

Chapter 3

Defining my Practice

3. 0 In this chapter I investigate the meanings of my practice; what I mean by a safe healing/teaching space and how I created this; as well as how I identified emergent values that were used as standards of judgement about this space. I also place in their contextual setting the different instruments used for data collection and action planning in my research. Further, I assess and analyse the different pedagogies in action within this thesis.

In any narration it is important to understand what the individual is talking about in the sense of his or her values, practice and identity. I am a nursing priest and nurse educator. I have chosen to live in Japan where I found a mountain that spoke to me, and where I built my temple and my home and now work as a priest with local communities in healing and terminal care. My other world is the academic world of the university where I teach in the mental health department of the faculty of nursing. I am the only foreigner in a faculty that for the most part speaks little or no English.

In my different worlds in Japan I face several competing mindsets or conflicting issues. Each has value in its own right and each seeks to dominate at the expense of the others.

For example, in my nursing I am faced with conflicting issues of loving and compassionate caring set against medical models of outcomes and interventions in a scientific approach

where people are seen as conditions rather than as individual selves. I am faced with the economics and politics of the delivery of various care models that conflict with my humanistic approach to caring. In my nurse teaching, I am faced with professional academic standards in terms of learning outcomes, training objectives and competencies of practice, in which there is a constant tension when balancing cognitive theory with practical caring. This is compounded by my questions over the cultural suitability of imported forms of Western knowledge in nursing (Asahara et al., 1999; Wolferen, 1990).

In my role as a Buddhist priest and religious leader, I am mindful of the transparency of existence. I question our role as human beings, in a life affirming way, and I question the tensions that exist between religious teachings and faith. I also question society's methods of teaching and learning, what constitutes citizenship, and the politics of social structures and systems related to all aspects of our existence and community.

Each of the above life worlds has a body of theory. The tensions I wanted to resolve in my research were around the issues of turning theory into practice. Ghaye and Ghaye (1999) stated that:

It is a too simplistic view to think that practice moves smoothly and unproblematically from values being negated in practice to a position where they do live them out, moving forward and developing our practice may involve some kind of creative synthesis of previous contradictions (p. 51).

I recognise that I am a product of my own educative journey, one where reflective practice and researching my own understanding of my Western "I" is a fundamental aspect of my

own being. Yet in the same context I see my Eastern Buddhist understanding as the dissolving of my Western concept of my “I” and as being equally important and fundamental. I struggle with trying to see the separate areas of me: the nurse, the teacher, the priest, the reflective practitioner and researcher, as separate items or areas. For me they are all part of my whole understanding and existence, and in fact they form my inclusional (Rayner 2003) and holonic (Wilber 2000) concept of myself. This is constantly evolving, as I seek understanding of my “I” in my heuristic living educational enquiry.

If I were to present a flow diagram of aims, objectives, actions, assessment, evaluation and reflection, it might give the impression that research is neat and logical. As I outlined in Chapter 2, research is far from that. In the planning stages such nice neat research processes can quickly be turned on their head. Research was aptly described by Griffiths (1990) when he stated that:

...research today presents itself as a minefield of conflicting polarities pertaining to theories, methodology, the meaning of knowledge etc. These are often represented in a quite aggressive language and scathing denunciation of the other's position (p. 43).

Within educational circles this is known as the paradigm wars (Gage 1989) and was described by Schön (1995) as follows:

...[the] introduction of the new scholarship into institutions of higher education means becoming involved in an epistemological battle. It is a battle of snails,

*proceeding so slowly that you have to look very carefully in order to see it going on.
But it happens none the less (p. 32).*

Research committees are a case in point regarding the paradigm wars. In the experience of my colleagues and myself, we have found that a well thought out research proposal may come to grief as it is shattered by either the research committee or the ethics committee, because of the methodological bias of the power-holders. These committees may block research that is considered by them to have an unsuitable methodology. The reasons given are often attributed to ethical considerations; however, in reality reasons are often rooted in a lack of understanding of different or unfamiliar research paradigms (Bridges 1999). My experience of this with the research committee of my university faculty in Japan was highlighted in my MPhil to PhD transfer paper at Bath University (Adler-Collins 2004b) and was discussed briefly in Chapter 2.

[I question myself at this point: Does academia present a fair and impartial equal playing field for all forms of knowledge to stand with equal weighting in terms of judgement of scholarship and hence legitimacy?

How are the tensions in nurse education being addressed concerning the dominant medical model of teaching, which is logic driven with measurable outcomes, scientific and quantitative in its methodology, and balanced against the humanistic concept that nursing is a caring and touching profession?

I have grave concerns as I watch the paradigm wars unfold here in Japan, which has a feudal system of education. By 'feudal' I mean that the professors have total control over what low-ranking

teachers can and cannot do. You do not need “A” levels or a nursing degree to change a bedpan or to bed-bath a patient, or to care with a compassionate heart for someone. You do need in-depth underpinning knowledge to understand what you are looking at in the bedpan and when you are washing the patient. You do need in-depth knowledge to plan an individual’s recovery. The qualitative-quantitative debate in Japanese nurse education is highly polarised. I show in this thesis the development of an inclusional thinking approach, which may use elements of both camps where suitable, and offer a way for the different camps of thinking to unite and thus bring about an end to the so-called paradigm wars. Bernstein (2000) warns us not to dismiss thoughtlessly what the other is saying as incoherent nonsense. To my understanding, he is defending the right of new forms of knowledge and representation to at least find a level playing field in relationship to their validation by academia. My tension is that my work does not simply challenge the positions of academia and the medical profession in their own terms, even allowing that my form of knowing is academic or scholarly. Some of my basic “life truths” relating to the concepts of disease are grounded in Chinese medicine, Eastern philosophy and spirituality concepts which are still very alien to the West. Yet I find myself as a white man in an Eastern society fighting for Eastern values against an Eastern system of education that has been so colonised by the West that it appears not to see the very colonisation that is taking place.]

Outlined next is my action planning to answer the question: How then do I create and hold my teaching/healing space within the constraints and worries outlined above?

3.1 Action planning

Action planning often involves setting dates and recording achievements (Whitehead, 1989); however, this narrative narrates a process sustained over time and the overall plan is one of making sense of the learning. Guided by the heuristic principle of trusting the

process by which the illumination or discovery would emerge at its own pace and time (Moustakas, 1990), was difficult, and in many ways I had to unlearn my taught values of pushing for results within a rigid framework. Mindful of the complexity of contexts in which this thesis is situated, I wanted to keep action planning simple and focused; I therefore concentrated on two important areas: to create, and then maintain, my safe teaching/healing space. I am treating ‘teaching’ and ‘healing’ space as being one and the same, as I just see different aspects of the same life-affirming flow of energy. I see my classroom as a healing space - one in which I do my best to hold, in an environment of respect and compassion, that this classroom can be that of my inner world or of my external reality. In the next section I explore how I create and maintain my healing and teaching space. I reflect on my own experience of teaching in light of research on proxemics (social and personal space) and kinesics (body language). I discuss ways to structure classroom space in order to encourage interaction and discussion, using Edward Hall's (1968) distinctions between three types of space (fixed feature, semi-fixed feature, and informal). The embodied pedagogy recognizes the importance of the body for both students and teacher. It begins by acknowledging that the location of our bodies affects our interactions with one another. Proxemics, or the study of “*social and personal space and man's [sic] perception of it*” offers helpful insights into the relationship between space, the body, and effective communication (p.1). Hall uses the terms ‘sociopetal’ to describe spaces which encourage people to interact and ‘sociofugal’ to describe spaces which keep people apart (p.108). He further distinguishes between three types of space: fixed feature space (created by buildings and immovable walls), semi-fixed feature space (shaped by furniture) and informal space (personal space carried by the individual which changes during interactions with other people) (pp.103-112). All of these types of space can either encourage or discourage interaction and communication

between people. It is my hope that I can encourage communication by offering a different style of space. As previously suggested, my healing space is my classroom and I have both an inner classroom, that of my own reflections and internal learning, and the external physical classroom of my university workplace. I had no control over the external classroom, the building and the form the space took (fixed space). I had no control over the types of chairs and desks in the classroom (semi-fixed space). I did have some degree of control over how such semi-fixed assets were deployed in my classroom and, after negotiation with the students; the classroom was arranged in small groups of ten chairs around two tables. No posters or individualisation of classrooms are permitted by the prefecture. However, I did have limited control over the “feel” of the space. I attempted to make the room less sterile and more comfortable, well ventilated and welcoming with soft lights, pleasant smells of aromatherapy oils and incense, and candles as a symbol of light, because we work within the process of healing and learning. However, my good intentions were in themselves problematic as I did not consult my first cohort of students, who were the first group to undertake this healing curriculum in Japan, as to whether they consented to the use of oils, incense, music and changed classroom seating. Further, the students had no choice about attending my course, as it was a compulsory component for the first year of the nursing programme. During the first semester I was alerted to this lack of consent by a student commenting in her journal about the strange smell of the classroom. I had at the onset of my course spent considerable time explaining and collecting informed consent for students to participate in classroom research in keeping with the directions of the ethics committee. I then realised that not gaining student consent about the environment was inconsistent with my claim to be inclusional, and I rectified this by getting informed consent about the environment from each student in the original class and future cohorts. This stands as a clear example of how my learning informed my practice as a direct result

of my using the web-based questionnaire and responding to my students' comments, and a classic example of Whitehead's (1989) ideas about being a living contradiction in circumstances where we negate our values through our actions.

After such learning I felt I was "speaking" to my students who arrived in my class heuristically immersed in the knowledge of reading their world. The message I wanted to give was not that of the traditional "banking educator" in Freire's (1970) sense, but rather that of respecting the students and creating a safe negotiated space for learning. The new knowledge and educational methodologies I brought with my curriculum and experiences were being offered as another way to look at the world through the windows of my narration and the stories of my experiences and praxis as an experienced nurse and educator.

The picture below offers my reader an insight to the formal Japanese class in the traditional lecture mode. From my Western ways of seeing I see a strictly regimented classroom, sterile in its environment, battleship grey with neon lights in abundance. The notes on the students' desks are laid neatly and correctly in front of each student. No pens are in view and no one is taking notes. No one is smiling, some are asleep, and some look disengaged. This picture suggests the formal face of education in my Japanese university as is in no way unique.



Figure 7. Photograph A. Normal classroom layout in the university. Consent to use these images and academic papers for research were given by all the members of this group. This is the case for all images in this thesis. (Copyright Adler-Collins 2004)

The above photograph is typical of the university lecture setting, being highly formal, and the body language of the students shows the power issues of the sensei/banking educator at work. This is an example of Hall's (1969) fixed feature space.



Figure 7. Photograph B. Layout of healing theory classroom after we had negotiated the classroom formation and layout (Copyright Adler-Collins 2003)

The above space presents a different image of my classroom setting where the space had been negotiated with the students and group learning was taking place in an atmosphere of co-operation. A comparison between the two pictures shows a marked difference in body language. Picture A was of a formal environment controlled by the power of the establishment and the teaching style. Picture B suggests, through the body language, a more relaxed approach to space and power relationships. For example, the positioning of the two students on the left shows them to be comfortable with each other as they are leaning towards each other, combined with open body gestures. The gap between the two students in the middle of the picture suggests that they are not yet fully comfortable with each other. (Group members were selected at random deliberately to show the students that they have to be flexible as nurses. This is important, as a nurse may well find that he or she is moved from their team or ward as staffing and circumstances dictate in the work

environment. The ability to form effective team relationships and exercise flexibility is, I believe, another basic nursing skill). The students are smiling in this picture and there is a look of engagement and fun on the students' faces suggesting that they are relaxed with each other, the environment and the task at hand (Krebs, 2000; Jordon, 2001). The portfolio that can be seen in this group shows the dynamic use of colour and space as they debate the topic at hand. What the picture does not show is what the students are smiling about or if they are engaged with the subject material. They could be talking about anything and this is where the importance of establishing trustworthiness, as previously mentioned, becomes critical to the introduction and use of images as evidence.

3. 1. 2 Maintaining my safe healing/teaching space

I take responsibility for my students whilst they are in my care or healing space. I use the word 'care' deliberately for I do care for them. I expect neither to be their friend nor their enemy, for I am charged with the duty of serving as their teacher, and such service for me implies loving and caring passionately about the experiences of the students in my charge. I am mindful that each experience will be instrumental in shaping the students' understanding and their emerging formative ideas of self-identity. Care and being critical seem poles apart, but for me and my understanding of inclusional thinking they are expressions of love. The centrality of care and caring comes together in the pedagogy of criticality, forming a new dimensional pedagogy. Placing care at the centre of nursing pedagogy would, I suggest, not seem unreasonable, as nursing is seen as the caring profession. Leininger (1986) stated that 'caring' is the 'essence' of what nursing is. Many people would agree with this view and would argue that to try to 'nurse' without care is not, in fact, nursing. Scott (1995) points out that health-care practitioners have a strong socially recognized role and, as such, are legitimately required to care for patients without question.

This is generally supported by the nursing code of conduct of the United Kingdom Central Council (UKCC, 1985).

What is more problematic is understanding what the term 'care' actually means and deciding if it is the same for everyone. Coulon et al. (1996) answer this question by suggesting that there are four basic aspects of care: (i) professionalism; (ii) holistic care; (iii) practice; and (iv) humanism. To paraphrase Coulon et al: professionalism underpins all aspects of nursing-care delivery. This implies that quality and high standards are expected. Holistic care means that, by adopting a certain approach to patients that studies their psychological, social, emotional and spiritual needs, the nurse can provide an individualized package of care to each patient. Practice encompasses scientific principles that are translated to the implementation of competent and exceptional nursing care. Coulon, et al (1996) and Benner (1999, 1984) believed that expert implementation of skills was integral to excellence. Bassett (2002) reported that many respondents in his research, particularly postgraduate Registered Nurses, believed that excellence in nursing care involved the awareness and implementation of the latest and best evidence of knowledge and skills. First-year undergraduates attached most importance to personal traits in the delivery of excellent nursing care. More experienced respondents deemed this less important. For Bassett, humanism is highlighted as being an important part of nursing practice. It was a nurse's 'personal qualities' that often made a significant contribution to nursing care. Takemura and Kanda (2003) give insights to a Japanese perception of care based on continuously knowing the patient. They are critical of the nursing process as a problem-solving approach and suggest that: *... a linear, rational, problem solving process is not consistent with the real world of clinical practice, in as much as it focuses on problems, rather than strengths and potential. (p.253)*. Takemura and Kanda do acknowledge that there are issues with the understanding in Japan of what the Western concept of the nursing process is, and that whilst certain sectors see it as the be-all and

end-all of nursing, others have no idea what it is (p.253). Their thinking supports my worries about the actual knowledge base that underpins a methodological process being fully understood in a context of use outside that of its origin. Care, I believe, means different things to different people, contexts and cultures. Therefore, my ideas of care are offered grounded in how I would like to be cared for. It is perhaps the only benchmark I can use as a value judgment. I work consciously at maintaining the safe space, and this requires that my mental and spiritual disciplines are in place. I work at ensuring that I am focused in the moment. This, for me, is achieved by the discipline of meditation and prayer.

Boundaries are both fluid and firm. Another living contradiction! Let me clarify that 'fluid' is used in the sense that the students empower their own learning process and are free to explore this by critical thinking and enquiry. By 'firm' I mean that the boundaries are structured enough for everyone to understand that this new freedom brings with it the heavy burden of responsibility and accountability, which for some students is a new and novel experience. After a short period of chaos, most of them adjusted and exceeded their own original boundaries.

It was my desire to produce a space for creative learning. I accepted that the responsibility was mine in terms of the students achieving as students, so far as the social formation was concerned. During my induction interview at the Department of Basic Nursing in April 2003 I asked questions about critical thinking skills and action research. My experiences with the ethics committee had left me badly shaken as to the very limited understandings that faculty had about the educative methodologies I was using. I was informed that the style of teaching in Japan was one that did not encourage engagement with the subject

matter in terms of understanding, rather it was one of memory and producing the answers required at the necessary time in tests and exams. I was told not to expect too much from my students and to be easy on introducing my new styles as they might be shocked. In my journal I wrote the following:

[I came to this university on the invitation of its Dean, filled with a dream and a promise of hope to be able to bring new ideas on healing, alternative therapies from around the world. The reality of my position is like being thrown into deep arctic waters. I have never felt so alone, so cold, so full of despair. The different things I am told by different teachers serve to confuse me even more as I am so conscious of my ability to make cultural mistakes. The fear I feel is like a physical thing gripping at my heart as I look at the impossibility of my position. No one speaks English well enough for me to communicate my ideas, needs or requests. Others have already stated that they see what I am doing as akin to witchcraft and nursing has struggled so long to be seen as a science. I feel lost in a sea of silence, people speak, they act, but my feelings of disassociation are complete. They smile with their polite smiles but their eyes remain closed and guarded. Why is it that when I am being told something by someone who is translating I am having this huge sense of wrongness? Is this my paranoia? Am I losing the plot already? I am in a twilight zone where all the known rules of my reality cease to function, cease to sustain and support. What is the teaching in this for me? I am on the edge here of another mental abyss. Eisner talks of flying new skies, sailing new seas, but I have to exercise all my mental control not to be consumed by the rising panic I feel on a daily basis. Je Kan, you are in deep, deep shit! Personal journal April 28th 2003]

In the trying circumstances that I found myself in I had to move back to what was known to me as the framework for my sanity. I used my educational training and all that I had learned from reflection on my life-long learning. It was not the first time I had been alone, it was not the first time that I had had to live the cause and effect of my actions. What was different in this case was that I had no back-out or exit strategy. In the military it is one of the basic things we are taught - always have a backup plan or an exit strategy. I had burned all my boats in moving to Japan. There was no choice; I had to succeed for failure was not an option. Here is another extract from my journal after the first cohort had finished successfully in April 2004:

[To date the students have achieved and performed above the level I was given to expect and in my moments of reflection I often pondered over the issues of: Things were very bad and we succeeded, despite all the problems. What would have happened if students had not risen to the challenge? What would have happened if I negated my values and conformed to being the banking educator? Perhaps that is not a fair question, as it focuses on what if, rather than what is. The curriculum was a real life one where I as the teacher challenged the students and my faculty to look at a different way of knowing. The challenging nature of the curriculum was such that students were required to examine their own life events, of which I had no knowledge. Personal issues of the students' past could possibly have been revisited, with unknown effects on their wellbeing. I therefore took steps to arrange the availability of healing and counselling sessions which were used by far more students than I had expected. Such sessions had not previously been available for student-centred personal problems, but have since been extended to all students and staff on the campus. It remains a niggling thought in the background of my

consciousness that the fear of failure often walks hand in hand with the taste of success.]

At this point I wish to give an example of a conversation that took place between a student and me which gives insights to my reader. I call the student “A”. The context of the conversation was a discussion about using the web inter-phase of the course to research and feedback reflective journal opinions. This was transcribed from a video of the classroom; permission to use the images was given but I feel they are inappropriate. In this case text is a good enough medium.

Student A: “Sensei, what is it you want me to do?”

JKA: “I am sorry, I do not understand your question, forgive me, one more time please, in relationship to what are you asking?”

Student A: “This computer thing, what do you want me to do?”

JKA: “Ah, your web tests and reflective journals. Yes?”

Student A: “Yes, that computer thing. I am confused, please tell me what you want me to know and I can learn it.”

JKA: “What I want you to do is think about your feelings in the lesson and give a short account of why you feel and think what you did. Give me your opinion.”

Student A: “My opinion? Why? It is your job to teach me.”

JKA: “Actually, I believe that it is my job to help you learn.”

Student A: “But I do not know!”

JKA: “Not knowing is a good place to start. Ask yourself the question: ‘Why do I not know’, followed by ‘What do I have to do to find out?’”

After a rocky start in which the student exercised her independence and her rights of feeling “unjustly” served by my response, she formally reported me for not “teaching”. This included organising a group of seven friends to do the same, resulting in a formal enquiry into my methodology. This student’s final grade was an outstanding “A” after she finally engaged with the learning process required of her. Months later I received the following mail from her:

“Sensei, Now in my place of work, I see what you mean by my having to think. Nurse has responsibility to patient for think. Thinking nurse can protect patient and care with a warm heart.”

On reading her words, all the suffering and anguish that I had been through over my curriculum issues with the faculty were placed into perspective, for this student had shown her inner growth and understanding and was, in her place of work, evolving new understandings using ideas she had learned on the healing course. Her new understandings would benefit the patient by her having more critical awareness and caring more compassionately. Her knowledge and knowing were not a colonisation but had come from her own understandings grounded in her practice. The wrath of faculty who did not understand the concepts of healing and critical thinking was a price worth paying.

Another issue that pertains to maintaining a safe space relates to my stimulating critical thinking in the students. I did this by questioning in the Socratic dialectic method. I would ask a question, for example “What is this?” while holding an apple, and when the students told me it was an apple I would ask “How do you know?” The idea was to discover by questioning where our knowing comes from, who told us and whose truth was right. Such

methodologies lead to some every interesting conversations. I had a policy of never discussing an issue in such a way as to embarrass the student. Painful memories of my own education and schooling and being made to look stupid guided my methodology. The balance between academic probing and abusive questioning is a delicate one. I value my insights which permit me to see these issues without being invasive or abusive, but at the same time strong enough to allow the process to take place. This often means that I am exposed to antagonistic energies, which are released from the student in the form of emotional releases or even antagonistic words and body language. My own issues from my autobiography (Adler-Collins 1996) are often reflected back to me during a course of teaching a healing curriculum, and I work at responding to these in a way that is helpful to the learning of the student. In Chapter 7 I present portfolio entries and student evaluations of my teaching, and their experience of that teaching, to answer the questions: *Did I achieve my aim? Did I help the student to learn?*

3. 1. 3 Understanding my healing/teaching space

I now want to take a 'risk' in Winter's (1998) sense that the action researcher reveals himself or herself in a vulnerable way. In what follows I simply want to communicate that I understand my healing/teaching space in terms of positive and negative energies, prayer, love and compassion. I have evolved a process in which I work at transcending the antagonistic energy of other people and making this 'safe'. I do this through the process of prayer, expressing love, compassion and understanding, and listening without judgement. My practice is based on a combination of my training and my intuitive recognition of these energies in the teaching space.

At this point I want to name the learning outcomes that are associated with my understanding of safe space and that are intrinsic to this collaborative enquiry. These have the potential to express, define and validate my standards of practice. By ‘collaborative’ I mean the ways in which the students and I co-created new educational understandings of our learning together. These learning outcomes are further discussed in Chapter 7:

3.2 Data sources and rationale

Classroom research data was collected from four sources: my journals, student reflective journals, student portfolios and classroom videos. These are described below:

3.2.1 Journaling

Journaling was part of my data collection, and was a technique that was hard to instil in my research practice. This went against all my military training of not to write anything down. Extracts from my journal have been placed within this thesis in brackets as discussed previously, and also on a website. I created this at <http://www.living-action-research.org> which acted as my interactive personal journal and peer reviewing space. Placing an email on this website is termed a ‘posting’. My postings were made, and in many cases responded to by academics and students, in a public forum. For the past five years this has enabled me to gain valuable feedback about my thinking and knowledge claims from my peers, and where appropriate to evidence the final element of the action research cycle, namely making public my claims to know. Archives of these conversations can be viewed at: <http://www.jiscmail.ac.uk/lists/living-action-research.html>

3. 2. 2. Student reflective journals

Each student was expected to keep a reflective journal, where he/she recorded their experiences, feelings and thoughts after each teaching period. As previously explained in discussing the ethical considerations, I formally instructed the class on how their journals were to be used and made it clear that it was a learning outcome that they complete the required fifteen entries. No personal information was to be included other than their thoughts relating to the session or course. All data would be public domain. I used a strategy that I had developed in a joint research project with a Canadian Professor of Education, Dr Andrew Dolbec of Québec University. Here we evidenced our individual processes in reflective journals and brought them together at the end of the research to see what, if any, similarities existed between intentions and actions, and actions and feelings (Adler-Collins 1997).

3. 2. 3 Portfolio evidence

The introduction of portfolios as a means of recording evidence is a new concept in Japan. The students kept and built a group portfolio recording their engagement with the subject content and their synergy with the topic. The dynamics and content of their journals proved to be inspirational to me as a teacher. As I will show from their portfolios in Chapter 7, their engagement with the curriculum elements allowed them to synergise the subject material in a very Japanese way. The portfolios can be viewed as a slide show at <http://www.living-action-research.org/Student%20portfolios%202003/Student%20portfolios%202003.htm> or in the multimedia DVD attached to this thesis (Appendix B) because all the portfolios are in Japanese their value as evidence that can textually analysed for content by non Japanese speaking readers is problematic. It took nearly two years to translate and analyse the

portfolios content placing each research theme into its different data bits of student's entries. I was not happy with the result because thematic analysis produced a list of themes which, taken out of context of the classroom dynamics, were difficult at times to see any relationships and links. Placing a video of students reporting on their portfolio can show the context in terms of group dynamics and participation. I concluded that with my limited knowledge of ways of Japanese seeing the portfolio would serve as a useful record of behavioural learning outcomes with their task orientation focus in the first instance. Secondly, the dynamics of the classroom space of students reporting on their portfolios when captured on video would provide a rich ground for investigations of social interactions. Although I was not allowed to mark or evaluate the students' portfolios other than recording that they had made the fifteen required entries for the fifteen themes, I found the process that evolved through their use to be most informative. When combined with the reflective journals, they provided me with an illuminating journey of a process of learning. Session evaluations showed that the students enjoyed this approach to learning, as discussed and analysed in Chapter 7: What am I seeing?

3. 2. 4 Video of classroom dynamics

In the early stages of my research I challenged Bath University's reliance on using only textual forms of representation to gain a doctoral degree in education. However recent changes in Bath University's rules in 2004 permitted multimedia representation. The exponential growth of technology in our world and the usefulness of multimedia technology offer exciting and dynamic formats for representing knowledge and knowing. I therefore invested considerable expense and time in developing multimedia formats to represent my knowledge claims. For example, I used videos of the classroom to capture the sense of space, atmosphere, body language and actions of myself and the students. At

the latter stages of the writing of this thesis I called into question the usefulness and validity of video to demonstrate evidence reliably and with enough rigour to pass my own standards of judgement. This questioning arose from a number of sources, the first being my attending conferences where video clips had been presented and knowledge claims attributed to them. No matter how hard I tried, I could not see the connection. *Do I see what is there, or do I see what I want to see, or what the presenter wants me to see?* I have not yet resolved this question to my own satisfaction; however, I still believe that multimedia can show the dynamics of a situation for future learning and understanding. I have an ongoing commitment to understanding better the use of media, images and video. There is an extensive body of knowledge on this topic which could form the basis of a thesis in itself. The words of my supervisor, Dr Jack Whitehead, in a video conference we had about focus and threads of enquiry, were mentioned earlier but are worth revisiting:

The breadth and depth of the threads of your enquiry is too large, each separate thread lends itself to a PhD enquiry on its own. What you need to decide is which thread is most important to you in terms of what you want your thesis to stand for. Think about how you have tried to overcome problems in your professional practice. I think such a reflection will reveal that you have experienced a tension in holding certain values and experiencing their negation at the same time in your practice (Personal communication transcribed from videotaped supervisory session, Japan 2002).

Video was the area I decided to place on the back burner while I focused on my classroom data from my students.

The second concern is that a researcher needs to know the limitations of their knowing; for example, my use of video in a Western context could be justified because my knowing was culturally embedded. In the video I took of Japanese students I did not have the cultural awareness to understand the differences in body language, use of space, gender issues, cultural mannerisms and the like. Sturken & Cartwright (2001), in their book *Practices of looking: an introduction to visual culture*, brought to my attention the complexity of seeing, how vast the knowledge field is and the complex roles visual images play in societies. This was also strengthened by a critical reader, Dr Lohr of Bath University. Reluctantly, my focus placed the use of video evidence as a major data source on the *things to do* list of my post-doctoral research.

3.3 Web-based testing and evaluations

Technology is an important part of today's nursing, as is information. Medical education has embraced this format. A recent study found 35 evaluation studies of online interventions in medical education (Chumley-Jones 2002). Nursing has a lot of work to do to catch up, and the playing field is certainly not a level one in terms of funding and resources that are made available for such work by nurse educators. This proved to be my experience and I self-funded all my development work in order to bring my dream of connecting my classroom to the net to operational functionality. I believe that my curriculum offers nursing in Japan an example of how educational practices in the classroom and the power of the web can be used to strengthen the critical thinking skills of students. I designed a system of tests on the web for the cognitive element of the course. It included research skills, "surfing the web" (portfolio data) and online evaluations of sessions. These session evaluations provided interesting data as to the "public face" of the

students and their “private face”. While I have a built-in distrust for the culture of the questionnaire, as I believe that they are highly subjective and a badly designed one can be very damaging to a research project, I do believe that they can provide snapshots of information that offer insights to the students’ space or mindset at the time of their completion. As these were the only sources of student data that the ethics committee had not placed a restriction on, the use and design of questionnaires takes on a considerable degree of importance in the data section of this thesis. Conrad and Blair (1996) suggest five areas where problems in the use of questionnaires may occur. These are: lexical problems, inclusion/exclusion problems, temporal problems, logical problems and computational problems. Questionnaire design involves developing wording that is clear, unambiguous and permits respondents to answer the question asked successfully (Conrad *et al.*, 1999; Dillman, 2000). Lexical problems, however, are associated with respondents’ understanding of the meaning and use of words and the context in which they are used in the questionnaire. Words that are familiar to one group may not be to another, or they may have a different meaning. For example, Conrad and Blair (1996) demonstrate this with the use of the term ‘spatial abilities’ on a questionnaire. A question may be posed to a student: “Do you understand the learning outcomes?” The term ‘learning outcomes’ may well be understood by teaching professionals but may cause a student difficulties in understanding its meaning. Therefore, language is crucial. This has even more relevance in my situation as I was asking questions in another language, hoping that they did not lose their meaning in translation. The context of the question may also create lexical problems. For example, what is the meaning of “I” in Japan? A question I asked resulted in confusion - as one of my Japanese colleagues asked, which one of the fourteen ways of saying “I” was I wanting? Lexical problems tend to occur because of the researcher overestimating the

understanding and vocabulary of respondents, especially in questionnaires that involve nursing/medical terminology (Dillman 2000).

The second class of problems identified is inclusion/exclusion problems that deal with determination of the scope of the question. This relates mainly to categories in a question (Conrad & Blair, 1996). For example, if a respondent is asked a question about 'nurses', they may interpret this as public health nurses, hospital nurses or home helps whom they view as providing 'nursing' care, when the questioner intended 'nurses' to mean Registered Nurses working in a hospital setting. This can lead to problems with respondents supplying multiple or incorrect responses when only one specific response is required.

Temporal problems in questionnaires relate to time, both in relation to time periods and time spent on activities. Examples of temporal problems include the phrase 'in the last year', which can have a number of meanings including the 'last calendar year' or 'the last twelve months' or Chinese new year, or Buddhist new year, or financial year. Likewise, when response options such as 'all of the time' and 'some of the time' are offered, this may leave respondents confused about selecting an appropriate option when in fact a precise option may be more suitable (Conrad & Blair, 1996; Drennan, 2001).

Logical problems are associated with respondents' difficulties in relation to words that connect concepts such as 'and' or 'other than', and the use of presuppositions in questions. Connecting words may lead to respondents attempting to answer more than one question at

a time. Presuppositions relate to the relevance of the question to the respondent and whether they can answer the question or not. Non-response may occur because the respondent is simply unable to supply the information requested on the questionnaire (Conrad & Blair, 1996; Dillman, 2000).

Finally, computational problems include those that do not fall into any other category. Examples include long-term memory recall, questions with a complicated structure and those involving mental calculation. Dillman (2000) gives the example of, “How many books you have read for leisure in the past year?” Respondents may be unable to identify a precise number and this may result in high non-response to that item. Time referent questions are an example of those that require mental calculation. Asking respondents to calculate how many times they have received a visit from a health visitor or public health nurse over a two year period may be impossible, again resulting in non-response error.

As my questionnaire was designed to be used on the web I tested the wording with my head of department, which resulted in some new questions being added. The addition of these questions caused me to suffer from the computational issues described above. Here are the two examples of the questions I was told that I had to include on my session evaluation:

Were you distracted by students talking during the lesson?

I was completely bemused at the addition of this question by a senior member of my department. I wanted the students to talk and it was a desired outcome of my sessions. I

can only draw the conclusion that if a student did not achieve or perform well the results of this question would be used to explain why. I had to ask myself: “*Could this be a pre-emptive question to distance the member of faculty from any failure on my part reflecting back on them?*”

The next inclusion was: *Were you interested in the content of the lesson?*

I can see some logic in asking this question, as I believe that the subject matter needs to have relevance to the students. However, I believe there is a difference between relevance and being interested in the subject matter. Many students have responded that they found subjects difficult, such as anatomy and physiology for example. I have yet to meet a nursing student who did not find the nervous system hard to learn, and the endocrine system was the stuff of my nightmares when I was a student. Yet, in spite of the difficulty, I was still interested in the subject as I could see the importance and relevance of the material to my nursing knowledge. In our teaching evaluations that are completed by the university for our annual assessment this same question is asked, and the results are used in assessing if the students “liked” your subject or not, this having an effect on your salary. In my final course evaluation only two students indicated that they were not interested in the lesson. I was unable to ascertain why these students were not interested, as the questionnaire was anonymous and controlled by the central office. Because of the importance of the questionnaire as a source of data and my concerns over language and translation, I made with a Japanese colleague a web-based instructional guide to assist them in understanding how to log on and use the questionnaire. I then re-checked their understanding with my class to see if there were any issues on using the questionnaire. I was pleasantly surprised and relieved to find that all the students understood the

questionnaire and its purpose. However, I was surprised to find that several students were challenged by the degree of computer literacy required. (eight students).

[Computer literacy is an area that I had not given enough thought to, as I was assured in my pre-course meeting with faculty that all students were computer literate. However, the error was mine as I should have checked for myself earlier and clarified our different understandings of “computer literacy”. I resolved this problem by arranging extra teaching for students who wanted help with computer skills. This was an important lesson for me. I am responsible for my own actions and performance and, while the advice of others is useful, relying on such advice without checking understanding of the facts and comprehension of all parties can be problematic. I was taught in the British Army the rule of the six P’s, which I use regularly now, as follows: Prior Preparation Planning Prevents Poor Performance.]

A sample of the online evaluation form can be found at the following URL:

http://users.smartlite.it/jekan/quizzes/phd_evaluation_page_c003_session_eval_session_4.asp and it is also found on the multimedia DVD attached to this thesis (Appendix A).

Online learning has changed medical education and offers the same prospects for nursing. The introduction of my curriculum was the first time a nursing classroom in Japan had been linked to the World Wide Web (WWW) as an integral part of the course design. However, attractive as the Web is, it presents its own unique sets of problems when used

for data gathering in web-based surveys. Measurement errors in surveys are deviations of the respondents' answers from their true value according to the chosen measure (Groves, 1989). In general, they result from inaccurate responses that stem from poor question wording or questionnaire design, poor interviewing, survey mode effects and/or some other aspect of the respondents' behaviour.

Groves (1989) suggest that Web surveys may produce larger measurement errors than other survey modes, owing to several factors. Web questionnaires are often designed by people with no training in survey methodologies (Couper, 2000, p. 465), which results in bad questionnaire design. In addition, Internet users tend to read more quickly, they are more impatient and less discriminating than off-line readers (Internet Rogator, 1998). They may scan written material on the site with their fingers on the mouse ready to click on through to the next thing (Bauman et al., 2000). These issues, which would be considered of minor importance in other survey modes, may be very significant in Web surveys.

[In my case I was interested in the time on task (TOT) that students spent answering each question and had incorporated this into the questionnaire management module software and the web testing module, as this was to prove of great importance at a future date when I was dealing with the complaint that I gave too much homework to students. The ability to prove TOT was a career saver and is discussed in a later section in greater detail.]

There are two main sources of measurement error in Web surveying that stem from the Web questionnaire itself. The first involves the wording of the questions or the flow of the questionnaire, both of which may have an effect on the quality of respondents' answers.

The other is the question(naire) form, i.e., the visual layout of the questionnaire, of particular importance in self-administered surveys. With respect to the wording of the questions, there are no specific recommendations for Web questionnaires in comparison to other modes, as long as general standards for the correct formulation of questions in survey research are applied (Bauman et al., 2000). Gräf (2002, p. 74) lists several examples of the most common mistakes in Web questionnaire wording, which are the consequence of their implementation by people who are not survey methodology experts. For example, thematic and chronological references are not clearly stated; questions contain more than one thematic reference; expressions and phrases which are unknown to respondents are used; in closed questions, answer categories do not meet the demands of classification (completeness, exclusivity and clarity); unsuitable answer categories (something that does not exist or is not possible) are offered.

The flow and design of Web questionnaires, on the other hand, have been researched somewhat more often and their impact on measurement errors observed (Couper, et al., 2000; Dillman, 2000; Gräf, 2002). Dillman, (2000) suggests that each question should be presented in a conventional format similar to that normally used in self-administered paper questionnaires. On the other hand, Couper (2000, p. 476) advocates that the Web is a very special medium with special design options, visual features and required respondent actions, all of which require special handling of the questionnaire. Understanding the medium of the web is an exciting new domain of knowledge for me. It presents a whole new concept of ideas and presentation formats including flash graphics and multimedia. Like all new areas of knowledge, a step-by-step approach is needed. I believe I have taken

my first faltering steps and this narrative tells how my knowing is shaped and modified by my experiences.

3. 4 Template for engaging with the data

In my data analysis I analysed the data to find evidence of the following:

What were my claims?

Have I found evidence to support or negate them?

Were my claims explicit, achievable and achieved?

What were my expectations and did I meet them?

What was my intent and did I fulfil it?

What were the students' experiences of journals, web evaluations, the classroom and portfolios?

What were their expectations?

Did our separate reports and journals support each other or conflict?

Have I identified these areas?

What needs to be changed? Action planning.

How can I show my standard of practice in creating a safe teaching/healing space?

[Embedded in the logic of the above template for analysis is my intuitive judgement about the nature of the relationships between the physical, emotional, mental and spiritual aspects of self that affect a person. My aims are: 1. To enable myself and others to understand our own healing processes, and hence to find our own way of healthier living. 2. To engage mindfully with my own ontology and epistemological values, assessing and modifying my learning and

development over time. I see such leaning as embracing all aspects of my multiple selves, my nursing, my teaching, my faith. It is my hope that evidence from the journal entries should demonstrate the understanding of my students and myself about the teaching/healing process as seen by the Japanese from their engagement with the curriculum issues. Evidence of their self-understanding will, if my theory is correct, be found in the students' reflective journals and qualitative evaluations.]

3. 5 Claiming myself, or am I somebody else's somebody?

What I claim as my original contribution to educational knowledge are the insights that I bring from a declared position of bias, grounded in living and being totally immersed in the culture of Japanese nursing education and the spiritual complexity of post-colonial Japan. My claims to know are my claims to know. Or are they? This question is held in tension throughout this thesis as my answer moves from Yes, they are, in the sense that they are being held together by the threads of tension, doubt and enquiry through which this thesis evolved, and No, they are not, for part of my knowledge is holonic in the Wilber (2000) sense, in that I need prior knowledge to seed the critical engagement that will allow the generation of new knowledge.

[Wilber (2000) stated that each web of consciousness seeds the next framework and is holonic. Wilber's point is that reality as a whole is not composed of things or processes but of holons, also that it is composed of wholes that are simultaneously parts of other wholes, with no upward or downward limit. He dismissed the arguments of traditional atomism, where all things are fundamentally isolated as merely strands or parts of the larger web or whole, and insisted that there are no wholes or parts but whole/parts. Wilber's ideas do not explain how or where original thought comes from or intuitive forms

of knowing or the number of holons that exist. I find that this can be problematic when trying to conceptualise his thinking. Rayner (2003), however, offers what I believe is a workable solution for me in that the space of non-space between the objects, that of the excluded middle, is actually I believe, the holon referred to by Wilber. This would make all things connected in space through the absence of presence rather than the presence of absence. This works well with the Buddhist thinking of forms being temporarily created in space, such as a biological cell for example, and the form builds into the receptacle of mass in space. This concept is discussed further in the following chapter.]

I am conscious that I am a product of my own culture and that I have been imported into Japan, in a pedagogic sense. With the authority of the university, I brought with me a Western body of knowledge with which, if I delivered it without the consciousness that I claim, could easily result in my becoming a banking educator. I could actually have reinforced the educative colonisation of Japanese nursing by Western educational paradigms (Wolferen 1991). What I have strived to achieve, and I claim to have succeeded in this, is the encouragement of Japanese nursing students to engage with a curriculum that was conceptualised through a lens of Western educational thinking and construction, but not in a sense that the knowledge I present has any more “rightness” than their own forms of knowing. Rather, I suggest that we are co-creating a transcultural learning space, one in which I am being instructed, moulded and modified by my context and praxis, and my students likewise. This unique curriculum is one that is combined with a curriculum content that is Western in its educational framing and disciplines, Eastern in its spiritual conceptualisation and made Japanese through its emergence in actual practice and implementation. Therefore, in essence, a new form of educational practice has emerged in the inclusional pedagogy of the unique.

3. 6 The development of my inclusional pedagogy

The concept of pedagogy was germane to the development of my thesis through my engagement with Bernstein's (2000) definition of pedagogy:

Pedagogy is a sustained process whereby somebody(s) acquires new forms or develops existing forms of conduct, knowledge, practice and criteria from somebody(s) or something deemed to be an appropriate provider and evaluator - appropriate either from the point of view of the acquirer or by some other body(s) or both (p. 78).

This provided a working baseline for me to understand that pedagogy is about power and that the codes and coding of that power is the language of power and of pedagogy. The coding of knowledge was a central theme, for there are several pedagogies at work in exercising influence over this thesis, and I had to negotiate the rocky arena of these differing power structures. I use Bernstein's (2000) understanding of 'arena' here, which creates a sense of drama and struggle both inside and out (p. 203). Drama and struggle became the focus of my enquiry as I fought to maintain my values, vision and beliefs in a system where those who had pedagogic power due to their institutional positions were doing all they could to eject me from the space. Understanding this struggle gave me insight to my own process of learning and helped me formulate new coping strategies that enabled me to commence inclusional dialogue and inclusional engagement. These differing arenas were the pedagogy of the Japanese Ministry of Education, Culture, Sports, Science and Technology(MEXT); my Japanese university where I worked; my English

university where I studied; and my personal pedagogy. For example, understanding the codes of the educational vision of the Ministry and its requirements with its national directives and policymaking was for me an important issue. I wanted to see if there were differences between national and local implementations of policies.

[A frustrating limiting factor to my finding the evidence I needed was the limited number of translated papers on policy aims and objectives that went beyond generalisations. The same is the case within my university. When I asked for translations of policy documents covering planning and outcomes in both the short and long term, I was informed that no translations were available. I sat in many committee meetings on curriculum development not understanding a word of what was being discussed, and relied heavily on translations from other colleagues as and when they had the time. I was unable to compare the educational objectives of the Minister of Education's policy beyond that of my own curriculum content. This is something that still needs to be resolved for my own framing of my understanding of Japanese Education policy and that of my university with any degree of depth or scholarship. For I believe that my not knowing limits my ability to understand more of what is already a complicated system of education. While I am comfortable with what I am seeing in my classroom, part of me itches to extend my focus to a larger framework of understanding. (English sites of Japanese Government papers and policy can be found at <http://www.gksoft.com/govt/en/jp.html> MEXT: Ministry of Education, Culture, Sports, Science and Technology).]

The pedagogy of the Japanese university where I was employed, and its coding practice for nurse education, has been problematic in the sense of my trying to understand the culture of Japan. I asked myself the questions:

Why what is being said so completely different from what is being done in practice?

How is my social formation complying with national higher education directives?

How do the power relationships of senior staff interact, drive or restrict knowledge?

What is the extent of the discursive gap as defined by Bernstein (2000) in terms of thinkable and unthinkable forms of knowledge?

[These questions act as space creators to my process of heuristic immersion as I allow my different levels of consciousness to process them. When the question no longer holds a relevant space I discard it in favour of a new question. It may or may not have been answered or just found to be a poor question that served its purpose. Or I have come to the realisation that I cannot answer the question at this point in time. Such questions also act as collection points in the narrative, which is more than a complete factual linear rendition but a story with the aim of bringing the reader along by including suspense, enquiry-building, discovery and excitement as the story unfolds.]

Understanding the codes required by Bath University for me to successfully complete my thesis was also important. I am familiar with the codes of my culture and I also have to fulfil the pedagogical requirements when I submit my completed thesis. However, my

work is complicated by the pedagogic standards of a Western colonised university in Japan. I feel that I need to clarify in what sense I am referring to Western colonised universities. To do this I need to take my reader back to a brief historical review of Japanese nursing, because the development of my inclusional pedagogy is directly interwoven with historical events here in Japan, for history is still shaping modern Japan. Hisama (2001, p.451) claims that there would be no significant history of modern nursing without the Japanese Red Cross (JRC). Hisama (2000) is of the opinion that “*Originally the ideas of both the Red Cross and trained nurses were purely western. Both came to Japan with the expansion policy of the 19th century*” (p.451). In the mid-19th century, two naval doctors who had studied at St Thomas’s Hospital in London had each started a nurse training school modelled on Florence Nightingale’s training methods. In June 1899 the “*Rules for the JRC training school*” were decided. Their curriculum, although covering first aid, wound care and other aspects of basic nursing, focused on the “spiritual” aspects of nursing (p.452.) The students were taught, as Hisama states: “*.. to become virtuous women who served the cause of the nation* ” (p.452). Japanese nursing originally had a deep grounding in what today we would call “holistic” nursing. However, a Mrs Anita N McGee, who was a commander of nursing for a military corps during the Spanish war of 1898, arrived in Yokohama in 1904 and, along with a small number of nurses from America, England, France and Germany, assisted the JRC during the Sino-Japanese war (1904-1905). According to Kameyama (1997), prior to her departure from Japan, Mrs McGee pointed out that there was an over-emphasis on spiritual training and an under-emphasis on the teaching of nursing skills. She offered to provide training in the United States of America. Japanese Nursing, at this time, was influenced by what was happening in the medical sector, as most of the teaching in nursing schools was carried out by medical doctors, a trend that continues today. The favoured medical model that was adopted by

Japan was that of Germany, with its strict hierarchical and authoritarian attitudes, which soon controlled all of Japanese nursing. The richness of the spiritual focus was lost as the scientific and medical model dominated (Hisama, p.452). The final stage of the colonisation of nurse education arrived, as previously stated, with the defeat of Japan after the Second World War, when the United States rewrote the Japanese constitution including the parts covering public education and nurse education. I am extremely conscious that my curriculum calls for a return to spiritual values alongside professional nursing skills. I am also aware that without inclusional mindfulness I could be just as guilty of adding to the colonisation of Japanese Nursing as Mrs McGee was in the 1900's. Hisama's paper calls for: "*Nurses to step out of hospitals...nurse education must break its old isolationist model...*" (p. 454), sentiments that are close to my heart.

The last form of pedagogy explained here is that of my own unique values. I wish to provide a clarification of the embodied values and knowledge from which I designed and continue to pedagogise a curriculum for the healing and enquiring nurse. These fundamental values, which act as my codes, are respect, sensitivity, openness, flexibility, love, non-judgementalism, non-violence, the capacity to forgive myself and others, and compassion. I identify these codes with my understanding of my Buddhist faith, when combined with inclusional respect, inclusional originality, inclusional caution and inclusional tolerance. From compliance to these codes in my praxis emerge my own standards of discernment in the inclusional pedagogy of the unique.

I view my everyday living through the aspects of the active filters I am using - in that moment of knowing - through doing. By this I mean that as I teach I am using the aspect of me that is the teacher, grounded in my practice and supported and informed both by my

practice and the theory which I believe to be necessary for my role as a teacher. When I change roles to a nurse, I change aspects of myself, and the dominant aspect becomes that which is associated with my nursing practice. At the same time, this engagement with change is moving into and out of different stages of consciousness and knowing by adding to or modifying the database of my nursing knowledge. I would therefore argue that multiple elements of different aspects of relativity can be functioning in the same moment in an inclusional sense. It is inclusional from the stance that all the aspects of self inform the dominant aspect of self but are not necessarily acted on by the dominant aspect. The dominant aspect of self is situational and relative to events of the moment.

Through the praxis of *where I am* my conscious understanding deepens my codes or values, and solidifies them into *transitional certainty*. From this positional understanding of *transitional certainty* I set about building my framework of reality, from within which I see and make sense of the world. Such a framework is my *living truth*. I use living truth as Burke (1992) described it, as being differentiated from spectator truth. The *living* or *authentic* truth of a situation can be fully understood only from within the situation, although the picture that emerges will never be as clear-cut as that provided by *spectator* truth with its imposed rationalised framework.

I claim that it is this framework – living truth - that is my emerging epistemology, for as my ontology is deepened and modified as a continual process of my conscious existence, so then, in the Rayner (2003) sense, my epistemology evolves and morphs into new forms of knowing in, on and around the moment of conscious understanding.

I claim originality of knowing through my own authority of being. It is this concept upon which I build my pedagogy of the unique, for it is my spirituality, truth and the very cosmology that I live by, that directly influence my being and are a direct result of my own experience. Through a process of critical reflection, I identify key aspects and areas of learning that have occurred. My living truth, I believe, is grounded in the practice of my nursing, teaching and daily living of my humanity, where theory has to be borne out in practice on a daily basis by the very nature of my work.

In my teaching I bring forth the instruction and ideas of my experience and practice, and offer these for open debate and analysis in the hope that the students will engage with these values. I offer structures and frameworks for the students to supply with content, these being the processes of portfolio building, web testing, web session evaluations and journaling. I can provide evidence of process, but I cannot provide evidence of learning for the betterment of society, patients or the student. I can provide analysis of the power structures and relationships to knowing and knowledge, but I cannot prove student understanding of their own learning in the sense of ontological changes. For example, I can test the students' knowledge of the anatomy and physiology of the ear but I cannot prove that they understand what hearing is or the complexity of hearing and frequency linked to its interpretations by culture and context. I believe I offer a seeding of universal nature of core human values and mindful living, embedded in my curriculum, that is revealed when students select seed values and make them their own, through free choice.

Understanding the complexities of the multiple pedagogies at work in my thesis has allowed me to craft in my unique understandings and generation of my own living

educational journey, practices and theories. I am using the word 'journey' in the sense of seeing that my life is moving from the point of my birth to the point of my death along a fixed span of time. I am not conscious of the time and point of my death and believe that I have many choices to make which will influence the path I take in that journey. I am, in every sense, going somewhere, and again my Buddhist filters are involved when I refer to the saying that it is not the arriving at the destination that is important, rather it is the journey along the way. I see my journey in the same way that a weaver looks at a carpet. The collective strands of my senses are the threads of my experience of 'self' and are woven into new webs of consciousness. So that, in effect, my life will weave a carpet of consciousness reflecting what my senses have experienced, and the design will be guided by the creation of knowledge. It is this carpet that I invite the reader to look at.

Through engaged usage of the inclusionality concepts of Rayner (2003) and Wilber (2000), I see that these are a collection of proven research instruments, methods and concepts that share similar characteristics with my own ontological sense of being grounded in my spiritual values. It is my belief that spirituality is located in the interpersonal heart of the human condition where people co-operate to explore meaning, build relationships and manifest creativity through collaborative action inquiry into multi-line integration and consummation. We all give and receive threads for our individual/collective carpets.

Values such as those embedded in inclusional thinking, Buddhist Shingon teaching, and writers such as Wilber (2000), Rayner (2003), Winter (1998) and Wink (2005), informed my thinking through my engagement with their work. Such engagement synthesised my understanding of applied spirituality through teaching and resulted in my identifying at least five different characteristics of these values, these being:

- holistic/holonic, involving diverse major lines of human development, in which prime value is put on relational lines, supported by the individualistic (Wilber 2000);
- focussed on worthwhile practical purposes (Wink 2005);
- embraces peer-to-peer relations and participatory forms of decision-making (Rayner 2003);
- includes many ways of knowing (Rayner 2003); and
- honours the gradual emergence of developmental form (Shingon teachings).

This realization that values have different characteristics according to whoever is defining them is critical to my own pedagogy and ontological understanding of myself as a teacher.

The next chapter presents a more in-depth examination of my ontological position.

[In some ways my thesis is a bridging between Western forms of knowing grounded in the academy, and Eastern forms of knowing as expressed through the lens of Shingon Buddhism and spiritual cosmology. I say bridging, for I believe that is what I am doing in living my ontological values, as my authority arises from my process of doing and the actions in completing many tasks that others have only written or spoken of, rather than experienced. The two experiences of 100-day fasts and walking without food, money and shelter for one year in Japan served as an experiential form of knowing that revealed truth and understanding completely unique to my learning process. I was able to experience a side of Japanese cultural behaviour that is not normally seen by a Westerner. Therefore, I claim to bridge and combine the personal themes of my journey with my practice as well as the testing of that theory against qualitative and quantitative data and analysis in this thesis. I try to live with my colourless gaze.]

This thesis represents my authentic voice. I claim it to be authentic and original because I speak through the power and authority of my own being. Part of being authentic is the relationship I have managed at this stage of my narrative to build with my reader in relationship to rigour and “trust ability” as previously discussed. My work is grounded in the lived experiences of my truths as they evolve and have been modified. In the eight chapters of this thesis I show how critical analysis of gradually developing conversations and life situations involving myself and others over ten years have informed and modified my practice.

This process of evolution in Shingon Buddhism gives rise to a “colourless gaze” during the process of integration of my concepts of the four bodies of “inclusional self”, these being spiritual, mental, emotional, and physical. This expression “colourless gaze” caused a colleague to resort to public scarification of me as an individual, from the stance that my colourless gaze could, or as he claimed would not, allow me to see his colour. It is in fact part of Buddhist teachings that race and colour are important issues. Seeing in a colourless gaze sees the entire individual not just the covering. It in no way detracts from seeing colour, far from it. It recognises that colour may bring with it certain issues that are historically or politically based. I acknowledge that part of my gaze is that of whiteness, it has to be as that is my culture. I also claim the right to move beyond that gaze to a colourless gaze. Reflecting on my standards of judgement, discernment has been a core process of this enquiry. I arrived in Japan with overt standards of judgement which bore the authority of my educational and nursing profession. However, I also had covert standards of judgement in play, ones which I was not consciously aware of, these being the judgements I used as a white male. These judgements and values had been socialised in me by my culture. To many, the mere fact of being white is seen as being “privileged”. I, with a traumatic childhood and early adulthood, had never considered myself privileged in any way.

My living standards of discernment emerged through the reflective process of researching and writing this thesis. Such emergence was not anticipated as I thought that any values would be educational ones related to my teaching a new curriculum. However, in the reality of the events in actual practice I faced challenges that I engaged with in a mindful state of open enquiry. This enquiry soon showed a need to reflect my own epistemological and ontological values, guided by my Buddhist beliefs and teachings which had deepened in Japan. New insights emerged as to the inappropriateness of certain values, ideas and concepts I held, resulting in a dramatic ontological shift.

With my present understandings that have emerged directly from my research, I hold the following living standards of discernment:

- 1. I would never consciously do harm to another salient being by thought, word or deed.*
- 2. I would live my life as inclusively as possible, seeking to communicate my values to others
while respecting our differences.*
- 3. I would never conform to the ideology and methodology of a “Banking Educator” but would
serve people to the best of my ability in Buddhist service.]*