

# Chapter 1

## Introduction

1.0 Every story begins with the story of its telling, where the storyteller outlines the stage or background in order to contextualize the events against which the story is set. In this thesis I narrate my story in a manner that I believe conforms with Maclure's (1996, p. 43) suggestion that it is part of becoming an action researcher to move backwards to the past and forwards again in order to try to make sense of the present. My thesis has two major strands of enquiry that are interwoven and inseparable. Each uses different forms of textual expression and narrative style. The first is my lifelong enquiry into the self-study of my own learning and practice that embrace all the different facets of my life, such as nurse, educator, Buddhist priest, and my human values as they emerged over time and were modified or changed completely. Such ontological explorations had profound impacts on me as my consciousness moved between differing states, positions and ideas. I needed to find a way to step back and identify and facilitate an understandable flow of logic for my reader. Such thinking is crucial to my desire to make sense of what is often incomprehensible. I mean 'incomprehensible' in the sense that I did not know the culture or the context of my praxis and, as I came to realise, the boundary of my knowing is my ignorance. Embracing this ignorance is a constant conscious process in my life as I seek to extend the boundaries of my knowing. At the same time I wanted the story to retain its spontaneity and authenticity in its telling as it evolved alongside the internal and external events that shaped the story in the crucible of its praxis. I realised I needed to suspend my judgements in order to allow the space for an idea or a thought to come to fruition. Often it was the case that I did not like or agree with the thoughts I was having; the "*chatterbox of*

*judgement*’ in my mind was vociferous and tenacious in its demands to be heard, listened to and acted upon. I needed to suspend judgement on those thoughts and recognise what was required of me by the Western academy. Such suspension is known as bracketing, described by Berger and Kellner (1981) when they said:

*If such bracketing (of values) is not done, the scientific enterprise collapses, and what the [researcher] then believes to perceive is nothing but a mirror of his own hopes and fears, wishes, resentments or other psychic needs; what he will then not perceive is anything that can reasonably be called social reality. (p. 34)*

In other words I see the world as a projection of my own unconscious, and until I can become aware of the unconscious content I will not see the social construction of my reality (Vogotsky, 1978). While agreeing with Berger and Kellner’s understanding in part, I am more comfortable with Husserl’s use of the term ‘bracketing’ in Cohen et al. (2000), which is a mathematical expression to explain the suspension of belief which is not linked to science or social reality; rather, Cohen *et al* suggest that bracketing is the conscious process of suspending beliefs and prior assumptions about a phenomenon.

To assist the reader of this thesis to understand my values and thinking, combined with my requirements to write academically, I will use bracketing within the written text because I see this as one way to temporarily suspend my beliefs so that I and the reader can gain a clearer understanding of a phenomenon. I will use bracketing as demonstrated by Cunningham (1999, p55) in his doctoral thesis. Cunningham utilised Van Manen’s (1990) ideas on the bracketing of preconceptions, prejudgements, beliefs and biases within textual accounts and explained:

*...that doesn't mean what I bracket is unimportant. No, it only means that I work on what is outside the brackets separately first. I distance myself from what is inside the brackets, temporarily, until I am satisfied that I have understood everything represented outside the brackets to the best of my ability. What is inside the brackets is based on my values. In bracketing them I don't forget about them completely. No, it's just that I've now got a device for keeping them at a distance while I examine the textual data in front of me. Later I can synthesise both that which emerges from my examination of the data and that which is within the bracket. (p. 55)*

I extend Cunningham's understanding by suggesting that inclusional bracketing allows more than one process to occur at the same time. Therefore, in my text the reader will find text within brackets that comes from: (a) my engagement with my reflective journal; and/or (b) my engagement with a discourse with myself as I discuss an issue or clarify a point. By 'inclusional' I am suggesting that to suspend values is problematic as it causes separation of identity, knowing and understanding. It would set up, in the Rayner (2003) sense of Inclusionality theory, a dynamic boundary that is in fact not dynamic, because some of the creating elements of the dynamic [Self] are being suppressed through their suspension and therefore excluded. I believe that an inclusional dynamic would suspend in conscious tension both the expressed values and the held values, dynamically in the same space at the same time, allowing engagement through critical examination balanced with the understanding of bias that exists in the researcher. I give below an example of how I will use bracketing as a discourse with myself:

*[How is this seemingly contradictory concept possible? I believe that this concept is not contradictory; rather, if you look at bodies of knowledge as having boundaries to that knowledge (known knowledge and unknown knowledge, acceptable knowledge and unacceptable knowledge), these boundaries can have differing “fluid dynamics”. (“Dynamics” in the sense of the context each form of knowing was formulated in/through/by and “fluid” in the sense that the knowledge is not static). These boundaries are semi-permeable, and, like with any semi-permeable membrane, it is the size of the molecule and the size of the space that control the access to another space. If you see inclusional bracketing as the “conscious solvent” that acts to ensure differing levels of permeability between various bodies of knowledge, then all processes can take place at the same time but follow different osmotic (conscious understanding) gradients.*

*By the above I mean that the story of my thesis and its telling is a living narrative grounded in the facts of the actual events. The emotions that such events evoke are bounded by experience and memory. Such boundaries may be due to the nature of the experience; being closed, exclusional and negative, or open, inclusional and positive. They are often very deeply felt; even if in the narrative I am referring to events that have passed. The emotion-evoking memories are in fact neurologically embedded and living, and are being experienced again in real time; that of the present telling. Such bracketing give insights to the reader as the discourse within the bracketing can be seen as a reflective discourse with one’s self and allows the interaction between inner and outer worlds to be observed]*

Bracketing has another function in that it allows the narrative to weave its textual pictures and engages the reader in focusing on the reading of the narrative. It brings cohesion to an account and its flow is not interrupted by the intrusive use of academic referencing.

Bracketing also allows scholarship and academic rigour to be present in such a manner that

the space for the narration is not violated but rather is strengthened by the academic underpinning. This can be used in the application of rigour to the learning, and, in my case, the account can also show where I engage in making sense of situations, events and circumstances by using the skills of an academic researcher, nurse educator and Buddhist priest as they were forged in my praxis.

The second strand of my enquiry is the specific time frame, from when I started my research in 2003 to the completion of my thesis in 2007. During this period, using a mixed approach of both qualitative and quantitative methodologies, I researched the educational and contextual process relating to the introduction of a new teaching methodology linked to new teaching outcomes in the form a new curriculum for healing nurses in a Japanese university. Statistical data are drawn from the first cohort of 100 students where their responses to the different data collection instruments are analysed. The process of analysis was time-consuming, often being delayed by the difficulties of translation, back translation, and the costs involved in this. Modification of the curriculum content was not allowed under Japanese university regulations for four years, even when such modifications and improvements were identified, and as such are not addressed in this thesis. My teaching practice, however, faced no such restrictions, and my actual practices were modified as I responded to my situational learning and my students' needs and are reflected in my account of my practice.

Pictures are important to me and the weaving of textual narratives that pass between the different aspects of my multiple selves will build a picture for my reader that will inform him/her of the values base I use for discernments, judgments and standards in their emergence through praxis over time. I show my reader how I arrived in Japan full of

confidence and grounded with utter certainty in the Eurocentric rightness of my whiteness as a teacher. I show how such cultural insensitivity was discovered in me through critical reflection and a deep soul-searching as my colleagues and environment responded to me. The reader will be presented with the mistakes made and the lessons learned, which allowed a transition of sorts where a deep ontological shift occurred, one that now guides my life as I continue to metamorphose as an educator and a human being.

I see my ontological self as the frame of a window, and the panes of glass in the window invite the reader to discover differing but connected aspects of my research and life. Therefore, the focus of this thesis opens a window in a time frame which started in 2000 when I finished my Masters in Education (Adler-Collins 2000) and moved to Japan where I studied as a Shingon monk for three years while waiting for the university to be built. The start date for the classroom research was April 2003 when I was appointed as an assistant professor in the Department of Basic Nursing (Mental Health) of a Prefectural university in Fukuoka Prefecture. It was in this institution that I introduced a new curriculum for healing and reflective nurses, which is the object of my PhD research.

This research is a complex process in a complex context. Language barriers and cultural differences impacted on the research. Ample opportunities for misunderstandings and conflict existed, yet at the same time I had an understanding of the fluid dynamics of space and non-space that presented an opportunity to embrace inclusional thinking (Rayner 2003). The suggestion that my ontology is the framing of the window relates the different panes to different aspects/spaces of my life. The boundaries of understanding that are so important to communication, because they are distinct but not discrete, are those of the panes of glass. The reader is not separated from me in individual terms but shares with me

a fluid dynamics of perception. I offer these panes, set in the frame of my selfhood, as a means of avoiding the separation of one from the other, and in so doing my reader and I co-create a journey of understanding and exploration. I believe I am being inclusional. In an e-mail exchange on his work on inclusionality, Rayner (2006) said: ... *inclusionality is an awareness of the vital inclusion of space in the fluid dynamic geometry of nature* (personal communication March 2006). Rayner's understandings are the closest I have seen to the Buddhist state of mindfulness. These are discussed in greater depth in my methods section. At this point I just wish to flag up that I am using Inclusionality as an ontological philosophy as well as a methodological consideration, as for me it is both.

This narrative is not a victory narrative (Maclure 1996) nor is it narrative wreckage (Frank 1995). I claim that it is a living account of love at work (Lohr 2006), grounded in the passion of my compassion to teach and to serve in the fullest Buddhist sense of service; to serve humanity with humble mindfulness. I claim this from the power and authority of my own being as I reflect on what I did, what I experienced, the events that impacted on my research, and the findings from my classroom as the students' voices reached out to inform my learning and praxis. I deal with the tension of focusing on the object that is my thesis, and clearly at times I have to set aside my preferred inclusional way of viewing the world in the subjective wholeness I have developed through my educative process and Buddhist practices (Adler-Collins 1999).

Frank (2006, p. 30), in his book *The Wounded Story Teller*, describes three main themes relating to narratives which he associates with sickness narratives. They are however

applicable and relevant to my thesis, as my writing has passed through all three stages several times and I have experienced profound ontological changes. These stages are: (a) restitution narratives, in which the plot involves returning to one's previous state of health; (b) chaos narratives, in which all life events are contingent and no one is in control; and (c) quest narratives, in which illness is seen as a spiritual journey. Frank's first point, on restitution, speaks to me through the filters of my Buddhist understandings in that I want to be released from suffering (1<sup>st</sup> Noble Truth) and return to a state of balance and harmony while in this human incarnation. His second point, on chaos, speaks to me of the actions I have committed, seen and experienced, where I have faced issues of deep frustration and disempowerment caused by my desire for control rather than surrendering to the will of my path. His third point, about the quest, speaks directly to how I see all my learning as spiritual.

Where I have come from is as important to me as to where I am going. In the Maclure (1996) sense of becoming an action researcher, I revisit the echoes of the past to seek their teaching and to discern how far I have moved on or not as the case may be. In my transfer presentation on 14th January 2004 at the University of Bath, I wrote that my research:

*...will involve the clarification of the embodied values and knowledge of healing and enquiring nurses in the process of their emergence in nursing practice. It will also involve the clarification of my own embodied values and knowledge, in my practice as a professional nurse educator, as I design and pedagogise a curriculum for the healing and enquiring nurse.*

(Adler-Collins 2004a, p. 6)



I identify and present to my reader my values of the healing enquiring nurse and the modification of my own values in a Japanese context through their emergence in this thesis. In 2004, I argued the position that knowledge and knowing are no longer in or under the control of the state (Adler-Collins 2004a). Social formations have to look to the future with the advent of virtual universities and direct access to professors and authors. The institutions that claim to be the authoritative gate-holders of knowledge are under challenge in terms of knowledge, but still maintain a firm grip on power. Society, I believed, was in a state of rapid change as the traditional bastions of knowledge, power and globalization, held by the state and religion in a useful political cooperation for power sharing, were now coming under challenge from the Internet (Fitzsimons, 2000).

Bernstein (2000) reminded me that:

*Education is central to the knowledge base of society, groups and individuals. Yet education also, like health, is a public institution, central to the production and reproduction of distributive injustices. Biases in the form, content, access and opportunities of education have consequences not only for the economy; but biases can reach down and drain the very springs of affirmation, motivation and imagination. In this way such biases can become, and often are, an economic and cultural threat to democracy* (Bernstein 2000, p. 12).

Bernstein's words proved prophetic as my research commenced in Japan.

1. 1 Outlined below are the contents of my thesis, chapter by chapter, giving the reader an indication of the logic and flow of the writing.

#### 1. 1. 1 Chapter One

This chapter places the thesis into a clear historical and contextual position that presents the reader with my engagement with historical issues and asks the important question: *Why this enquiry?* The complex nursing structures and politics of education and nursing in Japan are introduced as well as social insights and engagements with economic issues that directly affect nursing and nurse education in Japan.

#### 1. 1. 2 Chapter Two

The lifelong journey that I have made in order to understand my values and how I make standards of judgment are presented in this chapter. The reader is introduced to the methodological considerations, arguments and rationale used in this thesis. The reluctance I have in placing my methodology in any one box of qualitative or quantitative paradigms is argued. Narrative is introduced as a research instrument along with my ideas concerning the meaning and creation of a safe space. By “*safe*” I do not just mean conforming with health and safety regulations, as my belief is that teaching spaces are healing spaces that embrace the inclusional concept that we have different bodies, namely physical, mental, emotional and spiritual, all of which need to be safe and nurtured in the teaching space. Complex issues surrounding the power of truth and the truth of power are examined with particular attention being paid to the limitations on the research that were imposed internally and also externally by the ethics committee of my Japanese University. These issues were identified and addressed at length in my transfer paper to a doctoral enquiry at

Bath University (Adler-Collins 2004a). The debate is not engaged within an exclusional context or a narrative wounding, rather it brings into clear focus the different cultural understandings that existed between my training and understanding of what a teacher is and what my Japanese colleagues understood the role of a university teacher to be.

### 1. 1. 3 Chapter Three

Asking what appears to be a simple question in the Whitehead (1989) sense of: *How do I improve my practice?* is central to this chapter, and as I research my answer to it I need to engage with what my practice actually is. This is researched and defined, along with the action planning of the thesis, as the concepts of the safe healing/teaching space are further developed. I tell the story of the introduction of the use of a new classroom teaching methodology for my students, namely that of living action research, and new teaching outcomes such as portfolio building, reflective journals and the integration of internet and computer technology in my classroom. This chapter opens to deeper scrutiny my self enquiry into my learning over time, my bias and the different pedagogies that I have to conform to, namely those of Bath University, the Japanese Ministry of Education and my own university in Japan.

### 1. 1. 4 Chapter Four

In order to help the reader to make informed judgments about the nature and foundation of my knowledge claims, I have in this chapter briefly but thoroughly presented for examination the ontological values I hold due to living as a Buddhist monk in the 21st century. I present the framework of the Buddhist four Noble Truths and other basic Buddhist teachings. It was by passing through this process that I came to make important ontological changes as my scholarship of Western enquiry revealed to me issues that

needed to be addressed in my faith. The reader is not asked to pass judgment on the Buddhist teachings, rather they are being offered the opportunity to engage with another world-view of life.

#### 1. 1. 5 Chapter Five

This section of the thesis asks the question: *How do I know what I know?* This is not narcissistic navel gazing but a genuine quest to understand. The reader is presented with different theories and models from eminent scholars such as Dewey (1916, 1920, 1933) and Schön (1983, 1995), and debate is engaged in the form of a discourse with myself.

#### 1. 1. 6 Chapter Six

Critical thinking is often talked about as being necessary in order to be a scholar and to be professional. Such views are examined in this chapter and I ask the questions: *How do we become critical? What does it mean and what shape should critical thinking be taking in Japan?* The moral issue is presented of teaching students to be critical in a society that holds conformity and stability to be of value above all else.

The complexity of race is opened and discussed along with the redefining of my practice and ontology as a result of my learning. Standards for curriculum design are developed as my Eurocentric values are investigated and modified in practice.

#### 1. 1. 7 Chapter Seven

In this chapter I examine the data from my students and present the students' engagements, feelings, ideas and worries relating to their study and practice in my curriculum for the healing and reflective nurse. Engagement with the voices of my students was a crucial

learning experience for me and I found the answer to a question that I almost feared to ask, that of: *Is my knowledge transferable?*

### 1. 1. 8 Chapter Eight

As this research is not and never will be finished as long as I am a teacher, this chapter draws a line in the sand and tells the reader where I am at this point in time. Conclusions and recommendations are made and future post-doctoral research planning is introduced.

### 1. 1. 9 Data Archives.

Three DVD are attached to this thesis to give my reader the opportunity to see some of the visual context of my praxis and examples multimedia work I used in my classroom. DVD number 2 is an example of my students' narrating back their portfolio. It is in Japanese however the dynamics of the text, the animation and joy in their voices transcends culture as they respond with the Wink sense of Joy and rigor, rigor and joy. DVD 3 is my living my ontology of making my claims and narrative public in a paper I presented at the British Educational Research Association annual conference in London in September of 2007. I believe I am living the values set out in this thesis and continue the process in a public arena of offering the transparency of my learning for public engagement and as such my educational journey moves into its next phase of learning as I am judged by my peers.

## 1. 2 Background: Historical Positioning and Contextualisation of the Thesis: Setting the Scene

### 1. 2. 1 So why this enquiry?

The roots of this enquiry are grounded in my experience of being diagnosed with a life-threatening condition while serving in the military in 1989, and since that time I have experienced three near-death episodes from trauma. These episodes and the nursing care I received prompted me to question where nurse education was heading. As a patient, I have received care in different countries where the quality of that care has left a lot to be desired. I have researched different healing methods around the world, some based in traditional cultures such as Native American Indian, Celtic and Tibetan-Chinese. My research has led me to believe that formal nurse education could benefit from the development of a healing curriculum with its focus on touch. I wanted to find a means by which nurses could find their way back to safe therapeutic touch and synergise the skill of basic nursing care with the approval and support of academia. This focus on the value of touch came to me through direct experience of several serious injuries. The most recent life-threatening trauma I experienced in 2004 in Japan, where I was stung by several hundred bees and five mountain hornets. Here I was, in a semi-conscious confused condition in a foreign country, unable to speak, suffering progressive allergic shock, a closing airway and an increasing certainty of my approaching death. I was touched by a nurse in the emergency room of a local hospital. Within her touch I felt a wave of compassion and care. Other nurses were also touching me clinically, placing drips in my arms, taking blood pressure measurements, etc. Yet this one nurse's touch reached me in my rising panic and fear, reaching into the darkness and terror I was feeling. This terror was not due to the prospect of death, but the indescribable pain caused by the venom reaching my heart. Strangely, part of my analytical mind was calmly watching all the fuss and commotion as my condition worsened. I clearly remember questioning as I lost consciousness: *Why was this nurse's touch so different?* I marvelled that she held the

essence of what I was trying to teach in my healing course. Such wonder was compounded with a tinge of sadness that I had run out of time and would not be able to achieve my life goal of teaching others how to touch. I never met that nurse again after my recovery, yet the memory of her inspired me to greater efforts in my work at the university. I had been given another chance and I was not going to waste it.

#### 1. 2. 2 What this thesis is and is not

A Western approach of combining two different qualitative methodological approaches, living action research (Whitehead 1989) and heuristics (Moustakas 1990), is used in this thesis as a methodological framework. Living action research as a method requires transparency on behalf of the author, and here I declare a bias, namely that of the ontological position I hold as an ordained Buddhist priest. Within this enquiry I am in fact a living contradiction (Whitehead 1989), as my Western logical being and culture with its focus on objectivity, measurement and rationality is held in tension with my embraced Eastern subjective awareness, non-closure and compassionate nature, these coming from my Buddhist faith. I do not see that this tension in any way negates the scholarship of this enquiry even when at times I may appear confused. Such confusion arises from my desire to navigate my consciousness to a conclusion that supports my ontological position. As I reach each new moment of illumination, in the heuristic sense of knowing, such new understandings cause the whole kaleidoscope of myself to reshuffle. Such reshuffling brings about temporary confusion as new insights are integrated into my ontological praxis (Moustakas, 1990). In some cases, however, I have yet to find a satisfactory answer despite my new ontology seeping into all aspects of my life. Personally, I am no longer seeking a conclusion or a fact that can be known as an irrefutable truth. While I acknowledge that some parts of my knowing act as: “*facts in the moment*”, as I integrate

such knowing into my life some are even represented in this thesis. Even as I understand that such facts are transitory, they allow my already confused sense of being an illusion of time and a fixed point at which to collect my thoughts. I consciously push the boundaries of my ignorance with my Buddhist disciplines of meditation, and in such a manner I embrace a comfortable glow of expectant anticipation that the fluid boundaries of my ignorance are unfolding as surely as each sunrise follows the night. For me, my confusions and my illuminations exist side by side, acting as a balance as each informs the other. It is this understanding and the joy of the enquiry that I wish to share with my reader.

Even though I am immersed (Moustakas 1990) in my heuristic enquiry, as I write this story, I do so not with a lone voice, but using a script of multiple voices that are echoed in the text. Such usage reflects the rich context of my enquiry describing how we moved together on a journey of discovery. I use the term “we” in the sense of my students, colleagues and myself, as we co-enquired, across cultures, and experienced a range of forms of knowing and being.

This thesis is a heuristic action research narrative about an ongoing educative and spiritual journey, one where I invite my reader to join me in surfing the dynamic fluid boundaries of my consciousness, hopes, joys and learning. These dynamic boundaries are the new (Rayner, 2003) frontiers of my knowing, where I am permanently on the edge, teasing and challenging the outer envelope of my ontology in a joyous dance of discovery (Eisner 1997). My new forms of knowing emerged through the process of developing, implementing and assessing a new healing curriculum for nurses. In this process I brought together different complementary and alternative medicines (CAM) and researched a complex set of knowledge claims in order to ascertain their suitability for inclusion in formal, orthodox nurse education in Japan. I continued to revisit my previous publications



and presented conference papers (Adler-Collins 1997, 1998, 1999, 2000, 2003, 2004a, 2004b, 2004c, 2005, 2006; Adler-Collins and Ohmi 2005b, 2006) and my Master of Arts in Education degree (Adler-Collins 2000) in order to compare my earlier learning with my present understandings. This was for the purposes of how I could: represent my values as a practitioner of complementary medicine, a nurse and educator; inform my construction of a healing curriculum, grounded in the literature; and refine my stance and knowledge claims since I had experienced profound ontological and epistemological changes.

I make explicit and clarify the embodied values and knowledge of healing, enquiring nurses in the process of their emergence in my nursing practice. This involves the clarification of my own embodied values and knowledge, in my practice as a professional nurse educator, as I design and pedagogise a curriculum for the healing and enquiring nurse. In the process of this clarification, the embodied values and knowledge will be transformed into living educational standards of judgment/discernment and practice that can be used to evaluate the validity of my knowledge claims. In particular, this thesis explores the educational influences on and in my own learning. Here I hold up to loving but critical examination the formal teachings and structures of my Buddhist faith which I have now transcended into a new understanding of spirituality that offers me life-affirming hope for the future. Such a new understanding was integrated into my teaching of my curriculum. I am mindful as I reflect on my narrative that, on its successful completion, this thesis will join other theses on living action research in the public domain and become part of the history of action research in the United Kingdom. It was not so many years ago that doctoral enquiries using an action research approach were rare, and even today some academic institutions are reluctant to accept the scholarship and validity of this relatively

new research approach. In terms of validity I am thinking along the lines suggested by Patti Lather's (1994) notion of ironic validity:

*Contrary to dominant validity practices where the rhetorical nature of scientific claims is masked with methodological assurances, a strategy of ironic validity proliferates forms, recognizing that they are rhetorical and without foundation, postepistemic, lacking in epistemological support. The text is resituated as a representation of its failure to represent what it points toward but can never reach.*

(Lather 1994, p.40-41)

In my understanding of 'ironic validity' I mean that I am aware that I have *embodied knowledge*. Such embodied knowledge, if interrogated by using mindful focused enquiry, enables me to clarify my knowing in my living standards of discernment; through their emergence in my praxis sustained over time. Such *embodied knowledge* is expressed in my praxis in what I do and how I do it. In the process of legitimating my thesis in the Academy, I know that it will be judged in terms of its comprehensibility and in terms of whether the knowledge claims that are made can be justified in relation to the evidence.

*[I have deliberately placed my narrative into the context of Lather's: 'failure to represent what it points toward but can never reach'. This is not setting up a negative or wreckage narrative, rather it signposts the limitations of the ability of someone to completely understand the other and, I believe, oneself. For, as I enquire of and into my ontological base, it shifts and changes as new understandings are integrated and synthesised into a new and transient form of selfhood. I also accept that, while I strive for the best, often the reality of its living falls short of what I want to achieve. In this Whitehead (1993) sense I*

*am truly a living contradiction, for at times I position an ontological value in mindfulness only to negate it in praxis. Such negation may or may not be a conscious act, which makes examination of the phenomenon so difficult as I need a conscious understanding that I have negated my values in praxis as a strategy. I believe that such an understanding is achieved by conscious reflection after the event of my praxis which opens up all my actions to critical enquiry. (Schön 1983). Such negation is always revealed to me and, having been revealed, becomes problematic until I can resolve the issue; such a resolution requires a focus on values in praxis and not beating oneself up when the high standards are not reached One of the learning outcomes for me is the understanding that to have a higher consciousness that reveals one's actions always leaves room for improvement and usually means that one never quite gets there, hence the ironic validity. My clarification of my living standards of discernment is validated in part by and through my praxis and partly by how I respond, reflect, and interact with the knowing and actions of others. I evidence in my narrative my educative learning through sustained reflection on my praxis. Such reflections have shown how I have modified my praxis after being informed by my learning and this has brought about fundamental changes in my ontology.]*

Now, thanks to the efforts and leadership of Whitehead (1989), McNiff (1982), and Lomax and Parker (1995), the pioneers in living action research in the United Kingdom, the concepts of living action research are expanding internationally. Samples of international PhDs and masters degrees in living action research can be found on the World Wide Web (WWW) at the following URL: <http://people.bath.ac.uk/edsajw/>. Each enquiry is unique in its content but follows a style of writing that corresponds with Whitehead's framework. Each individual thesis shows a unique approach to a contextual enquiry and each shows the

passion and life-affirming flow of values clarified by their enquiry that is lived over time. Being conscious of this style and its influence on my writing, I need to be mindful of how I express myself uniquely in order to extend the format of the style.

This thesis is an exploration of a critical enquiry that has been grounded in love and compassion in my practice (Lohr 2006) and sustained over time. A critical focus of my academic enquiry is to use negative situations as insights for positive learning, in the belief that sustaining open critical enquiry will empower me and others to move towards become inclusional educators.

This thesis is about my systematic and scholarly self-reflection and how that relates to my ontology and pedagogy. Self-reflection has driven me to a deeper understanding and appreciation of my own evolving ontology, which allows me to experience the passion of enquiry through the lens of educational research and practice.

It has been my experience that accepted practice in academia usually excludes personal emotions or the “I” experience, relying on observable, repeatable facts as currency for knowledge claims. The publishing of action research “I” accounts can be problematic. However, in this thesis I use both observable, factual data, such as that found in my classroom, and also the subjective and personal ontological growth of my inner knowledge, because I am a living story. Each day, event or experience unfolds and reveals its teachings to me. It is a living story because it holds my human emotions of joy, hope, sadness and

excitement that I consciously experience in daily practice. I have striven to be as open and honest as possible while at the same time adhering to my sense of critical enquiry and reflection.

This thesis is also a detective story. It seeks to answer the Western embedded question of *Who am I?* Such a question weaves threads of emerging truths, understandings and misunderstandings. A paradox within this thesis is the tension I have around two fundamentally different ontological positions:

1. Within the Eastern Buddhist cosmology the self as a concept is flawed and is seen as illusionary and not distinct. In the beginning I found it hard to accept that the starting point for enlightenment is a position of illusion. However, over time the teachings started to have a certain logic about them that was revealed through my Western scholarship.
2. The West understands the self as a distinct and discrete individual identity which is the centre of all focuses and experiences.

Within this enquiry, these opposing ontologies are revealed and offered for examination and critical engagement, thus adding to the growth of my educational knowledge. This story is told with the power and authority of my own being and is shared with love and compassion. At the same time I acknowledge the academic criterion that will be used to assess my claim to be making an original contribution to knowledge.

### 1. 2. 3 The relevance of this thesis

This section shows how the thesis has different types of relevance that are distinct but related. Firstly, in order to understand a process I believe that I must enter into the dynamism of that process. My process has to have relevance to me and my life-world or fulfil some internal need. Such relevance may be just a humble insight or grounded in fundamental ontological change, or an issue that I just could not make sense of but it intrigued my sense of enquiry.

*[I have seen in Japanese classrooms curriculum issues and teaching styles that appear to have lost their relevance to the students and the teachers. As a rule of thumb one could just count the number of students who are asleep in the class or on their mobile phones. The sadness of what I witnessed gives deeper meaning and relevance to my thesis as I sought to re-engage the disengaged non-participants through the design and implementation of a new teaching strategy for Japanese university nurse training, embedded in my curriculum of the healing nurse. I know from experience that how students enter a classroom, where and how they stand or sit, all register subconscious messages to me the teacher, and to fellow students. All of this nonverbal communication helps me in discerning appropriate adjustments to my teaching. The tricky part of this for the Western teacher working in Japan is that, although fashion and mannerisms may appear the same as in the West, they do not necessarily mean the same thing. Western teachers must learn to re-examine their assumptions, while creating new categories for accessing classroom nonverbal clues. One of the hardest lessons for me to remember is that many of my long-held devices for assessing students in my own cultural environment, such as by their clothing, their age, their education, their hair and make-up, etc., usually*

*do not hold in Japan. I must continually remind myself that, although a student may dress and act like a typical Western student, he or she may very well share none of the latter's political, social or aesthetic values. Just because a student may be majoring in nursing, he or she may not have any knowledge or even interest in the subject, with the motive for studying the subject being based on a very different set of assumptions from what I might expect. What may have been true in Bath, United Kingdom, very often will not be true in Japan. I have to keep several thoughts very close to the surface of my consciousness: "What is it that I am seeing? Is it what I think or is it a cultural idiosyncrasy?" "Why do my colleagues allow such actions?" None of these questions are easy to find answers to, especially where their impact on the individual judgements made by the educator, as to where the line is drawn between right and wrong, is obscured by issues of cultural practice.]*

The second type of relevance is as understood from Freire and Macedo's (1987) writings, which I take to mean that we are readers of the world before we become readers of the word. Put another way, my words in this thesis are wet with the waters of my meanings, and relevant to my world as represented by my words. I believe my words are authentic in their lived meanings and values and I therefore claim that this thesis is charged with relevance as it offers a sampler narrative to others who face challenges in their lives, challenges in response to which one can feel ashamed, or victimised, or abused. This thesis shows that it is possible that all these can be overcome with a determination to focus on that pool of inner strength that is available to us when we honestly and openly search for the good in ourselves and others.

I claim that my thesis has a broader-based relevance to nursing. In particular, it brings under scrutiny the direction and values that Japanese nurses and nurse educators want clarified in educational, practice and licensing processes. This thesis narrates a story of educational change and presents nurse educators with options other than conforming to the old system. My narrative shows that risk taking is a necessary part of evolving new innovative curricula that serve the future needs of health care professionals in what will be very challenging circumstances. Such a stance requires nurse educators to re-evaluate the relevance of the taught curriculum in meeting the actual needs of nurses in the workplace and providing the necessary skills mix for graduates to fulfil their duty of care. Such innovative thinking requires tremendous effort from the teacher in terms of being up-to-date with educational practices, assessments and technology. My narrative presents a lived experience of knowing through doing, one where the teacher has to be uncomfortable with the existing comfort zone and to surf the edges of knowledge, extending it in the classroom through the dynamics of enquiry. I believe that my narrative offers a lived example of Palmer's (1998) account of the courage to teach. This account is relevant in the Wink (2005) sense for those teachers who wish to go beyond and extend their critical pedagogy in inclusional praxis.

This thesis has relevance for student nurses who should be encouraged and empowered to look at their values base for caring, grounded in the passion they carry to serve others in nursing. This is connected to their development of essential critical thinking and life and citizenship skills that will enable them to construct their life-world and impact positively on others. However, I am also aware that such thinking may be coloured by what I am seeking to achieve. The tension around what care actually is weaves its way through this thesis as the understanding evolves in me that my ontology and values of nursing may not be the same as that of my colleagues. Even if we are using the same words in our



discourse, closer scrutiny reveals that we may actually hold different meanings. Now seems a good point in my narrative to clarify what I mean by care and to show how others can and do hold different meanings. For example, a definition of nursing from [en.wikipedia.org](http://en.wikipedia.org) states:

*Nursing is a discipline focused on assisting individuals, families and communities in attaining, re-attaining and maintaining optimal health and functioning. Modern definitions of nursing define it as a science and an art that focuses on quality of life as defined by persons and families. Nursing is not only concerned about health and functioning but with quality of living and dying, lived experience, and universal lived experiences of health.*

[en.wikipedia.org/wiki/Nursing\\_care](http://en.wikipedia.org/wiki/Nursing_care) accessed 2007-08-06

Care is not even mentioned. I believe that care is at the heart of nursing. By care I mean that nursing encompasses a humanitarian, human science orientation to human caring processes, phenomena and experiences. Caring includes the arts and humanities as well as science. Caring perspectives are grounded in a relational ontology of being-in-relationship to others, and a world view of unity and the interconnectedness of everything (Rayner, 2003). My understanding of caring acknowledges the unity of life and connections that move in webs of connectedness from selfhood, to neighbourhood, to community, to the world, to Planet Earth and beyond. Caring investigations embrace inquiries that are reflective, subjective and interpretative as well as objective-empirical, and caring inquiry includes ontological, philosophical, ethical, historical and educational inquiry and studies. In addition, I believe that caring includes multiple epistemological approaches to inquiry including clinical and empirical, but is open to moving into new areas of inquiry that explore other ways of knowing, such as aesthetic, poetic, narrative, personal, intuitive, consciousness-evolving, intentional and spiritual, as well as moral-ethical. This narrative is

not a victory narrative because it is rich with the lived experiences of humanness and its frailties. My narrative is a teacher's story, about a teacher who is also a nurse whose educational, nursing praxis informs and modifies his values and his practice.

Finally, this thesis has relevance to other qualitative researchers in that, despite the enormous challenges I faced in my research, human persistence and vision will produce a successful outcome. I hope that the lessons I learned, and examples of my learning, will provide support for other researchers who are experiencing difficulties in praxis and that they will know that however alone they feel, and however difficult the process of change is, they only have to reach out to the global community, represented in part by the referenced works of this thesis, to find other like-minded scholars, teachers and practitioners who are only too willing to help. As such this thesis serves as a narrative of life-affirming hope for the future.

#### 1. 2. 4 The nursing education context

This context is critical for understanding the environment and the processes in which I found myself as a nurse educator and a doctoral student researching different ways of teaching and learning in Japan. Moreover, the background context of nursing in Japan is highly relevant to my reader's understanding. My early cultural naivety emerged during my practice and research, informed by the realities and power issues involved in living and working in Japanese society.

While I was writing this thesis, great changes were occurring in Japanese nurse education. The policymakers at the government level identified a number of socio-demographic forces that they determined required a change in nursing education. These forces are examined below and then the changes in nursing education and their consequences are explained.

After Japan's defeat in the Second World War and her subsequent occupation, all levels of Japanese society were affected by the Western colonial views of the occupying forces, particularly the United States of America, especially in terms of health care and education, and this is still a living legacy today (Wolferen 1990; Petrini 2001; Furuta and Petrini 2003).

A major issue in Japan after nearly 60 years of peace and improving medical care is the increasing number of elderly people in the country, combined with a falling birth rate, and economic anxiety (Primomo 2000). Figure 1 below shows this falling birth rate:

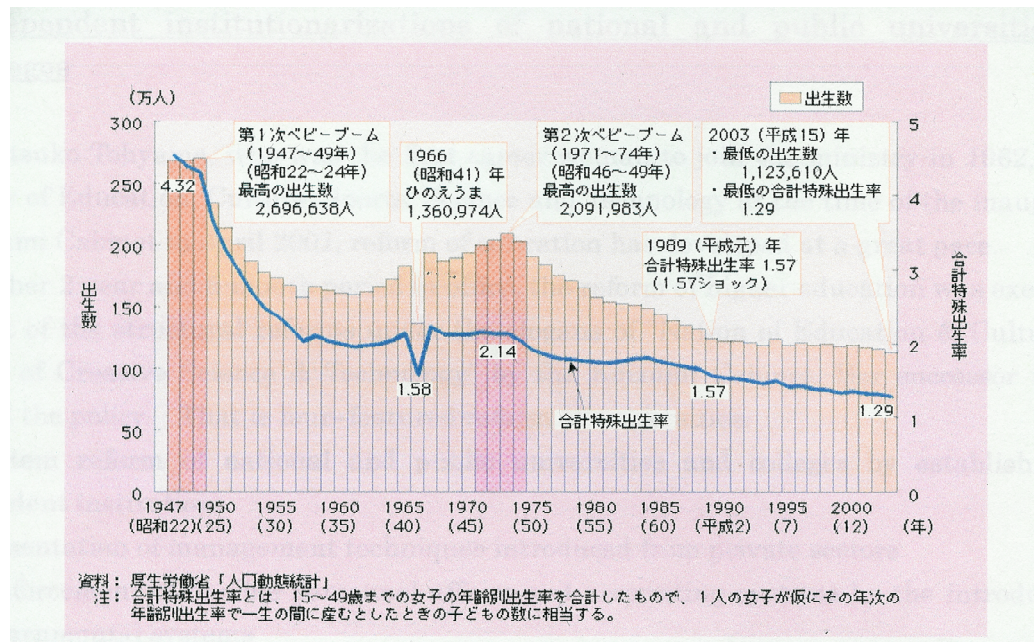


Figure 1. Birth rate in Japan (reproduced with permission from Moriyama, 2006)

The columns in orange and pink represent the actual live births in Japan for the period 1947-2005. The blue line demonstrates the dramatic fall in the fertility rate, which in 2005 was 1.29 live births/100 and signifies a negative population growth rate. Japan is concerned that there will not in future be enough people in the workforce to offset the demands of the elderly population. Small families do not have the family resource to care for their elderly parents. This represents a huge change in the customary way of caring for the elderly.

Figure 2 is more visually dramatic and depicts the population trends for those aged 15 years or younger (orange/pink bars) and for the aging population of 65 years or older (blue bars).

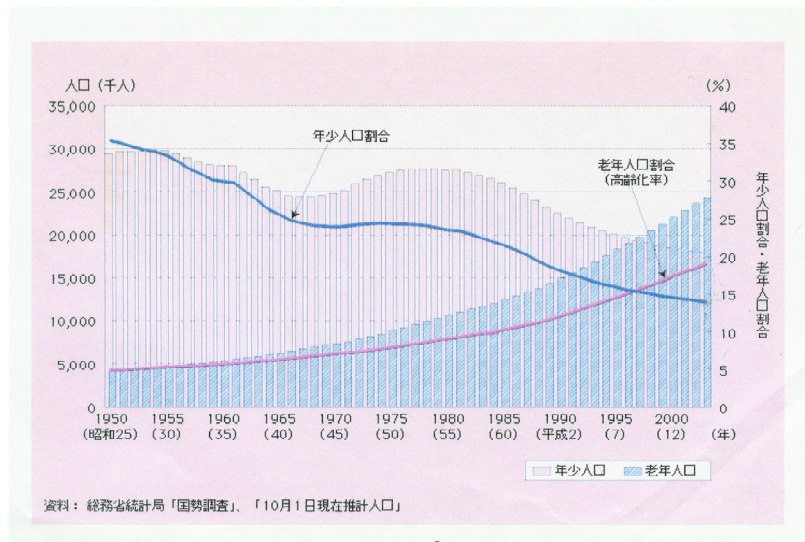


Figure 2. Aging population: (reproduced with permission from Moriyama, 2006)

The blue downward line represents the youth rate and the pink upward line is the aging population, both being expressed as population percentages during the period 1950-2005.

In 2005, a 10% difference was recorded between the employed workforce capable of generating taxes for the payment of care for the elderly, and the percentage of elderly people in the population who were eligible for care. (Moriyama 2006) This is providing tremendous pressure on a healthcare and social system the roots of which can be traced to the early 19th century as part of the Meiji restoration drive to modernise (Takahashi 2004).

In post-second world war Japan, the occupational forces implemented a medical model of nursing, which today still dominates nurse training inside and outside the university sector.

Japan continues to import Western models of nursing care and tutors without questioning the cultural suitability or sensitivity of these to practice (Furuta *et al.* 2003; Takashi 2004; Henry and Ueda 2005).

Leaders are emerging in the field of Japanese nursing such as from the Japanese Nursing Association (JNA), the Japanese Academy of Nursing and other organizations. However, even with the growing voices of leaders in nursing, change remains problematic and painfully slow. Two reasons for this are that nursing remains a largely feminine occupation in a country where females are considered subordinate within a patriarchal society (Ono 2003), and that Japanese society tends to be highly conservative and resistant to change (Ono 2003; Wolferen 1990). For a number of reasons, including the above, the medical profession has resisted changes to nurse employment practices and nursing education in Japan.

Such issues produce tensions and resentments within the profession, which sees itself as being of low status (Kawashima and Petrini 2004). Nursing literature portrays the image of the nursing profession as being less than positive. A literature review of articles on nursing in Japan by Tierney and Tierney (1991) described it in negative terminology, using such words as hard, dirty, dangerous, low salary, few holidays, minimal chance of marriage and family, and low self image. Workforce tensions and resentments exist within the profession, for a variety of reasons such as the lack of recognition by the health industry and the professional status of graduate nurses. This has implications for the healthcare economy and the professional status of nursing, because sufficient numbers of people are not being attracted into nursing in a climate where the birth rate is dropping (Reich 1999), and the age of the overall population is increasing (MEXT 2005). In 1997, Mitoh (1997) argued that the quantity of nurses seemed to be adequate but that an

emphasis was being placed on the quality of nurses. However, this appears to have changed as Japan is now attempting to deal with a nursing shortage (JNA 2006).

A concerted effort was made during the 1990s to implement four-year bachelor degrees in nursing (Hisama 1996; Mitoh 1995, 1997) and to explain the 1992 Nursing Human Resource Law (or the Law for Securing Nursing Personnel) that the Japanese government mandated for the development of new university programmes. In 2003 there were 96 institutions across the country running nursing degrees, but by 2006 this had rapidly increased to 130 (JNA 2006). (See Figure 3)

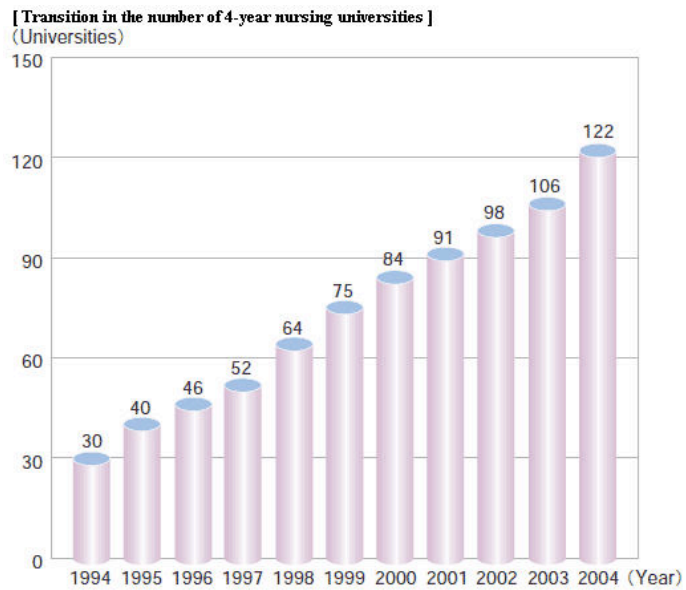


Figure 3. Growth of Japanese nursing universities

These programmes are expected to raise the educational level of nurses and meet the needs of Japan's population, in particular the growing number of elderly whose health care is increasingly complex and community-based (Mitoh 1997). Other reasons for improving the educational level of nurses were to enhance the public image of nurses, establish a science of nursing, and unify training and licensing (Anders 1994). Literature from the preceding decades documented a need to raise the educational level of nurses (Long 1984).

The existing educational programmes were considered to lack theory, focus on a pragmatic rather than a critical approach to nursing practice, be primarily taught by physicians due to the shortage of qualified nursing faculty (Anders 1994), and be short in duration.



Japanese nursing is making a transition to placing nursing education within the university sector, as in Great Britain, with a four-year bachelor degree education programme. However, unlike Great Britain, which has moved all registered nurse training to bachelor degree level within universities and removed a lesser tier of nursing, namely that of state enrolled nurses, Japan still has highly complex and numerous contested pathways to becoming a registered nurse.

As a nurse educator in Japan I acknowledge the urgent need for higher levels of academic training for nurses in this country. Yet, I have some concerns about this transition. I hold the fundamental belief that nursing is, and always will be, about practice and the combination of art and science into a craft of caring. There are many individuals who genuinely care for others, not just those with the designated title of nurse. In the academically weighted training of professional nurses in today's world, and with legal limitations as to who can use the title of nurse, the preceding value statement is often unacceptable to many. The advent of four-year university preparation for nurses is becoming the norm as the globalisation of educational standards is implemented. In my view, there exist fundamental differences in the understanding of what constitutes nursing. In the West, by admitting someone as a member of a profession with the title of nurse, we place the onus, responsibility and value on an individual nurse to act as advocate for those in his/her charge. In fact this is part of the United Kingdom Nursing and Midwifery Council's Code of conduct (NMC Code of Conduct, 2005) with which I have to conform even though I practice outside the United Kingdom. The latest code (part 1) reads as follows:

*You have a duty of care at all times and people must be able to trust you with their lives and health. To justify that trust, you must*

- *make the care of people your first concern, treating them as individuals and respecting their dignity*
- *work with others to protect and promote the health and well being of those in your care, their families and carers, and the wider community*
- *provide a high standard of practice and care at all times*
- *be open and honest, act with integrity and uphold the reputation of your profession*
- *You are personally accountable for actions and omissions in your professional practice and must always be able to justify your decisions. You must always act lawfully, whether those laws relate to your professional practice or personal life.*
- *Failure to comply with this Code of Conduct may bring your fitness to practice into question and endanger your registration.*

(<http://www.nmc-uk.org/aFramedisplay.aspx?documentID=201> accessed August 06 2007.)

The International Council of Nurses, of which Japan is a signatory and member, states in part 1 of its code of practice:

### **1. NURSES AND PEOPLE**

- *The nurse's primary professional responsibility is to people requiring nursing care.*

- *In providing care, the nurse promotes an environment in which the human rights, values, customs and spiritual beliefs of the individual, family and community are respected.*
- *The nurse ensures that the individual receives sufficient information on which to base consent for care and related treatment.*
- *The nurse holds in confidence personal information and uses judgments in sharing this information.*
- *The nurse shares with society the responsibility for initiating and supporting*

*action to meet the health and social needs of the public, in particular those of vulnerable populations.*

- *The nurse also shares responsibility to sustain and protect the natural environment from depletion, pollution, degradation and destruction.*

In many Asian countries, the family is responsible for carrying out many aspects of nursing care in hospitals, such as feeding, washing, and toileting. Japan is an oriental country with a cultural tradition of having family members take care of their elders (Asahara, Konishi, Soyano, & Davis, 1999; Okamoto, 1992). In the past, home care by professionals was unpopular in Japan. However, the rapid numerical increase of older persons and growing healthcare expenses per capita have caused the healthcare system in Japan to face a serious economic crisis (Kawabuchi, 1998). Care-giving issues are now widely recognized in Japan as social problems as well as a healthcare issue. Murashima et al. (2000) highlight the changes that Japanese nursing needs to make to accommodate the problems brought about by the aging population, including the reintroduction of nurses into Japanese homes

In Japan, this difference between the Eastern and Western concepts of what constitutes a professional nurse, and where the responsibilities lie, is quite confusing. I believe that this is a conflict of cultures of caring, the Western academic model clashing with the Eastern family unit model of what constitutes a nurse/nursing as mentioned by Kawabuchi (1998). Here in Japan, where the role and practices of the professional nurse are defined by statute, the appropriateness of continuing to educate nurses in a Western paradigm is leading to confusion for the profession as to the direction it is taking as it seeks more professional autonomy from the control of the medical profession.

This presents Japanese nurse educators with a bewildering set of difficulties when using Western forms of nursing education for nurses who need to provide culturally appropriate care for their patients. This situation is further compounded by there being multiple entry points to Japanese nurse registration: nurses can be prepared in nursing schools, some attached to hospitals, as well as in colleges and universities (See Figure 4). Each of these may have different educational standards, and different emphases on theory as against practice.

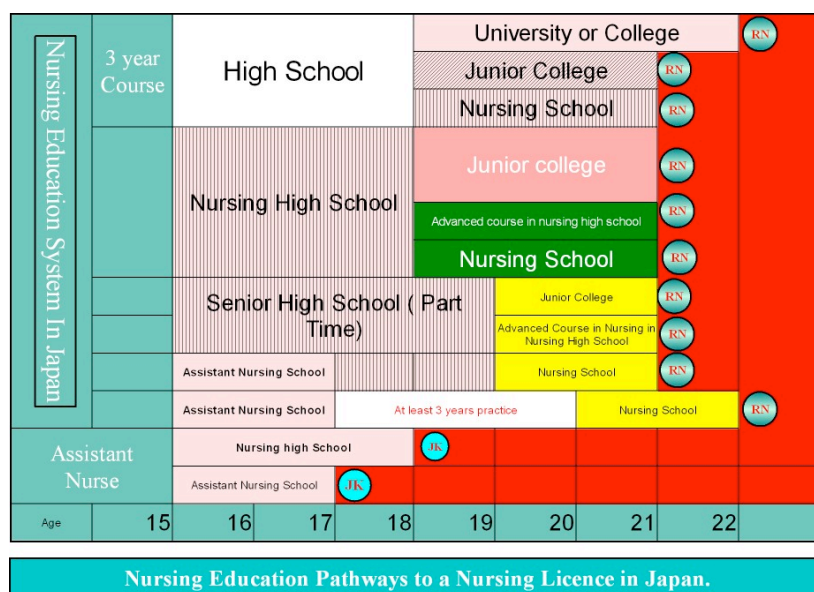


Figure 4. Nursing pathways

(RN = Registered Nurse: JK = Nursing Assistant or Junkan san jp)

*(Adapted from Statistical Data on Nursing Services in Japan, MEXT Code (2006)*

*<http://www.mext.go.jp/english/>)*

In the university nurse training programmes in Japan, as a result of curriculum pressures to become more academic, actual space for hands-on practice and touching real patients is also problematic (Petrini 2001). Petrini's point has been recognized by some nurse leaders, as, for example, the inclusion by my university of my healing curriculum in which the use of touch by nurses figures prominently. By touch I mean not just physical touch, as in the laying on of hands, but nurses also touching their patients with their body language, and subliminal communications such as voice tone and use of language. The use of touch is a skill that requires conscious awareness and practice; however, due to curriculum limitations and the weighting towards the academic, touch in Japanese nursing has been relegated to being something students could learn on the job after graduation. Attempting to learn skilled therapeutic touch on the job is unregulated, lacking standards, and nearly impossible, and therefore has compounding implications for patients, the healthcare industry, the economy, and the professional standing of knowledge claims in Japanese nursing.

Another background issue focusing on the rapid growth of university education for nurses is that regarding the ability of graduates to be adequately prepared for practice. Anecdotal evidence from Japanese nursing staff in several hospitals has indicated their feeling that university graduate nurses were considered not competent for practice, and hospitals had to

invest effort in retraining them for at least two more years (personal communications, 2003). Such retraining appears to be a deskilling of university graduates who need to be remoulded into traditional ways of doing things.

In personal communications with faculty from my university, I found that in Japan there is a system by which many doctors own their own private hospitals, which further complicates the issue of professionalism in nursing. Faculty believed that such doctors control the workplace environment to the extent that it dis-empowers the individual nurse. They do this by presenting further skills training to the nurses, such as in inserting intravenous lines, as a positive outcome. In practice such training may deskill nurses and force them to be reliant for employment on the institution, as they may not be able to use these skills in other hospitals. The nurses trained in such a manner are seen to provide cheap labour because they can perform tasks that would normally be carried out by an intern. For a number of complex reasons, such as a fear of on-the-job reprisals, such practices are not described in the nursing literature. However, nursing staff in hospitals and nurse educators frequently discussed this with me, usually in the context of nurses not being able to improve their status by obtaining other employment. Furthermore, educators believed that their efforts to upgrade nursing status and skills are negated in actual practice.

This has a direct impact on the available Japanese labour pool of suitably qualified and competent nurses.

Such tensions as described above bring into focus the debate as to what actually comprises care and caring (Henderson 1987; Leddy 1988), and what these values and practices look like in Japan (Takemura and Kanda 2003).

In summary, the brief outline given in this introduction about the complicated context of Japanese nursing is further investigated in other sections of this thesis. It was against the backdrop of these fundamental issues and tensions that my curriculum of the healing reflective nurse was introduced. I wish now to place my thesis and my reader in the context of my research.

#### 1. 2. 5 The cultural, social and economic context

My current employment is as a white Englishman working as a nurse educator in a largely female faculty in a rural Prefectural university in Japan. Cultural issues are important to my enquiry as these have offered opportunities and barriers to my educational influence on the social formation of a new faculty of nursing, as well as on the design and pedagogisation of a curriculum for healing and enquiring nurses.

The difficult issues of race, gender and culture are not avoided or sanitised in this account. The tensions I experienced arose from meeting significantly different cultural mindsets or world views in Japan which conflicted with the English-speaking whiteness of my Euro-centric heritage. In the real world of human communication and interaction, events are seldom clear-cut and stances can be held that are irrational, culturally important or inappropriate. Cultural misunderstandings were frequent on the part both of Japanese

colleagues and myself, for a number of reasons. Some misunderstandings could be attributed to the possibility that we might just have been having a bad day or had poor personal skills that had nothing to do with culture. I found some Faculty were problematic to me in their interactions due to personality attributes, or that they were not prepared to engage in constructive discourse, or acted in a destructive manner towards me as I was the only foreigner in the Faculty. I also experienced for the first time in my life reverse racial and gender discrimination, being in the minority. This type of prejudice was disempowering for me, but a great learning experience, as my bias and racial naivety were made apparent. For example, when I arrived in Japan I was fully conditioned by my culture. I would assess handshakes and look at body language, eye contact, dress and jewellery with my Euro-centric gaze. In Japanese culture, handshakes are not the normal custom on introduction. The art of the bow is still the main forum for establishing status. Body language is very formal in public and status ranking dictates spacing, length and depth of the bow. Eye contact is different from that of the West. Direct eye contact can be a status drive, with a sexual bias of women averting their eyes from men. Clothing and modes of dress are indicators of profession and status. Japan is a culture of uniforms that show and confirm identity to a company or the status of a person's job in that company. Dress codes are therefore very important and there is an expectation and social requirement to conform (Rohlen and LeTendre 1998).

I mentioned previously that I often made mistakes as I used my Western filters and knowing to assess a situation, and I misunderstood unconscious cues or biases resulting in the misjudgements of others. Argyle (1969) estimated that when two people meet and chat, only 30% of the communication process occurs through what they say. The other



70% is a result of indirect or nonverbal communication. I can understand the relevance of Argyle's research here in Japan for, as I developed my social conditioning and language skills, I relied on nonverbal skills to assess the meanings of situations. This is akin to when you lose one of your five senses and use others to compensate for its loss.

My nonverbal assessment skills became very sharp to the extent that I could see more with less use of language than if I spoke and created confusion and misunderstandings with my poor choice or delivery of words. DePaulo (1992) helped me to understand why that was by stating that the nonverbal cues that people send out are to a large extent unconscious and are therefore irrepressible and difficult to control. This means that even when people try to conceal their true feelings or to deliberately deceive others, their nonverbal behaviours will often reveal their true beliefs.

Language was a significant barrier for all parties, but was reduced as my proficiency in spoken Japanese and my cultural sensitivity increased. Interestingly, I assumed that a possible expected outcome of my speaking better Japanese would be reflected in appropriate pedagogic discourses with colleagues. This proved not to be the case. Conversations with junior grades of staff improved; however, conversations with more senior members of staff became even more infrequent. It became unavoidably apparent that I was being marginalised and excluded from departmental meetings and briefings. This problem has yet to be resolved.

In order to test the authenticity of my knowledge claims I needed to interrogate my claims for internal validity. However, I openly acknowledge that I could never get inside the total understanding of the cultural context of this research, for I do not have the skills, insights or conditioning of a native Japanese person. I do not see this as an exclusional position on the part either of Japanese people or myself; rather, I see it as the richness and diversity of our humanness. Racism and intolerance were reflected in this oft repeated phrase: *This is Japan and the Japanese system*. Such a statement has embedded in it racial assumptions that are not helpful to sincere communications by implying that a foreigner could not possibly understand the complexity and uniqueness of Japanese culture, so it was not worth explaining (Wolferen 1990). For the most part I have found the Japanese to be no different from other ethnic groups with an open curiosity for things new and different. I have also recognised that in many ways I will always be peripheral to the cultural and social expressions of what it is to be Japanese. I also acknowledge that these views express my current understandings and are based on my present assimilation of knowing. I am certain that they will be modified as new understandings emerge over time.

My research is also set in a climate of political and economic change and uncertainty in Japan, as Prefectural universities undergo the enforced privatisation that has continued to cause destabilisation of the academic workforce who had been used to a culture of jobs for life. Additionally, the economy of the country continues to be precarious, reflected in four enforced non-negotiated salary cuts for faculty.

### 1. 2. 6 The spiritual context

Although scholars have identified Japan as being embedded in Buddhist and Shinto religious ideals and values, they also note that Japanese people are not particularly religious (Ama 2005). Yet, I find that most students are eager to explore some kind of spirituality. My healing curriculum rests on spiritual values. In a sense the spiritual context is murky; this is a deliberate strategy as religion is forbidden by statute to be taught in Japanese schools and universities unless they are sect-specific establishments such as a Buddhist university or a Catholic girls' school. Yet for me the spiritual context of my thesis is the prime value in my life-world, in that I try to live my life of learning and enquiry as a Japanese Shingon Buddhist priest. I have sought enlightenment in relation to the four Noble Truths of Buddhist doctrine and explored their significance in my search to enhance the quality of the healing curriculum and nursing practice. This spiritual journey is explicated in greater depth in Chapter 4 of this thesis, entitled Foundational Ontology: Living as a Monk in the 21<sup>st</sup> Century.

### 1. 2. 7 Concerns arising from the Introduction

The above introduction has explained the main contextual points of this thesis, and broader and deeper issues have been identified and acknowledged. Summarised below are points or questions that could easily lend themselves to further and deeper investigation, but lie outside the scope of my research as I focus on my classroom:

1. Japan's nursing education system and its relationship with the Western world;
2. Japan's desire for, yet resistance to, Western nursing concepts;

3. The insidious nature of colonization on education in Japan, the source of this, and its impact on nursing education and care;
4. How does a foreigner teach nursing that is uniquely Japanese without falling into the colonial trap of West is Best? and
5. How does a foreign man who is also a priest and holistic nurse teach within a predominantly female power-base of nursing embedded in a male dominated society?

Each of the above posed thorny issues for me, which, when considered along with my personal experience as a patient in a Japanese hospital, gave rise to my research question of :

*How can I narrate my educative journey of cross cultural teaching and learning as I pedagogise my curriculum of the reflective healing nurse within a Japanese University? And, in the telling, show my development of an inclusional pedagogy of the unique?*

This thesis is an account of my process of evolving to a new ontology through developing an inclusional pedagogy of the unique. Such pedagogy sees inclusional tolerance as being the key to establishing safe teaching/healing spaces in the classroom, for the students and the social establishment of my work and myself [ *tolerance is being used in the sense of flexibility and non-rigidity.*] An energy-flowing, living standard of inclusional tolerance as a space creator for engaged listening and informed learning is offered as an original contribution to knowledge. This flow of life-affirming energy extends through the

social context of this thesis with its complex processes through the difficult stages of reflection during the development, implementation and evaluation of a healing nurse curriculum. This energy embraces the methodological considerations of using a heuristic living action research enquiry on and in my teaching practice, contextualised in a Japanese rural university in the years 2003-2007. This energy supports the implementation of my curriculum, which this thesis narrates, as an original contribution to nurse training in Japan, approved by the Japanese Ministry of Education and Health for inclusion as a university nursing curriculum element. I believe this thesis as a whole offers an answer to the call made by Vasilyuk (1991) in his critique of the energy paradigm in psychology that there are links between energy and motivation, energy and meaning, and energy and value, and that understandings of these links:

*... have been very poorly worked out from the methodological standpoint. It is not clear to what extent these conceptions are merely models of our understanding and to what extent they can be given ontological status. Equally problematic are the conceptual links between energy and motivation, energy and meaning, energy and value, although it is obvious that in fact there are certain links: we know how 'energetically' a person can act when positively motivated, we know that the meaningfulness of a project lends additional strength to the people engaged in it, but we have very little idea of how to link up into one whole the physiological theory of activation, the psychology of motivation, and the ideas of energy which have been elaborated mainly in the field of physics. (Vasilyuk, 1991, p.63)*

This narrative supplies my individual praxis as I address Vasilyuk's points through the transparency and consistency of my values used as standards of discernment over time. These values of respect, sensitivity, openness, flexibility, love, non-judgementalism, non-

violence, the capacity to forgive, and compassion, have a grounding ontology in the Buddhist teachings. The research of this thesis and the union of inclusionality (Rayner 2003) with my ontological values gave rise to more values being identified and others extended: those of inclusional respect, inclusional originality, inclusional caution and inclusional tolerance. Never at any stage in this process has my passion for compassion faltered; even when contextual events created situations in my external world that threatened my inner sense of well-being, the energy flowed.

Two major stands of enquiry are interwoven and inseparable in this narrative. The first is my life-long investigation or self-study of my own learning, values and practice that embraces all the different facets of my life, including being a nurse, educator, and Buddhist priest. The second extends the first, putting them firmly in the context of a specific time frame weaving textual narratives that pass between the different aspects of my multiple selves and building a picture for my readers that is grounded in my actual praxis. My narratives, as I have already stressed, give insights to the unique position I hold of being the only white, male nurse, foreign educator in Japan; a culture that is so completely different from that of my birth.

Two major core findings have been identified as a result of this research. The first is multi-faceted in that I believe that through my studies and reflection I have moved through complexity to the clarity of simplicity. I have a sense of certainty around knowing that I do not know or, put another way, I know the limitations of my knowing. Such awareness did not exist at the beginning of this cycle of learning and reflection represented by this narrative. I have learned to unlearn my knowing through the application of scholarship (Boyer 1992). I have learned to identify the “living truthfulness” that knowledge claims

are constructs of context, socially agreed upon as opposed to some fundamental truth etched in stone. I have learned that the vast expanse of the seas of my non-knowing were rich with wonder and mystery as every fibre of me reached out to extend itself, of itself. Such knowing frees me from the illusion of thinking I know as a purely objective exercise, and replaces it with the paradoxical certainty that it is only my ignorance that limits the boundaries of my knowing.

The second major finding of my research is contrary to what the research literature indicates concerning the abilities of Japanese nursing students to be critical thinkers (CT). My classroom research has found that Japanese students, when given the space and empowerment, are proficient critical thinkers capable of making critical judgments of and in a social context that has the potential to bring about social change. Directly arising from asking the above question were further questions that became the second pillar of my enquiry. These are asked at all stages of my research, almost like a mantra supporting and driving the enquiry. These questions were:

*How can I collect data and evaluate my actions through collaboration with my students in a way that reveals my standards of practice?*

*What are the best ways to collect data at this point of my enquiry?*

*What is the best type of data to collect at this point?*

*Is my knowing transferable?*

*Am I acting as a colonising educator?*

1. 3 In summary, this chapter has examined a number of matters that help to set the scene for this enquiry. I have given my reasons and justification for the research, and described various aspects of the nursing education, cultural, social and economic contexts that I believe are important for the reader to understand. The next chapter describes the various methodologies used in my research and their rationale.