponder--What is/are the difference(s) between social interactions and developing a therapeutic rapport? Was G. aware that there is a difference? What is public and private material? How much does a therapist disclose? How does a clinician decide what is appropriate to share, and decide to what degree or level he/she is willing to disclose? In a therapeutic group setting when is it appropriate for a clinician to disclose personal material? How does the therapist know when it is the right time? Is it ever appropriate? What do we mean by appropriate?

If G. was feeling insecure could her clinical journal provide the safe place for her to disclose her uncertainties, anxieties and concerns? I have found that when I can clearly identify these issues they can more readily be addressed and ways of overcoming the concerns can be found. Often by

identifying or being aware of what is/could be causing the anxiety helps diffuse or dissipate the anxiety/difficulties (problems). Would/could G. utilize her journal entries in this vein?

From the feedback I had received from the team G. appeared to be having difficulty knowing and understanding what was public and what was private material. I have found that within the realm of clinical practice, there can appear to be a fine line between public and private material and that this is often difficult to discern. Yet, on other occasions and for some therapists the difference between private and public is extremely clear and obvious, almost sacred. It may be different for different therapists depending upon the situation and the context. In some instances making decisions and judgements about this material may appear like a second nature. How is this decision of what is public and what is private made? Is there room for intermingling? Does calling into

question values, assumptions and beliefs help?

When the direct supervising therapist and I met with G. to discuss the placement and her performance we were thoughtful and careful about the environment. We wished to set a tone which would enable a relaxed atmosphere and an openness for discourse. Following our discussions G. was very receptive to all the suggestions and recommendations, including the invitation to reflective journaling which she eagerly accepted. Thinking back to my own initial resistance and hesitancy about exploring my practice through journal writing I was surprised and, also, at this moment in time, greatly relieved by the students positive response.

In retrospect knowing how difficult reflective journaling can be and the rigour involved, I was somewhat concerned by the G.'s eagerness. I began to question--was this again her naivety maybe even a desire to please the supervising therapist or both? What role did power play in this situation? Did she have any idea of what this activity may involve and how this could/would increase her vulnerability?

"I was surprised" and "greatly relieved" by the student's positive response. Why? Did this relate to my listening to the staff's reports of her negative behavior and responses and when this did not happen I was surprised and relieved. Again, what role

did power play?

How can I utilize information I have about specific issues and situations, and my possible bias to enlighten my interactions and, thus, be respectful, thoughtful and open? Is this possible?

I question, were we as supervising therapists utilizing (even if at a subconscious level) our power, through the students naivety and willingness to please, to engage her in this practicum?

No matter how carefully we monitor our actions, we can never really know their full impact on students. Events, words and decisions that to us mean very little are taken as highly significant expressions of our power and authority by students. (Brookfield, 1995, p. 94.)

Initially through the reflective journal she was invited to write descriptions of the experiences she encountered daily in her practice as a student. Following this, she was invited to review these descriptions by looking more closely at her reactions and interactions and then to begin to reflect on her values, beliefs and assumptions. Time and space was available during her clinical day for writing and if she wished she could also carry this activity on to her own time. (The importance and means of ensuring confidentiality for all parties concerned was discussed and stressed).

There was an expectation that she would share aspects of her journal with her

direct supervising therapist or discuss experiences she found interesting, problematic or successful. However, it was her choice which material she would choose to share. This journal writing and sharing were separate from the other clinical and academic expectations. G. was to attend the regular debriefing sessions at the end of assessment and treatment interventions. At these sessions the patient's, the staff's and the student's interactions and actions would be explored and analyzed. Strengths and areas for improved would be discussed and future plans and directions formalized. Also, as part of her regular clinical placement she was expected to share observations, actively participate in team and patient conferences and demonstrate interest and knowledge through asking questions and sharing ideas.

It was anticipated that she would gain a greater understanding and awareness about her practice and possibly herself from her critical reflective journal writing and her critique of these journal entries. The team, also, hoped that what she learnt from her writings would carry over into her interactions and activities in the practical setting.

It was hoped that through her personal knowledge and her increased awareness of her everyday experiences she would gain a beginning understanding of the clinical practice.

After accepting the invitation and commencing her journal writing the treatment team reported that there was a noticeable change in G.'s attitude towards and about her placement. She appeared more confident and they reported that this was evident in her enthusiastic approach to the whole clinical experience. This did not mean that the problematic issues disappeared, but she was more receptive to and acted upon the feedback she received. The team and the direct supervising therapist felt that G. was no longer as defensive and that she was more responsive and responsible.

As the co-ordinator I was interested in this change within the practicum. What had brought about the apparent transformation in the student's attitude and behaviour? Did she feel more confident about herself and her role in the clinical setting? Was her identity as a person and as a student more secure? Did she feel less vulnerable? Had the boredom she expressed earlier been reduced, replaced by.....?

Had the careful and thoughtful setting of the tone, space and time for our (the student, the therapist and the coordinator) discussions helped her feel actively involved in her placement? Did she feel respect and that her voice as a person and as a student within this setting had been heard?

Did she feel a sense of control and empowerment in the

clinical setting? If so what contributed to and what was this sense of control and empowerment?

Did the student's active engagement in her placement contribute to a change in the interdisciplinary team's and the supervising therapist's approach and attitude towards the student? In addition, to the direct supervising therapist, was the team again accepting and taking on a more mutually active and responsible (response-able) role in the learning process? Did this attentiveness help engage G. in her own learning and responsibility (response-ability) within the clinical experiences. Were the team members more empathetic and, thus, empowering G. in the clinical setting?

I was interested in understanding and knowing the possible reason(s) she saw for the change in her attitude, behaviour and performance. Therefore, I decided to speak with G. about her perceptions and her opinions.

She reported that she had heard the concerns of the team and that she had consciously made the decision to act upon the recommendations and advice received by being more actively involved in her placement and more aware of her reactions. She also stated that she knew her concerns were being listened to, she felt more respected as a person and that she had accepted responsibility to make personal

changes in attitude and behaviour.

In retrospect was G. reporting what she thought I, as the coordinator wished to hear? Although I had entered into this interaction as an individual interested in understanding change and reflection, what influence did my organizational position of authority have on and to these exchanges? What role did power play?

Initially G. shared all of her writings with her direct supervising therapist. By reading her journals the therapist gained further insights into the student's difficulties and problems and these supported what the supervising therapist was observing and hearing within the clinical setting. Although G. had difficulty describing the actual clinical situation, she did openly and freely write her thoughts and judgements about the situations and the patients in her journal. The supervising therapist reported that this material helped to highlight, particularly for her, the difficulties the student was encountering in the clinical environment.

How was the supervising therapist integrating the information the student was sharing through her journal writings with G.'s everyday clinical practice and learning activities? How

were G.'s reflections on her everyday activities of practice assisting her in practicum? Were her reflections assisting her in the clinical setting? What was she learning about her practice and herself as a person, student and potential therapist?

Did reflecting on the everyday activities of practice help the student become more aware of the possibilities in the client's life? In order to push at the boundaries of practice and begin to critically question practice was it necessary for G. to have an empathetic appreciation of the other's life as they know it?

I was interested in how the student was progressing with her reflective journal writing. This interest stemmed from a genuine respect, and caring about G. and her progress and, also, a concern, caring and respect for the therapist who was having to handle this difficult and sensitive situation. However, I also began to realize that my interest stemmed not only from my role as the clinical co-ordinator but also from my roles as a student of reflection and as a researcher interested

in the nature of reflection and reflecting with/in my clinical practice. I was surprised, and at times I still catch my self unaware, as to how these roles in the clinical setting were/are beginning to connect, overlap and in some instances integrate. I was/am beginning to live my research.

Unfortunately, due to an unforeseen incident the supervising therapist was unable to continue with her supervision of the student. As this was a difficult situation and because I had become more directly involved in this placement I became the student's direct supervisor.

At this stage in her placement the student was now a little more reluctant to share her actual writings, although, she would discuss and explore her experiences in face-to-face discussions. What was or had precipitated this change? At first, I thought this was a result of the change in direct supervisors and, also, because of the authority G. could perceive I had in my administrative and clinical roles. This may have played a role but I found that there were other interesting influences. In discussion, I discovered that G. was no longer writing in her clinical journal on a regular basis, and she shared that this was because she was now aware that she made judgmental statements, particularly regarding patients. She stated that she "knew that judgemental statements were wrong". However, when she wrote or described what she saw on a daily basis she could not help but include these judgemental

statements in her writings. She reported that without these judgemental statements she could not describe her practice.

Did G. feel vulnerable? Her personal view and opinion of the clinical situations and the patients had been further exposed through her writings and her sharing during the debriefing sessions. In sharing this personal information, she had been told by the clinical experts that some of her views and opinions were judgemental, but G. did not know or understand why. At this point she had not explored the values, assumptions or beliefs that were the underpinnings of these statements. Did she feel judged? Did she feel disciplined by the experts? Again what role did power and authority play? Is it surprising that she may have felt unheard, marginalized, and silenced?

Was the student, again, feeling the "imposter syndrome"? Had her greatest fear of exposure occurred through her journal writing and her willingness to share this material? How could these concerns and fears be reduced? How could the invitation to reflect remain open? How could the clinical team move from judgement to respectful thoughtfulness?

What happens to the supervisor, the treatment team or both when they learn or become aware that the student is feeling judged? It is possible that they may also, feel this "imposter syndrome" - exposed, vulnerable? (Brookfield, 1995, p. 229)

As a supervisor and as a coordinator interested in facilitating reflection, I have to be aware of and open to the cultural and political ramifications which can/may happen when personal views, opinions and knowledge are shared in the clinical setting. Particularly when the person sharing this information/reflections is new to or has limited or different experience in the area. There is the possibility of an environment which was once considered safe becoming insecure or even hostile. By mutually discussing the everyday activities as experienced by both the student and the therapist would this help reduce the possible feeling of being marginalized and also help the student find her own voice? What are the ethical and political implications and ramifications?

In retrospect, I believe that the treatment team hoped that her critical reflective journal writing and her critique of these journal entries would augment the debriefing sessions and, therefore, increase her understanding and awareness of her practice and, possibly, herself. Were the staff expecting too much too quickly from G. and her journal writing? Was there an implicit expectation that the journal was replacing the team's clinical teaching? Had the journal writings become the primary source of the initial supervising therapist's and the team's information and decisions as to G.'s progress or lack thereof?

In my new role as the direct clinical supervisor I became intent on helping the student feel comfortable in the clinical setting through verbally exploring descriptions of the typical clinical day and encouraging her to write about her experiences. Slowly, I realized little was happening and that we were going around in circles. This reflection-in-action assisted me in slowing down and to look at my own actions. What was happening to the student? I, also, recognised that I had to look at why we were not progressing.

At first I had been so focused on helping the student that I did not consider her words "judgemental statements" and, furthermore, I had not provided the space, the opportunity nor the time for the student to explain in more detail what was occurring or what she saw happening with/in her clinical experiences and her

reflective journal entries.

In reflecting more deeply I began to recognise that, although, my intention to help could be considered good or caring, I may have prevented or limited the student from expressing herself and relating the difficulties as she saw them. Was I, unintentionally, falling into the trap of rescuing the student and, therefore, taking away or reducing her sense of control, power and responsibility (response-ability)?

Did my over zealous concern about her vulnerability and my wish to be fair and non-judgemental prevent me from exploring other possibilities, hearing the student's voice or both? Where was my respect for the student in this clinical environment? Why, in this setting, had I not utilized this self awareness and insight to examine and uncover other possibilities and alternatives?

I had become focused on only one aspect of what G. described as her problem, the difficulty in knowing what to write in her journal. I may have interpreted this need incorrectly. I never asked for or listened to hear G.'s ideas, or thoughts around this issue. Did my reactions and my interpretation of the difficulty arise from recalling my own difficulties and problems around first writing about my every day practice? It can be an asset to be empathetic but this

should not be at the expense of the context of the situation or hearing the other's voice. The common bond I had with the student was difficulty in knowing what to write but the context, and the reasons why were extremely different. I learned a valuable lesson--one has to be aware of transference and countertransference in all aspects of public and private life.

What I had missed was the awareness and the understanding that the student now had about her judgemental statements. What did this mean to the student? What was the awareness? How did she gain this awareness? What was her understanding of judgemental statements?

I stepped back, and began to look at the responsibilities (response-abilities) within this facilitator-student relationship. In this relationship I believe that there is co-operation and collaboration and a mutual sharing and listening--a mutual exchange occurs. Within our relationship, there had been occasions when this exchange had occurred but there were also occasions when there was a gap or the exchange was one sided. When I took the time to enquire, gently, with thoughtful and tactful questions and to listen carefully to the student's answers and her questions I began to have a better understanding and awareness of the situation.

What I unearthed was that when the student shared her journal entries with the supervising therapist, she had marked and written the words judgemental in the text where the student had used (what the therapist considered) judgemental

statements or comments. If these statements had been utilized in a therapeutic interaction or report they could have caused difficulties in the clinical setting for the student. The supervising therapist's intentions were not to silence or offend. She had been trying hard to be helpful by enlightening the student about the clinical setting, treatment interventions and therapeutic rapport. In the student's journal, there were examples of the problem issues the supervising therapist saw G. encounter within the clinical setting. It would probably have been helpful if the supervising therapist had been able to clarify these situations. This can often be extremely difficult in the clinical setting as it is not always possible to stop a therapeutic interaction or an action to highlight a problem issue. When situations are discussed in the debriefing session the exact words may be difficult for the therapist to recall, and the problem or the issues may be denied by the student or explained as a misinterpretation. It can, also, be difficult for the supervising therapist to encourage the student to evaluate the situation and the experiences when she is aware that the student has limited experience in the clinical setting. When G. described the experience in writing using the same language she often utilized in the clinical setting, the therapist saw this as an opportunity to help clarify the difficult clinical situations. The clinical picture was clear to the therapist. By marking the offending words and sentences the therapist had hoped that the student would gain a clearer understanding of the situation and, also, gain insight into her behaviour and actions.

In reflecting I realized that the mode of why and how the journal entries could assist the student were not being utilized as I had expected--intended--anticipated. Initially, it had been hoped that G. would be better able to describe, through writing, the picture of what she saw in her everyday clinical activities and that this would help her in her descriptions and observations during the clinical debriefing sessions and the patient conferences. From these narrative descriptions it was anticipated that she would slowly begin to call into question issues and values which were illuminated through her writings.

Unfortunately by marking, pointing out and labelling what was happening in her writings, the supervising therapist had unintentionally silenced or stifled G.'s own thoughts and appreciation of the situation. Would supportive thoughtful questioning have encouraged G. to further examine and reflect on her clinical experiences? Did feedback from the expert or the voice of authority assist in this silencing?

In retrospect, I realized that the supervising therapist and I had not discussed in detail how the reflective journal writings could assist and augment the clinical teaching process. Our clinical teaching styles and therapeutic values were similar, therefore, I expected that what we understood as reflective practice and how to connect the journal writing with practice would be the same. It was only upon reflection that I took the opportunity to further discuss the therapist's ideas, thoughts and experiences with reflection in the clinical environment.

Were G.'s statements judgemental or did her limitations in professional language and her use of specific expressions or slang play a role? Where did these expressions and metaphors originate?

I remember my first days in a curriculum course where I was unfamiliar with the professional language of teachers. This experience provided me with some insight into how another individual could feel if they attempted to enter into a discussion on specific occupational therapy issues. Why do we as professionals

feel we have to have our own language or jargon? Does this help in indicating or establishing professionalism or does it seek to mystify? What role does power play?

I have learned from previous intensive reflection that justice and fairness are particularly important to me as an individual and in my role as a clinician. In looking closely at this story I begin to see once again, the importance that fairness and justice played in my trying to understand the views and reactions of all parties--the patients, the interdisciplinary team members, the supervising therapist and the student.

In this relationship with the student it was important for me, as the facilitator, to remember to listen, to hear her voice. If I believe that the student has responsibility (response-ability) for her learning it is important that I do not take all this responsibility away by identifying what I see or think is problematic within her experience.

It is my responsibility to help facilitate a

learning environment. One way I can do this is by ensuring that there is sufficient and appropriate times, and places within the practicum where the student can initiate questions and discussions about clinical issues and topics important to the students learning and educational experiences.

When setting a therapeutic tone for patients I am particularly interested in developing a safe and trusting environment which ensures flexibility, sensitivity, respect and care. Thus, enabling the patients to interact freely and openly. "Tone which was first used in an educational context by Schleiermacher" (cited in Oberg and Underwood, 1989, p. 18), appears very similar to what I describe as therapeutic tone. Tone appears to be extremely important and beneficial to both the therapeutic and educational context.

As clinicians and student supervisors we have been socialized to take the leadership role and with this role, control and responsibility for what happens in the therapeutic and the teaching environment. I believe that it is necessary to

develop a careful and thoughtful balance in both these situations.

My preferred style is one of participatory democracy which is grounded in values such as fairness, justice, caring and empathy. This also involves negotiating such issues as priorities, ground rules, control, and self-determination. As the situations, or the context or the participants change so does the balance, therefore, it is often necessary to renegotiate to ensure that a balance is maintained.

In retrospect I realize that this balancing and negotiating is, also, extremely important to the facilitator in encouraging and fostering reflection with/in clinical experiences.

However, as clinicians and supervisors, accountable to the organization employing us, how is it possible to balance such accountabilities with those we feel towards patients and students?

Following mutual sharing of clinical experiences, and with support and encouragement the student did recommence writing her journal and she continued

to make entries throughout the final weeks of her placement. She was also more actively involved in the clinical activities, her rapport with the patients was more therapeutic and empathetic and her interactions with the interdisciplinary team were professional.

She successfully completed her practicum and by the end of this fieldwork experience she was more comfortable with herself in this unfamiliar setting and with the role of occupational therapy. Slowly, she was beginning to have a greater appreciation and empathy for the patients. There was an awakening to and a deeper understanding of her responsibilities and interactions in her everyday experience and an awareness of the therapeutic use of self.

Reflecting on this experience has highlighted for me the complexities within reflection and the complexities and tensions within clinical practice. Insight into these complexities and tensions has helped in my understanding and awareness of my responsibilities and limitations and accepting these limitations. This, in turn emphasized the importance of considering and understanding the political, the social and the ethical issues in the clinical setting.

I found this an extremely valuable learning

experience. With each re-reading and re-reflection on this clinical and personal experience I gain new or further understanding and awareness.

A Thoughtful Pause

One cannot mandate reflection. There is a choice. This is why the invitation is important.

One of the most important areas of learning for adults is that which frees them from their habitual ways of thinking and acting and involves them in what Mezirow (1978, 1981) terms "perspective transformation". This means the process of becoming critically aware of how and why our assumptions about the world in which we operate have come to constrain the way we see ourselves and our relationships...there are two paths to perspective transformation: one is a sudden insight into the structure of assumptions which have limited or distorted one's understanding of oneself and one's relationships; the other is directed towards the same end but it proceeds more slowly by a series of transitions which permit one to revise specific assumptions about oneself and others until a stage occurs in which the assumptions become transformed. (Boud, Keogh, & Walker, 1985, p .23)

I am often surprised at how often ideas and thoughts on different ways of looking at one issue or situation pop into my head--when I am sitting at coffee breaks, driving in the car on my way to the university or a friend's home, while applying my moisture cream in the mornings or when waiting for a therapist to arrive for an appointment. It is as if these thoughts are just bursting out and I feel saddened when I have to curtail them because of other pressing priorities. Often after this type of experience I have difficulty trying to recall the exact thoughts. I either draw a blank or the picture has changed. Have I

The unmapled roads and uninvestigated waterways, the challenge and the risk taking are important to my personal and professional growth. This is the richness, the rigor and the depth I require. If the way is too neatly groomed and clearly marked with signs and possible directions it may prevent or hinder the opportunities and the experiences which often lead to unforeseen enlightenments and insights. There are no pre-determined directions; there is no right and no wrong way.

My subjective knowledge and, again, I am off on the journey. Unconsciously or consciously explored these issues so that they become internalized as part of

Remembering: Coming to Trust

Usually student fieldwork placements are stimulating and rewarding experiences for all the people involved--the student, the direct supervising therapist and the co-ordinator. However, on occasions difficulties arise and this narrative describes such a situation.

In order to set the scene it is helpful to provide some background information. A number of senior level students assigned to the facility came from one of the universities which emphasises problem-based learning and self-directed learning. In addition to the regular clinical evaluation formats the students had been given the responsibility of developing specific learning contracts. These learning contracts are utilized by the university rehabilitation programme to reinforce the philosophy of self-directed learning and the student's role as an active participant in the learning process. This is also one of the strategies the faculty believes will encourage the development of skills necessary for lifelong learning.

Although initiated by the student, the contract is negotiated with the preceptor and, if necessary, the department co-ordinator. In keeping with the more traditional aspect of academic life the contract accounts for fifty percent of the final clinical evaluation. Regular evaluation reports account for the other fifty percent.

The student, a bright, confident and enthusiastic young woman, was in her final professional year and she had been assigned as her last clinical experience, two differing but complementary rotations. Following successful completion of this

placement she would be qualified to enter the profession.

As the first few weeks of the clinical experience would be spent in only one of the areas of her clinical rotation, priority was given to developing and finalizing this particular learning contract. This she did in a responsible, enthusiastic and timely manner.

Part way through her placement I discovered through discussions with her supervising therapist that the student, W., was hesitant about completing the learning contract for the second area of her clinical rotation. W. stated that it was not necessary to develop the second learning contract as the formal evaluation report covered all aspects of her placement. I was very surprised to hear this information.

The discussions surrounding the student's mid-term evaluation indicated that the supervising therapist saw no problems other than W.'s need to build on the speciality skills necessary to work independently in this particular unit. This is not unusual as the speciality area required advanced clinical skills in addition to the regular basic competency requirements. From the supervising therapist's perspective the placement was going as expected, however, she preferred that I follow-up on the learning contract situation. I did not feel that this was an unusual request.

During the student's initial orientation we had discussed the development of separate learning contracts for the two differing areas of her clinical practice. She had been fully involved in making this decision and was quite confident about following through on this process. What had occurred to bring about this change?

At the orientation I had informed the students that I was available as a resource person and as a problem solver should the need arise. She had not contacted me. I wondered why? We had talked many times, by telephone, prior to her arrival for her placement and it seemed as if we were developing a good working relationship. What had happened in this clinical environment?

It was necessary for me to confirm with the academic facility whether or not completing this second learning contract was essential to their final evaluation requirements. If it was not essential, then I saw no need to insist that the contract be completed.

From my discussions with the academic student coordinator I learned that it was essential that, the student, complete both learning contracts. There was room for negotiation and flexibility but the bottom line was that the contract had to be completed in order to fulfil the academic requirements regarding the fieldwork placement. After my discussion with the practicum supervisor and the university student co-ordinator I realized that this situation could be a challenge.

I, initially, contacted W. by telephone. In our brief conversation she sounded quite distant and abrupt. Therefore, I decided that it would be more productive if we met and continued our discussion in a more personal manner. We set a mutually convenient appointment for later that same afternoon. From W.'s voice tone, energy level and the content of her conversation I was alerted to what I perceived was resistance. However, I was reluctant to label this issue as purely resistance. In my experience when a person reacts this way they are either denying or masking their

true feelings or avoiding a painful situation.

I deliberately chose to meet with W. in the conference room within her work area. The meeting room was small, comfortable and relaxing. This was her territory. Her supervising therapist had duties outside the unit at this particular time of day and we would have privacy.

When I met with W. she appeared a little anxious. Unfortunately, our initial discussion took much the same tone, format and direction as our earlier telephone conversation. The student was adamant that she should not complete the learning contract. I recalled our previous negotiations and agreements, pointing out the importance and significance of the contract and the formal requirements of the school. The interactions were going round in circles; we were making no progress.

This was similar to the difficulties I had, on occasions, encountered when climbing. A climb is not without its frustrations. I have many memories of working particularly hard to reach a specific area only to find that it was a false summit, and that another ridge or slope loomed ahead. Many of the mountains I climbed had numerous false summits, however, despite all the frustration and the extra effort I was never disappointed. Usually the rewards exceeded my expectations.

In retrospect her plans and conversation were very concrete and content centred--the learning contract. I also became caught up in this issue. My blinkers

were on and I was also going down this same narrow path. It could be said that we both had our own agendas which we were holding on to very stubbornly. Where was the caring, the compassion, the understanding, the compromise? Why did I so quickly judge the student's reactions and behaviour as resistance and difficulty with authority? I lost sight of the other possible reasons why a person fights or hangs on to an issue so strongly.

In re-reading this narrative I believe it is important to reflect on what gave rise to my initial interpretation of W.'s behaviour. Although I wrote that I was reluctant to dismiss this issue as purely resistance, my actions in practice indicate that this was in fact one of my first interpretations. I write of the student's behaviour and actions as reasons for my judging the student as resisting/opposing. What were the behaviors and actions which gave rise to my judgements? It is also important to call into question my own reactions. Why did I so quickly name and label W.'s behaviour as resistive? Was I hearing W.'s voice or were my actions coming from a place of authority where I expected the student to listen and automatically act upon what was expected from the institution (the facility and the university)? Was I reacting to my socialization and internalising of the student-supervisor relationship? As an undergraduate student, rarely, if at

all, would I have questioned or refused to do a task expected by someone who was in a supervising post or role. Did I expect her to behave as I had done, as a student, in the past? I believe that this may have been happening. Certainly, upon reflection, I am aware that our interactions were not very open or equal. In the initial phase of this incident it was more like a stand-off. There was little exchange. Neither the student nor myself were listening or hearing the message or the view the other was attempting to convey. Where was my thoughtfulness and tactfulness?

I utilized what Schön (1983, 1987) refers to as "reflection-in-action". I tried different approaches but to no avail. The interactions were narrow and continued to deteriorate. The student was beginning to contradict herself and I was becoming more confused in my attempts to understand her issues. On one occasion she stated that she could not take on any further responsibilities because of her high caseload. This I could understand. However, upon exploring and clarifying this issue I discovered that her current caseload was low compared to the expectations for a final year student. I was surprised, confused and somewhat frustrated.

I wonder how many times as a teacher I have reacted with my assumptions and failed to hear the other's story. Sometimes I have been too quick to judge, and have missed the opportunity to gain a deeper understanding. I wonder what the purpose of my chatter is? I remember reading somewhere that the advantage of talking is that it gives the

speaker the ability to control other's thoughts and actions. We attempt to form relationships in our society, yet we place too much importance on talking, never allowing a pause in the conversation in order to reflect upon what the other has to say. (Greene 1994, pp. 58-59.)

I wonder, what was the purpose of my chatter? In addition to the possibility of giving me the ability to control the student's thoughts and actions and, therefore, to some extent the situation, did this talking mask my uneasiness and give me a false sense of control? Was I denying my uneasiness and vulnerability?

This narrow interpretation, the compartmentalizing of the issues, prevented me from broadening my perspective of the situation and from exploring other possibilities. Even in reflecting-in-action when trying different approaches I was dealing with the same issues. The approach and techniques of handling the situation were slightly different but my concerns, attitude and reactions remained the same. This superficial reflection related more to the skills and the techniques not to the deeper seated problem of W.'s closure with/in her practice and the issues of attitude and feelings which surrounded the negative feedback and interactions between the direct supervisor and the student.

In becoming more aware of my emotions, particularly the confusion and the frustration, with the student's behaviour, our faltering interactions and my attempts to handle the issue helped me stop for a few moments, and take stock of the situation. I find that an increased awareness of my emotions and reactions to a situation is often the sign for me to detach/distance myself from the issues in order to take the opportunity to reflect and integrate my feelings (body) and my thoughts (mind). Thus, I can have a broader view which helps provide me with clear directions and actions. This brief detachment, helped me take a more holistic approach and helped my thoughtfulness to surface--to be more open and responsible for my own reactions and to hearing the student's voice.

It was at this point I decided that I had to confront the situation more directly by identifying my feelings of confusion and the resistance and opposition I was perceiving through her behaviour and interactions. I, also, pointed out that this behaviour was quite different from my previous observations and our interactions. There was silence. She looked at me for what seemed like an eternity and then she slowly and hesitantly began to describe the difficulties she was encountering with her supervising therapist. She explained that the only feedback that she was receiving

was negative and that this was greatly undermining her confidence; she felt intimidated. These experiences were making her feel incompetent and she shared that this was almost paralysing her in her everyday practice. During this conversation she became tearful. With gentle encouragement and support, by listening carefully and through clarification of the issues and situations she was able to expand on the difficulties she was encountering. I was no longer surprised. It was no wonder that she was resisting or felt unable to accept or initiate any further clinical responsibilities or duties.

Our interactions began to change. There was an openness, a freedom, which enabled mutual listening, sharing, caring and respect.

Although this had been a harrowing experience, as we sat together discussing the issues she became more relaxed and open. I also felt more comfortable and relaxed. I passed no judgements, treated her with respect and caring, listened and when necessary asked for clarification or paraphrased her explanations. We were able to discuss her clinical caseload, clinical priorities and set realistic expectations with regard to her clinical experience which included her learning contracts.

My awareness that a change in our interactions/direction was necessary came when I was most

embroiled in the situation. It is at this stage that detachment is so important, however, when so involved it is not always easy to identify. For me, recognising the intensity of my emotions and hearing myself become verbally repetitive is a key. This move from enmeshment created the degree of detachment which enabled me to speak more clearly and confidently on my own behalf, thus contributing to clarity and understanding of the situation.

Did this silence help the student find her degree of detachment which in turn, also, assisted her on speaking more clearly on her behalf?

This detachment does not lead to closure and silencing within the person or the situation. The detachment helps to contribute to the individuals commitment, passion and enjoyment through clarity and understanding rather than misunderstanding.

From these foundations we were able to identify and examine alternative ways of solving this situation. Although I had the desire to take the full responsibility for addressing and resolving this issue I had to hold back from this temptation. I felt it was important for the student to be actively involved in all aspects of the decision making process and her learning experience.

After reviewing and rejecting a variety of alternatives, she, clearly stated her wish to speak directly with the supervising therapist regarding her need to have positive feedback about her practice in addition to the constructive criticism.

As part of the mid-term evaluation process the student had responsibility for completing an assessment of the clinical supervising therapist. She had completed this form but she had been apprehensive about discussing this material with her supervising therapist. She felt that this evaluation process would provide the tool to help introduce the problem issue and assist in the discussion of the topic.

I was deeply concerned about W.'s vulnerability and aware that she was afraid that the situation may become worse. However, I felt that it was necessary that she decide on the course of action which would best assist her. I also felt that this was essential in her reclaiming an element of control in her clinical placement, in redeveloping a working relationship with her supervising therapist and in rebuilding her self-confidence. Nevertheless there was a part of me which was very aware of the possible risk--this action could backfire and the situation explode.

The feelings of vulnerability, the question of risk and the issue of trust to herself and the other are similar to my feelings when I was a neophyte climber. This reminds me of the first time I was on a winter snow and ice climb. I had all the appropriate gear which included an ice axe. Prior to leaving on this particular outing I had been assured by climbing friends that, although there was an element of risk, if I did

slip the ice axe, when used correctly, would break my fall. It was an essential piece of the equipment. We had several simulated practices on how to use the equipment before venturing on to the slopes. Once on the hills I was faced with the harsh reality of the situation. The sun was shining brightly and the sky was a beautiful shade of blue but the wind whistling around us was bitterly cold. Everything was white. Some areas were covered with glistening soft powdery snow while in other sections the snow had melted and had reformed into hard packed glittering blue-white ice. The leader looked at the small group who were on their first outing of this type and said, "Now show me how you use your ice axe". The moment of truth had arrived. We stood upright, looked at each other and then proceeded to verbally explain what we would do. No, that was not what he desired. We had to demonstrate that we could use the equipment. My first thought was, he must be joking. It was then that I realized that I was not sure if I trusted myself or the ice axe. After what seemed like an eternity, I took the plunge. I walked slowly and hesitantly on to the ice slope, deliberately fell and began to slip with increasing speed down the ice face. I hurtled the ice axe with all my might into the ice--I stopped immediately. My immediate feelings were disbelief, followed very quickly by relief. This was also trust and faith in myself and my abilities, trust in the leader

and my companions. This was an exhilarating experience.

Upon re-reflecting on this ice climbing experience I am struck at how trust and risk taking can assist and influence how I face my own vulnerability. Could/would awareness of trust and risk taking help W. in future difficult and threatening situations?

Following our mammoth session, W. and I maintained regular contact throughout the remainder of her placement and our interactions were open and honest.

I met with W. after her meeting with her supervising therapist and together we examined, analyzed and reflected upon the interaction. Although she did not meet all her own expectations in her discussions with the supervisor she was relatively satisfied and pleased with her ability to handle a difficult and challenging situation. What was most important was that W. considered this a successful meeting and she was satisfied with the outcome. Throughout the last few weeks of her placement she appeared more confident, accepted and carried out more clinical responsibilities, received positive feedback from team members and her supervisor, developed good working relationships with staff and an excellent rapport with patients. She successfully completed her fieldwork experience. At the end of her clinical practicum she remarked that this had been a very difficult placement but acknowledged that she had grown a great deal from the experience, through gaining insights into her own behaviour and working relationships and obtaining valuable

practical experience which she could utilize in other situations.

I found that upon writing this story I again, became aware of the anguish and the humiliation that the student had been feeling from receiving only negative feedback during her clinical experience. I began to realize that her reactions were very similar to the behaviour and reactions I have observed from individuals who feel ignored, misunderstood or treated unjustly.

What is also interesting to me is my own reaction--my desire to assist the student regain her self-confidence, and obtain her own sense of control in the situation. Did my earlier experiences in the school system where I saw the use of power and corporal punishment as being misused or unfair, influence my future actions and reactions? I believe that they did.

I am not afraid to confront a situation, however, I always try to be aware and sensitive to the actions and reactions of the people involved. It is extremely important to me that no one is intimidated or humiliated--I always try to look for the positive aspects and provide the individual with a sense of control. In the clinical setting, it has been my experience that identifying and separating the behaviours from the person can help in defusing and clarifying problems or difficult situations. As this reduces the personal element of constructive criticism and enables the individual to address or reflect upon the behaviour(s) and action(s). I also find it

useful to own or identify my own feelings in relation to the behaviour. Hence, the person does not feel attacked. I believe that being aware of and sensitive to the individuals feelings and reactions and strengthening their positive qualities can greatly assist in the development of communication, respect and, thus, relationships.

I believe that in confronting the situation directly and by acting "responsibly" and "responsively" (van Manen, 1990 p. 12) through identifying my feelings; accepting responsibility for my actions and sharing my views and perceptions I was setting the tone and modelling for the student.

It has been my experience that reducing the feeling of personal attack helps a person stay focused on the issue and enables the person to begin to look more carefully at themselves. I believe that developing a trusting relationship is essential in facilitating reflection.

A Thoughtful Pause

When working with therapists supervising students I have become more aware of their struggle not to feel fully responsible for the student's clinical development. Many have perceived this as a test of their skill or competency as a therapist. If the student does well it is because they are competent clinical therapists and proficient instructors. However, if the student does poorly it is a reflection on their skill level as a therapist and as an instructor. Letting go and empowering the student to become an individual therapist with all the rewards and the problems is difficult.

In *Women's Ways of Knowing* (1986) the authors talk about the teacher as a midwife--they assist the students in giving birth to their own ideas, in making their own tacit knowledge explicit and elaborating it.

They support their students' thinking, but they do not do the students' thinking for them or expect the students to think as they do. (pp. 217-18)

Remembering: A Personal Stance; Awareness of Vulnerability

In our study group we had been talking about numerous very interesting and stimulating topics and issues.

Suddenly, the importance of the statement "being in the present" took me back to the small private hospital room where my husband had just died. I was fortunate enough to be there, to be present with him when he died. I had seen death many times before but this time it was different. I knew that Ray had taken his final breath, but, even as the young doctor confirmed this...the first word that I pronounced very loudly was "No!". This could not be true! There was shock and disbelief. Time seemed to stand still, the room was quiet and I was briefly aware of the sterile surroundings--the bed, the chair, the bedside cabinet, the bare walls. The flowers and cards on the hospital bedside cabinet provided the only colourful or welcoming objects. As the initial shock began to ease, I became very aware of the feeling of a vast emptiness, and then the pain in my inside. I now began to realize the truth of he or she "died from a broken heart". What I was feeling was a raw excruciating physical pain, but in order to come to terms with the reality of the situation, I knew, for me, I had to feel this pain. If I was ever going to come to terms with Ray's death and be able to move on, I needed to feel and truly live this experience.

It is amazing how as human beings we have this desire to shelter and protect. To make what we perceive as a bad or unpleasant situation better, no matter what the costs.

The young intern stated that it was essential that I take "a pill", which would help me feel better, get through the situation and help me sleep. He could not understand my need to feel this pain nor the fact that I did not wish to take the pills. I did not want to go to sleep, to feel better--I needed to be in this moment. I realize in retrospect that his concern came from his caring and, also, his difficulty in losing a patient--medication was one answer he had to pain. However, at that particular moment in time, I felt that there was no consideration given to my opinion, my wishes, my needs, my beliefs and values nor my cultural upbringing where illness and death are part of the every day lived experience. In fact, this young doctor followed me onto the hospital grounds insisting that I take the medication....he only stopped when I pointed out that I would only take the pills from him to keep him happy.....I had no intention of taking the medication. A young nurse who showed much caring, respect and empathy was very supportive of my actions. She heard my voice, and she carefully guided the physician off in another direction. Once home, I found the realistic practical activity of cleaning my oven very helpful.

Throughout my grieving period I was very aware of an increased awareness, an openness and sensitivity to others and nature--a feeling of being in the present. As Butala (1994) describes, letting go of everything and being at one with nature.

I found walking on sandy beaches, or sitting on a rocky outcrop by the ocean and listening to the sounds of the waves, the wind and the birds calming and restful--being at one with nature. An ideal opportunity for thoughtfulness.

Through this physical pain I found an awareness of my personal stance....my

being and this vulnerability were enlightening. It offered an invitation for reflection, the opportunity to question long held beliefs, values and assumptions, some that had been hidden or suppressed in my depths.

I had this great desire, I was almost driven, to search both internally and externally...had others who had shared a similar experience felt this pain, this new found awareness, this spiritual openness? How long would this last? I was not interested in how-to guide books...I sought the experiences as lived by others...both in verbal communication and in writings. I thought about keeping a journal in order to help other people who would or who had experienced this grief. Unfortunately, I did not write...now I wish I had. The being in this particular space has gone.

As the pain began to subside and I began to accept and adapt to my loss I also began to realize that this increased awareness, the openness, was slowly beginning to close. Through reflection and critical questioning I had come to terms with a number of important issues. Some values and beliefs were reaffirmed, while in other instances I had realigned or changed my assumptions. In retrospect, I had probably gone through some form of transformation. Maybe this decrease in my previously raised consciousness was not so much of a closure, as an integration and a working through--a coming together, connectedness.

Through this traumatic experience and the turmoil that followed I have gained much personal insight and acceptance. The changes that occurred during this chaotic phase in my life have had a lasting positive influence.

This experience has also been very helpful in my everyday clinical practice.

Early on in my journal writing when I was beginning, very tentatively, to explore my practice I wrote about my experience with a young man who had been severely burned by tar. What I did not share in this journal entry was why I felt comfortable in approaching this patient and discussing his fears about death and the traumatic experience he had encountered. My personal experience and the critical reflection I went through has helped me be able to talk openly and honestly about death and all kinds of other loss--all the physical, emotional and spiritual aspects that this involves. In the uncomfortableness that the other feels, there is an awareness, a sense of calmness and acceptance within this perceived horror. An awareness of the other's vulnerability, fears and hopes and through my personal stance, caring and respect for the other I can stretch out to touch the core of the individual; a fellow human being.

All our narratives are personal whether they are about our school days, our families, our interests or our practice. However, some stories seem and are more personal than others because they contain our soul, our very being. These stories are often difficult to bring from the private forum into the public arena. Our core, our most vulnerable self is exposed.

I shared this story with my sister, my confidant and I have shared parts of this story with friends but, when I wrote

this as part of my research work in progress this was the first time I had made this story public.

The writing was important to me because it showed how the private (personal life) and the public (professional life) are interconnected. There are no impermeable walls between the private and the public. One can inform the other if we choose to look and listen. We can build barriers and live separate lives, but, if there is no bridge between the two I believe something will be missing. We can learn from both worlds.

When I first commenced my critical reflection I tried very hard to keep the private and the public separate. However, as the multi-layers and dimensions of reflection unfolded this became more difficult. Particularly, when exploring and uncovering the historical, cultural and political aspects which can help inform practice.

In re-reading this writing I can see how this story is directly connected to my professional practice as an experience from which I have gained sensitivity, awareness and understanding crucial to all aspects of my clinical practice.

This moment in my life caused me to dwell less in a world of casual expression, experience, language, and action. The moment served as a startling awakening into a search for meaning and essence; it permeated every sense known to me. (Heard, in Aoki, (Ed.) 1990, p. 13)

A Thoughtful Pause

Empathy is characterized by an expression of being there, a soul turning, a recognition of likeness and difference, a participation in the experience of another, a connection with feeling, a power to recover from that connection, and a personal enrichment. The disposition, the presence, and the actions of empathy reflect a thinking and a feeling that happen at once. (Peloquin, 1995, pp. 30-31)

Storytelling is fundamental to the human search for meaning Yet it is composing a life through memory as well as through day-to-day choices, that seems to me most essential to creative living. The past empowers the present, and the groping footsteps leading to this present mark the pathways to the future. (Bateson, 1990, p. 34)

People seem to feel,...that to be vulnerable means to be weak, to be foolish, to be in need of protection...Vulnerability is a quality, I see, that nobody wants...Nothing else but the opening of the heart speaks to people in a way that matters, that holds the potential to change people's lives, because they recognize the common humanity, the ubiquity of what seem like unique problems, unique suffering...Openness of the heart breeds openness of the heart. Vulnerability cracks the hard casing of the hearts of others. (Butala, 1995, pp. 9-12)

Remembering: Opening Through Closure

This is difficult to express. My thoughts are swirling, constantly moving--ideas pop in and leave just as quickly as they appeared. The focus changes. The direction alters. I am confused. My feelings are strong and mixed but they are much easier to identify. I have no voice. I am not sure what this silence means. This silence does not feel like openness.....slowly I am aware that I am shutting down.....this is closure. I am vaguely aware of the others voices but I am not truly listening to what they are saying. They become background noises. I am engulfed in my own thoughts....my own preoccupations. Is this reflection? I am uncomfortable, but, at this moment I am unable to do anything to change the situation. This is my dilemma. Can this type of silence be a form of self listening? Can this lead to openness....a new understanding?

Maybe by writing I can create an openness, an understanding, or at least create some order out of this turmoil.

We are talking about opposition, resistance and outlaws. I am extremely interested in knowing more about these terms, from what could, possibly, be a different perspective.

In my professional world and work experiences these words have a negative connotation. When someone questions an action, an event, a procedure, a policy or a situation--the rules, that person is called resistive. When the usual way of doing things or the status quo is challenged the individual is dismissed as just being

resistive or resistant. He or she maybe labelled as opposing everything--a generalized statement. The message to the others is that this voice should be ignored. Somehow it is wrong, bad or socially unacceptable to call these issues into question. The individual who speaks out is often made to feel uncomfortable and if the person in authority does respond to or engage this individual, then this individual's statements or actions may be said to be defensive. The power base or authority does not attempt to hear, to see, nor to understand the opposition or the resistance. Does the authority feel threatened? Are they unsure of how to handle this particular individual? Are they sometimes oblivious to the issue or the problem?

Unfortunately, I have heard myself utter these same words without really looking for or stopping to find or hear an answer.

Why is she or he resisting? Why is he or she so resistive?

It has also been my experience that resistance through persuasive communication or actions can, in the end, lead to growth, development and change. The action of pushing out boundaries or limits can be creative, exciting and exhilarating. Risk taking can provide the opportunity for critical review and questioning and can, if necessary, lead to change.

I listen intently to the professor's description of opposition and resistance, the

class discussion and reviewed the quotes from the literature. This silence has an openness. It enables listening and reflection.

I could not help but reflect upon my present clinical situation. I found myself saying that it is exciting to be in an environment where the clients feel empowered to challenge, to question, to offer opinions freely--to push the limits. I liken this to our class situation. Could we, possibly, be called outlaws? Immediately following my statement I heard the professor's response--"but, how do you feel being compared to psychiatric patients." Unfortunately, I do not remember the exact quote. My reactions and response are immediate. I feel compelled to answer--I do not see my clients as psychiatric patients--they are individuals; persons. They are no different from anyone who has a serious physical disability or disorder such as diabetes. I am glad, almost relieved to hear a fellow student respond to the idea of individuals; his thought, that his pupils are not students but people. Upon reflection I believe we were both responding to the idea of labelling groups or individuals--stereotyping. However, neither of us suggested or discussed this in relation to our comments. The class laughs, warmly, with or at this response. The issue dies. I wonder if the laughter is a way of lightening possible tensions within the room.

I certainly feel tension. I am annoyed, perplexed, puzzled, surprised, hurt and disappointed at the professor's response.

Why is there any need to mention that my clients are psychiatric patients? Why is there a need to look at a comparison? Am I misinterpreting the professor's words? Am I misinterpreting the meaning, the reason for this response? Within the

class situation the idea of misinterpretation or misunderstanding only fleetingly enters my mind. What does this comment mean? Why did the professor make this response? What is happening within the class? Is this stigma? Is this my own prejudice speaking? Why are my feelings so intense?

As I begin to slowly but clearly identify my feelings I become more in touch with the turmoil within myself. I realize that I am looking externally. I am seeking the solutions and the answers from outside myself. How can I assume answers to these questions if I never ask them or ask for clarification. Is there an element of blaming? Rationalization for my feelings and action--or lack of action. No wonder I am going round in circles.

I am using up a tremendous amount of energy and really going nowhere. Is this behaviour, this silence a form of opposition?

Although in this particular situation there was no great danger, I saw that there was an element of risk. In retrospect, this would have been a great opportunity to practice pushing at the boundaries. The experience could prove beneficial in situations where the ground/place is more risky and, possibly, even dangerous.

Again, this is similar to my hill walking experiences and the energy and the effort this entails.

There were times when it was just a steady plod and there were the occasions when it was much more dangerous--fording a swollen river, crossing scree or some summer ice or climbing around rock outcroppings. Each brought its own fears, frustrations, rewards and insights. In addition to trusting my companions I had to trust myself.

What is even more interesting is my closure. Why did I feel unable to check out my feelings and the issues? Did this have anything to do with authority and power? Am I afraid to confront the professor because of the individual's authority within the university structure? Do I feel a sense of powerlessness? What stopped me from asking for clarification?

In retrospect could I have prevented this closure from happening or could I have reopened the door once it had been closed? This is difficult to say--I am not sure. I was aware of some of the options available to me. I could have asked the class how they felt or what they thought about my comment or the professor's response. I could have engaged the class in a discussion around this topic or I could have asked for clarification from the professor. However, at that particular moment in time I could not use them.

What is meaningful to me is what I have learned from this experience. Writing about this experience has helped me create an openness and an insight into my actions and reactions.

Through reflection I now have a better understanding of my compelling and urgent need to respond to the issue surrounding the psychiatric patients. I am interested in my need, my desire to champion the cause of the psychiatric clients. This surrounds my feelings and values regarding the stigma within our culture/society for persons with emotional or mental illness, the myths perpetuated by the multi-media; the dilemmas these clients face with respect to housing, poverty, employment, leisure--I hear my clients concerns on these issues, often. Is this an example of where my earlier experiences particularly in the education system, regarding fairness, justice, intimidation and humiliation influence my future actions and reactions. Once more, I believe they did.

Did the content of being in an education environment heighten or intensify these values of fairness, justice, intimidation and humiliation?

Did my concern for sensitivity and awareness of others take preference over my own feelings and reactions? Did my concern regarding misunderstanding and being able to see the other person's point of view prevent me from confronting the professor? This may appear as if it is a contradiction to my present writing. However, as a result of the intensity of my feelings I was unable to clearly separate

my feelings from my own behaviour and that of others. Were my feelings so strong that I was afraid that my remarks would be too severe, too critical, too personal?

With respect to the issue of power. I believe that from earlier socialization and my experience within the Scottish education system I may have had some concern or uncertainty about the whole issue of power. Old habits die hard and under particular tensions these concerns and uncertainties tend to come to the fore again--even when I am aware that this current situation is different. In this environment there is respect and room for the voice of the student.

This experience has brought about insights and hopefully changes. If I should ever find myself in a similar situation (I am sure that I will) I intend to use my persuasive communication to discuss and clarify issues and when necessary push the boundaries. Maybe a similar challenge will unearth the outlaw.

Although reflection brings insights which leads to changes it does not mean that these changes or the newer way of knowing will always be implemented. It takes time to integrate these transformations. What I find exciting is that when a new situation stimulates old or familiar reactions this leads to further reflection and

questioning and helps unearth further insights.

The multi-dimensional aspect of reflection can support and assist the change process.

A Thoughtful Pause

I must have a sensitivity and a flexibility for/with others. A respect for each individual which is shown through recognition of their experience and knowledge and their interpretations of the lived experience. I must also be mindful of judgements and challenging statements--the ability to see, to hear and being aware of how the other may interpret statements and tones. Through sharing of professional and clinical experiences and an openness about my own vulnerability and possible bias, hopefully, I can reduce the concerns of others around this issue. HOWEVER, I am not solely responsible for this endeavour - we must work together in cooperation and collaboration if this is to be a meaningful process.

I may need some distance--detachment. Time and space to gather and clarify my thoughts.

Remembering: Detachment; A Personal Witness

The invitation was to look at what we do in our work environment when we find the views, values, beliefs or philosophy we have or wish to express are different from the majority of our colleagues or supervisors.

I have found myself in this situation and, on many occasions, have felt unhappy or dissatisfied with how I have handled the situation--usually because I have left feeling misunderstood or misinterpreted. With this comes a strong feeling of being judged, of having been compartmentalized into a suitable slot of the other's thinking. Often, either because I do not know or understand or agree with this boxing I feel misunderstood, misinterpreted, ignored, annoyed, frustrated and devalued. It is as if I do not fit, my voice has not been heard or if heard it feels like I have been ignored. I have often found myself pushing or pressing the issue but to no avail. Trying to clarify or further explain the topic or report the situation by using words or language I think the others will better understand. I sometimes wonder and feel as if I am speaking a different language.

We can hear only what we want to hear, or what we already know and believe, we can hear nothing different, nothing new. There are some things we can hear only with great difficulty, only with great pain. There are things we would like to hear but we are also to afraid to listen. (Levin, 1989 p.17)

I have found that this can often be a scary or dangerous place to stand. As

I am becoming more aware of the reasons why this may be happening and more conscious of the difference in the values, the meaning of the language and the ways of thinking and knowing. I find it personally less frightening. This awareness and understanding in self is empowering. It helps reinforce or validate my stance.

I am better able to see and I have a clearer understanding, even although I do not agree, with where the others may be or are coming from. However, the question still remains--how can these differences be best handled? Hence my interest in the invitation, to the class, to explore this question.

I listened intently for a response from the class. Maybe I could get some suggestions, some pointers. Did others find or encounter similar problems or situation or experiences?

Initially, individuals within the class did not respond by sharing personal examples or how they would possibly respond in such situations. I was disappointed and somewhat frustrated that as a class we were not taking or utilizing the invitation to look at our own experiences. Rather, individuals directed their questions to the teacher. Were we diverting to the person we saw as the expert? I felt somewhat uneasy. All of a sudden I found myself saying...."I am playing my rescuing role.....". Even as I was speaking the words I found myself thinking what are you doing? Why are you making such a statement? This initial reaction or Schön's (1983, 1987) reflection-in- action enabled me to move quickly, although not very eloquently or smoothly, to share some personal thoughts on the topic. However, I still felt uneasy and dissatisfied with this interaction. I felt it required further exploration.

Upon reflection, I realized that I knew that my statement about rescuing was not accurate. It was not truly what I intended or wished to say. The teacher did not require rescuing.

I believe that the rescuing was my way of trying to say politely to the class that I wished to change the direction of the questioning. I wished us to look more closely at ourselves and our interactions. I wished to call into question our interactions.

Politeness. Why am I so afraid of hurting and offending? Why do I think that people are so fragile or vulnerable? Why do I think that I cannot deal with or handle the other's fragility or vulnerability? Once again, I believe this may stem from my concern for fairness and caring and the need or desire to prevent humiliation. However, am I also protecting my own fragility and vulnerability? Does the vulnerability I see in others heighten my awareness of my own vulnerability and personal stance?

I was, also, interested in a more collaborative and collegial approach or interaction. A discourse where we all (the students and the teacher) had an equal responsibility in sharing information and answering questions. As I write and read this I wonder if there was or is an issue of power--but I do not believe this was the issue. Maybe somehow indirectly but certainly not directly. There may, also, have

been a tinge of not wishing to put the teacher on the spot. I believe this comes from my sensitivity and awareness of what it is like to be in the situation that we were trying to address through the original invitation.

Again, the issues of fairness and caring are present. I am always interested in trying to see things from the others perspective and to be aware of their vulnerability.

Is this a situation where I could have used detachment? How could detachment have helped? What happened to my resolve, my intent to use my persuasive communication to discuss and clarify issues and when necessary push at the boundaries? I seem to have a sensitivity to see the others point of view and their vulnerability. However, I need to become better at recognizing my own--an increased awareness of what is happening to me at any given moment, particularly, when I feel intensity involved or most embroiled. A degree of detachment or a holding back would help at these moments. I could remain engaged, but the element of detachment would enable me to become more composed and thoughtful and would help me speak more clearly on my own behalf.

This detachment would assist by contributing to the

understanding rather than the misunderstanding or the misinterpretation that I feel or subconsciously contribute to. I believe that reflection following the situation is helpful, as is my writings. However, I would like to become more practised in implementing this detachment (as space for thinking clearly) during the time of passionate involvement or intense commitment. I need to become my own witness.

Change is essential but, unfortunately, this may take time. I would prefer that this change be instant and all encompassing. I know that change can and will happen and I will take responsibility for helping this occur.

The actions and strengths required for detachment are not unlike the abilities and fortitude utilized in a white-out on the mountain. I have been caught in a white-out and this has required much careful manoeuvring over some very difficult terrain. Each climber has to be mindful and considerate of the other. There is no room for confusion and misunderstanding. Interpretation of the situation and communication must be clear and accurate. On one occasion, following a white-out, I looked back at the looming mountain with its narrow ridge and dark rugged cliffs and I commented, "I'm glad we weren't up there". It was then that I discovered

that this was the mountain we had just descended--a time for thoughtfulness.

There are also times during a white-out when it is best not to move--the climber(s) just sits, pauses, and waits for the most appropriate opportunity for movement.

In going back to the original invitation to look at what we do in our work environment when we find the views, values, beliefs and/or philosophy we have or wish to express are different from the majority of our colleagues and supervisors ...when I re-read my response to this question and re-examine my actions...I realize I must be my own witness and practice detachment.

A Thoughtful Pause

I have to remember that I need to remain open, so as to enable, the choosing of directions and the exploring of practice which, may, at the moment be unable to be seen. I must, also, trust myself.

In order to gain further insight it is important, essential, to stay open, not to take issues and interests at face value, to examine the issues from all aspects and to look at issues, and topics, more creatively and with innovation--try a little more lateral thinking.

Possibilities: Closure; An Opening

I have come to a greater understanding and awareness about the depth, the possibilities, the complexities and the nature of reflection, through critically reflecting on/in my practice and my life experiences.

The narratives, I have shared in the preceding chapters, and the multiple reflections and interpretations have illuminated the importance of the connections, the tensions, the differences and the similarities with/in and between the self and others. My personal stance, my awareness of my inner self, is the connection between my feelings and my thoughts; the integration of the body, the mind and the soul. It is how I stand in relation to myself, others, and what is happening at any given moment. This personal stance can inform, and can be informed or enlightened through this reflective and reflexive journey of movement and change. I have come to see, to hear and to have a greater understanding of the spaces with/in and in/between the relationships--the opportunities for openness and possibilities.

Reflection has, also, highlighted for me the significance that the mingling and the balancing of the past, the present and the future; the private and the public; fairness, justice, power and authority; caring and respect; and vulnerability and personal stance can have on/in my everyday activities and interactions.

The critical questioning which emerged, initially, in my writings, began, and continues to permeate all aspects of my life.....my research has entered into my very being. It is as if reflection and self-reflexivity have become part of my soul.

Like Susan Underwood (1989) I have heard and listened to my own inner voice and having paid attention I too realize that this listening..., questioning..., responding ... is not for a moment but for a lifetime.

The movement and the growth I have gained and the thoughtfulness and the tactfulness I have/can achieve in my personal and professional life continues..... this is not an ending....it is a dwelling....an opening for possibility.

Like the mountains there is always another range or top to be scaled and with it all the wonders, excitement, struggles, risks and rewards of the climb the continuing journey of exploration and uncovering.

Bibliography

Adelman, C. (1993). Kurt Lewin and the origins of action research. Educational Action Research, 1, 7-24.

Aoki, T. (1990, January/February). Inspiring the Curriculum. Alberta Teachers' Association Magazine, 37-42.

Aoki, T. (Ed.) (1990). Voices of teaching (Monograph No. 11). Vancouver, Canada: British Columbia Teachers' Federation.

Aoki, T. (1991). Layered voices of teaching: The uncannily correct and the elusively true. In Inspiring curriculum and pedagogy: Talks to teachers (pp. 1-6). Edmonton, Canada: University of Alberta Press.

Barone, T. E. (1992). Beyond theory and method: A case of critical storytelling. Theory into Practice, 31, 142-146.

Barris, R., & Kielhofner, G. (1986). Beliefs, perspectives, and activities of psychosocial occupational therapy educators. American Journal of Occupational Therapy, 48, 535-541.

Baskett, H. K., & Marsick, V. J. (Eds.). (1992, Fall). Professionals' ways of knowing: New findings on how to improve professional education. New Directions for Adult and Continuing Education, 55.

Bateson, M. C. (1990). Composing a life. New York: Plume.

Bateson, M. C. (1994). Peripheral visions learning along the way. New York: Harper Collins.

Belenky, M. F., Clinchy, B. M., Goldberger, N. R., & Tarule, J. M. (1986). Women's ways of knowing: The development of self, voice, and mind. New York: Basic Books.

Benner, P. (1984). From novice to expert: Excellence and power in clinical nursing practice. Menlo Park, CA: Addison-Wesley.

Bennett, N .L. (1990). Theories of adult development for continuing education. Journal of Continuing Education in the Health Professions, 10, 167-175.

Bevis, E., & Watson, J. (1989). Toward a caring curriculum: A new pedagogy for nursing. New York: National League for Nursing.

Boud, D., Cohen, R. & Walker, D. (Eds.). (1993). Using experience for learning. Buckingham, Britain: SRHE and Open University Press.

Boud, D., & Griffin, V. (Eds.). (1987). Appreciating adults learning: From the learners' perspective. London: Kogan Page.

Boud, D., Keogh, R., & Walker, D. (Eds.). (1985). Reflection: Turning experience into learning. London: Kogan Page.

Bradley-Springer, L. (1993). Discovery of meaning through imagined experience, writing and evaluation. Nurse Educator, 19 (5), 5-10.

Brady, E. M. (1990). Redeemed from time: Learning through autobiography. Adult Education Quarterly, 41, 43-52.

Brockett, R. G. (Ed.) (1988). Ethical issues in adult education. New York: Teachers College Press.

Brookes, A.-L. (1992). Feminist pedagogy: An autobiographical approach. Halifax, Canada: Fernwood.

Brookfield, S. D. (1984). Self-directed adult learning: A critical paradigm. Adult Education Quarterly, 35, 59-71.

Brookfield, S. D. (Ed.). (1984, Spring). Self-directed learning: from theory to practice. New Directions for Adult and Continuing Education, 25.

Brookfield, S. D. (1986). Understanding and facilitating adult learning. San Francisco: Jossey-Bass.

Brookfield, S. D. (1988). Developing critical thinkers: Challenging adults to explore alternative ways of thinking and acting. San Francisco: Jossey-Bass.

Brookfield, S. D. (1993). On impostership, cultural suicide, and other dangers: How nurses learn critical thinking. Journal of Continuing Education in Nursing, 24, 197-205.

Brookfield, S. D. (1994). Tales from the dark side: A phenomenography of adult critical reflection. International Journal of Lifelong Education, 13, 203-216.

Brookfield, S. D. (1995). Becoming a critically reflective teacher. San Francisco: Jossey-Bass.

Brown, H. N. & Sorell, J. M. (1993). Use of clinical journals to enhance critical thinking. Nurse Educator, 19 (5), 16-19.

Brunner, D. D. (1994). Inquiry and reflection: Framing narrative practice in education. Albany, NY: State University of New York Press.

Butala, S. (1994). The perfection of the morning: An apprenticeship in nature. Toronto, Canada: Harper Perennial.

Butala, S. (1995). Coyote's morning cry. Toronto, Canada: Harper Collins.

Caffarella, R. S. (1993). The continuing journal of our professional lives: The impact of significant life events. Adult Learning, 4 (3), 27-30.

Caffarella, R. S., & Caffarella, E. P. (1986). Self-directedness and learning contracts in adult education. Adult Education Quarterly, 36, 226-234.

Caffarella, R. S., & O'Donnell, J. M. (1987). Self-directed adult learning: A critical paradigm revisited. Adult Education Quarterly, 37, 199-211.

Cameron, B. L., & Mitchell, A. M. (1993). Reflective peer journals: Developing authentic nurses. Journal of Advanced Nursing, 18, 290-297.

Candy, P. C. (1991). Self-direction for lifelong learning. San Francisco: Jossey-Bass.

Carlson, M. E., & Clark, F. A. (1990). The search for useful methodologies in occupational science. American Journal of Occupational Therapy, 45, 235-241.

Carson, T. R. (1986). Curriculum implementation as a problem of human action. In T. Aoki, K. Jacknicke & D. Franks (Eds.), Understanding curriculum as lived; Curriculum Canada VII. Vancouver, Canada: Centre for the Study of Curriculum and Instruction.

Carson, T. (1990, January/February). Hearing the voices of teachers. The Alberta Teachers' Association Magazine, 21-25.

Carson, T. (1992). Remembering forward: Reflections on educating for peace. In W. F. Pinar & W. M. Reynolds (Eds.), Understanding curriculum as phenomenological and deconstructed text (pp. 102-115). New York: Teachers College Press.

Casebeer, L. (1992). Updating the theoretical constructs of change. Journal of Continuing Education in the Health Professions, 12, 105-110.

Cervero, R. M. (1988). Effective continuing education for professionals. San Francisco: Jossey-Bass.

Cervero, R. M. (1990). The importance of practical knowledge and implications for continuing education. Journal of Continuing Education in the Health Professions, 10, 85-94.

Cervero, R. M., & Rotlet, S. (1984). Analyzing the effectiveness of continuing professional education: An exploratory study. Adult Education, 34, 135-146.

Chambers, C. (1993, October). Love medicine: Facing ourselves in the act of remembering. Paper presented at the fifteenth conference on Curriculum Theory & Classroom Practice, Dayton, OH.

Cherrington, R., & van Ments, M. (1994). Pinning down experiential learning. Studies in the Education of Adults, 26, 15-29.

Clandinn, D. J., & Connelly, F. M., (1991). Narrative and story in practice and research. In D.A. Schön (Ed.), The reflective turn: Case studies in and on educational practice (pp. 258-281). New York: Teachers College Press.

Clark, M. C., & Wilson, A. L. (1991). Context and rationality in Mezirow's theory of transformational learning. Adult Education Quarterly, 41, 75-91.

Coles, R. (1989). The call of stories Boston: Houghton Mifflin.

Collard, S. & Law, M. (1989). The limits of perspective transformation: A critique of Mezerow's theory. Adult Education Quarterly, 39, 99-107.

Connelly, F. M., & Clandinin, D. J., (1988). Teachers as curriculum planners: Narratives of experience. Toronto, Canada: OISE Press.

Connelly, F. M., & Clandinin, D. J. (1990, June-July). Stories of experience and narrative inquiry. Educational Researcher, 2-14.

Cook, H. L., Berry, M., Sauter, S. V. H., & DeVellis, R. F. (1987). Continuing education for health professionals. American Journal of Occupational Therapy, 41, 652-657.

Cranton, P. A. (1992). Working with adult learners. Toronto, Canada: Wall & Emerson.

Cranton, P. A. (1994). Understanding and promoting transformative learning: A guide for educators of adults. San Francisco: Jossey-Bass.

Cunningham, P. (1992). From Freire to Féminism: The North American experience with critical pedagogy. Adult Education Quarterly, 42, 180-192.

DeMars, P. A., Fleming, J. D., & Benham, P. A. (1991). Ethics across the occupational therapy curriculum. American Journal of Occupational Therapy, 45, 782-787.

Dementulias, D. M., & Shaw, R. J. (1985). Encouraging divergent thinking. Nurse Educator, 10 (6), 12-17.

Dewey, J. (1938). Experience and education. New York: Macmillan.

Diamond, T. (1992). Making grey gold: Narratives of nursing home care. Chicago: University of Chicago Press.

Diekelmann, N. (1992). Learning as-testing: A Heideggerian hermeneutical analysis of the lived experience of students and teachers in nursing. Advances in Nursing Science, 14 72-83.

Doll, W. E. Jr. (1993, May). Challenging curriculum icons: A post-modern post-structural preamble. Paper presented to Southern Council on Collegiate Education for Nursing, New Orleans, LA.

Doll, W. E., Jr. (1993). A post-modern perspective on curriculum: Vol. 9 Advances in contemporary educational thought. New York: Teachers College Press.

Edwards, R. (1994). "Are you experienced?" postmodernith and experiential learning. International Journal of Lifelong Education, 13, 423-439.

Eisner, E. W. (1993). Forms of understanding and the future of educational research. Educational Researcher, 22 (7), 5-11.

Elliott, J. (1991). Action research for educational change: Developing teachers and teaching. Philadelphia: Open University Press.

Ellsworth, E. (1992). Why doesn't this feel empowering? Working through the repressive myths of critical pedagogy. In C. Luke, & J. Gore (Eds.), Feminisms and critical pedagogy (pp. 90-119). New York: Routledge.

Ewert, G. (1991). Habermas and education: A comprehensive overview of the influence of Habermas in education literature. Review of Educational Research, 61, 345-378.

Farr, J. (1992). The passion of Emily Dickinson. Cambridge, MA: Harvard University Press.

Fidler, G. S. (1993). The quest for efficacy. American Journal of Occupational Therapy, 47, 583-586.

Gadow, S. (1989). Clinical subjectivity: Advocacy with silent patients. Nursing Clinics of North America, 24, 535-541.

Garrison, D. R. (1991). Critical thinking and adult education: A conceptual model for developing critical thinking in adult learners. International Journal of Lifelong Learning, 10, 287-303.

Gore, J. (1992). What we can do for you! What can "we" do for "you"? Struggling over empowerment in critical and feminist pedagogy. In C. Luke, & J. Gore (Eds.), Feminisms and critical pedagogy (pp. 54-73). New York: Routledge.

Gough, N. (1994). Narration, reflection, diffraction: Aspects of fiction in educational inquiry. Australian Educational Researcher, 21, 47-76.

Gowdy, E. A. (1994). From technical rationality to participating consciousness. Social Work, 39, 362-403.

Greene, E. (1994). How do we move from judgement towards understanding: A exploratory work in change. Unpublished master's project, University of Victoria, Victoria, British Columbia, Canada.

Greene, M. (1971). Curriculum and consciousness. Teachers College Record, 73, 252-269.

Greene, M. (1986). In search of a critical pedagogy. Harvard Education Review, 56, 427-441.

Greene, M. (1987). Sense-making through story: An autobiographical inquiry. Teaching Education, 1 (2), 9-14.

Griffiths, M. (1993). Educational change and the self. British Journal of Educational Studies, 41, 150-163.

Griffiths, P. (1987). Creating a learning environment. Physiotherapy, 73, 328-331.

Harding, S. (1991) Whose science? Whose knowledge? Thinking from women's lives. New York: Cornell University Press.

Harding, S. (1993). Rethinking standpoint epistemology: "What is strong objectivity?". In L. Alcoff, & E. Potter (Eds.), Feminist Epistemologies (pp. 49-82). New York: Routledge.

Hart, M. (1990). Critical theory and beyond: Further perspectives on emancipatory education. Adult Education Quarterly, 40, 125-138.

Heidegger, M. (1977). Building Dwelling Thinking. In D. F. Krell (Ed.) & J. G. Gray (Vol. Ed.), Basic Writings (pp. 319-339). (A. Hofstler, Trans.). New York: Harper & Row. (Original work published 1954)

Heidegger, M. (1977). What calls for thinking? In D. F. Krell (Ed.) & J. G. Gray (Vol. Ed.), Basic Writings (pp. 341-367). (F. D. Wieck & J. G. Gray, Trans.). New York: Harper & Row. (Original work published 1954)

Heinrich, K. T., & Scherr, M. W. (1994). Peer mentoring for reflective teaching: A model for nurses who teach. Nurse Educator, 19 (4), 36-41.

Heshusius, L. (1994). Freeing ourselves from objectivity: Managing subjectivity or turning toward a participatory made of consciousness. Educational Researcher, 23 (3), 15-22.

Hiraki, A. (1992). Tradition, rationality, and power in introductory nursing textbooks: A critical hermeneutics study. Advances in Nursing Science, 14 (3), 1-12.

Houle, C. O. (1980). Continuing learning in the professions. San Francisco: Jossey-Bass.

Jackson, L., & Caffarella, R. S. (Eds.). (1994, Summer). Experiential learning: A new approach. New Directions for Adult and Continuing Education, 62.

Jardine, D. W. (1992). "The fecundity of the individual case": considerations of the pedagogic heart of interpretive work. Journal of Philosophy of Education, 26, 51-61.

Jennett, P. A. (1992). Self-directed learning: A pragmatic view. Journal of Continuing Education in the Health Professions, 12, 99-104.

Kimpson, S. (1995). Stepping off the road: Narrative (of) inquiry. Unpublished master's thesis, University of Victoria, Victoria, British Columbia, Canada.

Knights, D., & Willmott, H. (1985). Power and identity in theory and practice. Sociological Review, 33, 22-46.

Knights, D., & Willmott, H. (1989). Power and subjectivity at work: from degradation to subjugation in social relations. Sociology, 23, 535-558.

Knowles, M. (1984). Andragogy in action: Applying modern principles of adult learning. San Francisco: Jossey-Bass.

Knox, A. (1986). Helping adults learn. San Francisco: Jossey-Bass.

Knox, A. B. (1990). Influences on participation in continuing education. Journal of Continuing Education in the Health Professions, 10, 261-274.

Kolb, D. A. (1984). Experiential learning: Experience as the source of learning and development. New Jersey: Prentice-Hall.

Krefting, L. (1990). Rigor in qualitative research: The assessment of trustworthiness. American Journal of Occupational Therapy, 45, 214-222.

Langenbach, M. (1993). Curriculum models in adult education. Malabar, FL: Krieger.

Lather, P. (1991). Getting smart: Feminist research and pedagogy with/in the post modern. New York: Routledge.

Levin, D. (1989). The listening self: Personal growth, social change and the closure of metaphysics. London: Routledge.

Lindesmith, K. A., & McWeeny, M. (1995). The power of storytelling. Journal of Continuing Education in Nursing, 25, 186-187.

MacIntosh, J. (1995). Fashioning facilitators: Nursing education for primary healthcare. Nurse Educator, 20 (3), 25-27.

Mann, K. V. (1990). Enhancing learning: How can learning theory help? Journal of Continuing Education in the Health Professions, 10, 177-186.

Matlingly, C. (1991). Narrative reflections on practical actions: Two learning experiments in reflective storytelling. In D.A. Schön (Ed.), The reflective turn: Case studies in and on educational practice (pp. 233-257). New York: Teachers College Press.

Mawby, R. G. (1980). Lifelong learning and the professional. Mobus, 6, 35-39.

Merriam, S. B. (1989). Contributions of qualitative research to adult education. Adult Education Quarterly, 39, 161-168.

Merriam, S. B. (Ed.). (1993, Spring). An update on adult learning theory. New Directions for Adult and Continuing Education, 57.

Merriam, S. B., & Caffarella, R. S. (1991). Learning in Adulthood. San Francisco: Jossey-Bass.

Merriam, S. B., & Cunningham, P. (Eds.). (1989). Handbook of adult and continuing education. San Francisco: Jossey-Bass.

Mezirow, J. (1978). Perspective transformation. Adult Education, 18, 100-110.

Mezirow, J. (1981). A critical theory of adult learning and education. Adult Education, 32, 3-24.

Mezirow, J. (1989). Transformation theory and social action: A response to Collard and Law. Adult Education Quarterly, 39, 169-175.

Mezirow, J. (1991). Transformative dimensions of adult learning. San Francisco: Jossey-Bass.

Mezirow, J. (1994). Response to Mark Tennant and Michael Newman. Adult Education Quarterly, 44, 243-244.

Mezirow, J. (1994). Understanding transformation theory. Adult Education Quarterly, 44, 222-232.

Mezirow, J., Brookfield, S., Candy, P. C., Deshler, D., Dominicé, P. F., Gould, R. L., Greene, M., Hart, M. U., Heaney, T. W., Horton, A. I., Kennedy, W. B., King, P. M., Kitchener, K. S., Lukinsky, J., Marsick, U. J., Peters, J., & Roth, I. (1990). Fostering critical reflection in adulthood: A guide to transformative and emancipatory learning. San Francisco: Jossey-Bass.

Moore, T. (1992). Care of the soul: A guide for cultivating depth and sacredness in everyday life. New York: Harper Perennial.

Nelson, A. (1994). Researching adult transformation as autobiography. International Journal of Lifelong Education, 13, 389-403.

Newman, M. (1994). Response to understanding transformation theory. Adult Education Quarterly, 44, 236-242.

Nielson, B. B. (1992). Applying andragogy in nursing continuing education. Journal of Continuing Education in Nursing, 23, 148-151.

Noddings, N. (1984). Caring: A feminine approach to ethics & moral education. Los Angeles: University of California Press.

Nolinske, T. (1995). Multiple mentoring relationships facilitate learning during fieldwork. American Journal of Occupational Therapy, 49, 39-43.

Oberg, A. (1989, March). Supervision as a creative act. Paper presented at the American Education Research Association Conference, San Francisco, CA

Oberg, A. (1990). Ethical issues and problems in the conduct of qualitative research: A response. Response to a symposium on ethical issues and problems in the conduct of qualitative research, AERA, Boston, MA

Oberg, A., & Underwood, S. (1989, February). Facilitating teacher self-development: Reflections on experience. Paper presented at the invitational conference on Teacher Development: Policies, Practices and Research, Ontario Institute for Studies in Education, Toronto, Canada.

Orner, M. (1992). Interrupting the calls for student voice in "liberatory" education: A feminist poststructuralist perspective. In C. Luke, & J. Gore (Eds.), Feminisms and critical pedagogy (pp. 74-89). New York: Routledge.

Parham, D. (1987). Toward professionalism: The reflective therapist. American Journal of Occupational Therapy, 41, 555-561.

Pearce, S. D. (1995). Needs assessment: constructing tacit knowledge from practice. International Journal of Lifelong Education, 14, 405-419.

Peloquin, S. M. (1989). Sustaining the art of practice in occupational therapy. American Journal of Occupational Therapy, 43, 219-226.

Peloquin, S. M. (1994). The fullness of empathy: Reflections and illustrations. American Journal of Occupational Therapy, 49, 24-31.

Pond, E. F., Bradshaw, M. J., & Turner, S. L. (1991). Teaching strategies for critical thinking. Nurse Educator, 16 (6), 18-22.

Proctor, R.F., II. (1991). Metaphors of adult education: Beyond penance toward family. Adult Education Quarterly, 41, 63-74.

Reinharz, S. (with Davidman, L.). (1992). Feminist methods in social research. New York: Oxford University Press.

Rittman, M. R., & Sella, S. S. (1995). Storytelling: An innovative approach to staff development. Journal of Nursing Staff Development, 1, 15-19.

Robinson, T. A. (1995). Aristotle in outline Indianapolis, IN: Hackett.

Sabari, J. S. (1985). Professional socialization: implications for occupational therapy education. American Journal of Occupational Therapy, 39, 96-102.

Saleebey, D. (1994). Culture, theory, and narrative: The intersection of meanings in practice. Social work, 39, 351-359.

Schell, B. A., & Cervero, R. M. (1993). Clinical reasoning in occupational therapy: An integrative review. American Journal of Occupational Therapy, 47, 605-610.

Schön, D. A. (1983). The reflective practitioner: How professionals think in action. New York: Basic Books.

Schön, D. A. (1987). Educating the reflective practitioner. San Francisco: Jossey-Bass.

Schulz, D. (1993, April). The lived experience of radiography education. Administrative Radiology, 23-29.

Selman, G., & Dampier, P. (1991). The foundations of adult education in Canada. Toronto, Canada: Thompson.

Seymour, R. J. (1995). Creating a collage! A meaningful interactive classroom strategy. Nurse Educator, 20, (30), 19-21.

Shepard, K. F., Jensen, G. M., Schmoll, B. J., Hack, L. M., & Gwyer, J. (1993). Alternative approaches to research in physical therapy: positivism and phenomenology. Physical therapy, 73, 88-96.

Shrewsbury, C. M. (1987). What is feminist pedagogy? Women's Studies Quarterly, 15 (3 & 4), 6-14.

Singer, J. (1994). Boundaries of the soul: The practice of Jung's psychology. (Rev. ed.). New York: Doubleday.

Slater, D. Y., & Cohn, E. S. (1991). Staff development through analysis of practice. American Journal of Occupational Therapy, 45, 1038-1044.

Sork, T. J. (Ed.). (1991, Spring). Mistakes made and lessons learned: Overcoming obstacles to successful program planning. New Directions for Adult and Continuing Education, 49.

Sparks-Langer, G. M., & Colton, A. B. (1991, March). Synthesis of research on teachers' reflective thinking. Educational Leadership, 37-43.

Strathern, M. (1987). Out of context: the persuasive fictions of anthropology. Current Anthropology, 18, 251-181.

Tennant, M. (1993). Perspective transformation and adult development. Adult Education Quarterly, 44, 34-42.

Tennant, M. (1994). Response to understanding transformation theory. Adult Education Quarterly, 44, 233-235.

Tough, A. (1979). The adult's learning projects: A fresh approach to theory and practice in adult learning. Toronto, Canada: Ontario Institute for Studies in Education.

Underwood, S., Underwood, W., FitzGibbon, P., Glendinning, R., Kilby, E., Kimmel, J., Oron, C., Schwartz, E., Tate, E., & Oberg, A. (1991, February). Wakenings, themes of connection in teachers' lives. The script of a performance given at the Teacher Development Conference, Vancouver, Canada.

Usher, R. (1989). Locating experience in language: Towards a poststructuralist theory of experience. Adult Education Quarterly, 40, 23-32.

Usher, R., & Edwards, R. (1995). Confessing all? A "postmodern guide" to the guidance and counselling of adult learners. Studies in the Education of Adults, 27, 9-23.

van Manen, M. (1990). Researching lived experience: Human science for an action sensitive pedagogy. London, Canada: The Athlouse Press.

Viseltear, E. (Ed.). (1991). Clinical Reasoning [Special issue]. American Journal of Occupational Therapy, 45 (11).

Wagner, J. (1993). Ignorance in educational research: Or, how can you not know that? Educational Researcher, 22 (5), 15-23.

Warren, C. E. (1988). Women in Cross-Cultural Transition. Atlantis, 14, 98-108.

Wink, D. M. (1993). Using questioning as a teaching strategy. Nurse Educator, 18 (5), 11-15.

Witherell, C., & Noddings, N. (Eds.). (1991). Stories lives tell: Narrative and dialogue in education New York: Teachers College Press.

Wood, W. (1995). Weaving the warp and weft of occupational therapy: An art and science for all times. American Journal of Occupational Therapy, 40, 44-52.

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