

## Chapter 8

### Conclusion

#### 8.0

In conclusion I wish to refocus on my contributions to knowledge that this research has produced, and bring together multiple aspects of myself and my claims to learning into a condensed understandable wholeness.

Inclusionality, in Rayner's (2003) sense of compassion and flexible dynamic boundaries, forms my pedagogy of the unique, one that acknowledges the uniqueness of my being but at the same times a uniqueness that is local, distinct but not discrete. Through this I feel and live my webs of connectedness as I am consciously aware of the space of non-space as a form of mystery. Such a state of mystery is now is my stated ontology. Consciousness and reflection, where I dissolve the dynamic barriers of self, are my epistemological tools. The Buddhist four-fold pathway of the Noble Truths acts as the framework in which I embed my praxis of: inclusional respect, inclusional originality, inclusional caution, and inclusional tolerance.

My pedagogising of the healing nurse curriculum embodies all of the above. It does so in the following way:

My assumptions of healing are grounded in inclusionality and inclusional practice.

Expansion of the inquiring consciousness and reflection are the means by which I enter or become more aware of my I/we/the others' space/boundaries (I/we/you/us).

My intention is guided by emerging ontology, and my praxis is my ability to engage in a transformative space/boundary adventure with another – a balancing act of crafting healing skills; a process whereby my intention sparks the others to recreate their matrix of wholeness and health. Inclusionality then becomes the space within which healing/teaching/learning occurs and healing becomes the space of inclusionality. This dynamic space then becomes part of the framework within which are held my emerging living standards of discernment.

My emerging epistemology has been modified through this process of research in and on my actions, context, personal values and teaching skills. I am sensitive to the critical issues of race within education and the power relationships involved with knowledge generation and its control. I see clearly my own limitations and frustrations as an educator and make a lifelong commitment to overcome them. I believe that the classroom can and should be a safe place for learning where the students and the teachers co-create knowledge that comprises not only the given curriculum but also citizenship and life skills as well. The values I hold of love and compassion, grounded in my Buddhist faith, have been questioned. While my understanding has deepened with the process of critical enquiry, my basic underpinning ontology has been strengthened. I see the framework of my faith for what it is, a framework, one that I believe I have transcended in terms of my

need for and reliance upon. I can, however, revisit it with the warmth one has for an old and trusted friend, as it has served me well through many situations of change and trauma.

The first cohort of my course graduated in April 2007; their story and mine has been told and three more cohorts have since passed through this curriculum. Events have moved on and the context has changed in response to the ebb and flow of life.

In a sense I have finally understood what Bernstein (2000) referred to as the pedagogic codes. My political naivety has gone and been replaced with hard-learned street-savvy lessons of university politics and how such politics are played out in both my own culture and in Japan. I understand the actions of my Dean and other senior faculty whose life focus is their university life and its world. I am reminded of the living truth of Palmer's (1998) words when he said:

*We need to find every possible way to listen to that inner voice and take its counsel seriously, not only for the sake of our work but for the sake of our own health as well. If someone in the outer world is trying to tell us something important and we ignore his or her presence, the person either gives up and stops speaking, or becomes more violent in attempting to get our attention. (p. 32)*

As part of my learning process I now understand that sometimes I was not listening and at other times I listened too much. I understand the meaning of Freire's (1987) demand that praxis has to be part of words. I understand now when I am out of my flow or I have lost touch with my inner teacher, and that my authority flows from the power and authority I give myself through my own being. I understand that my inclusional self seeks not to be perfect but to remain connected to the fluid dynamics of my selfhood, and that such selfhood is embedded with my values and integrity and is mirrored in my praxis.

I have lived the truth that there comes a time when a stand has to be made against injustice and social abuse of power hiding under the guise of culture. I understand that such a stand is not a compromise but a declaration of my living standards and the values that are embodied in my ontology by the pedagogic code of my selfhood. I understand that, alongside such a stand, compassion must walk hand-in-hand with forgiveness. When I see that I have made a mistake I seek to amend the situation by modifying my future actions. I have lived my life as honestly as possible by trying to live the highest form of love, love that allows for intimacy without the annihilation of difference. This journey has been revealed, trusting that the space of this narrative is safe enough to hold the fears of my vulnerabilities. The journey of my students and me was an intimate one where I faced my fear of failure and held true to my values, which offered my students an opportunity to reclaim their inner connectedness to a set of values that are not grounded in colonial imperialism but, rather, have shown themselves to be sustainable over time as values of good citizenship and humanity. Through this narrative my inward and invisible sense of identity has become visible and known as it has emerged over time and encountered and interacted with the external and visible 'otherness'.

In this narrative I have evidenced how I have brought my head and heart together, showing how my mind feels and my heart thinks in an inclusional embrace of connectedness.

I have shown how the synergy that is created through combining facts with feelings gives insights to the passion for compassion that makes up my inner and outer worlds of selfhood.

I have shown how I have integrated theory into practice so that each informs the other in a symbiotic creative process of knowledge learning and generation.

I have integrated my learning into my teaching and my teaching into my learning, thus creating the space for intentional informed listening alongside that of the talking of silence.

Perhaps more than anything else I have achieved what I set out to do all those years ago when I had the idea, in a café in Glastonbury, England, in 1995, of creating a formal healing curriculum for nursing. I never realised where the journey would take me or what adventures would unfold, nor did I realise the cost of that commitment or how difficult it would be.

## 8. 1 Changes that have happened

The classroom data is based on the first cohort of students that entered the healing curriculum. As per the instructions of the research committee at Bath University on my PhD transfer presentation, the data for analysis was limited to one cohort. The events described in previous chapters have shown that the contextual situation was difficult and there was strong resistance to the curriculum from certain members of faculty. I have discussed critical incidents and events that occurred and continue to occur in terms of horizontal violence. I have also documented my responses and the development of a coping mechanism that sustained me spiritually, emotionally, mentally and physically. Analysis of the data took time, due to problems with translation, back translation and the cost of such a process, all of which had to be funded privately. Then I had to check and recheck that my understandings of the meanings of my data were correct. I became immersed, in the true heuristic sense, in my research. I managed, through good educational practices, to stop the attacks on my curriculum, and I made it clear that I was more than willing and able to engage with faculty who attempted to interfere with my class or my students.

Slowly, as each cohort passed through the healing course, each became more successful than its predecessor as new learnings were integrated into the teaching practice. The number of external students applying to our faculty increased, drawn by our being the only university offering healing studies in Japan. With the enforced privatisation of our university, the commercial opportunities that can be offered by a proven healing curriculum are only limited by resources. In November 2006 I was informed that my curriculum and my teaching record had been passed by the Japanese Ministry of Health

and Education for permission to teach at Masters Level. The first Masters course started in April 2007.

It has been my observation that power-holders in Japan, when faced with a new phenomenon, take three courses of action. In the first event they try to bring the phenomenon under their control through exercising power over it. No attempt is made to understand the phenomenon. Secondly, if that strategy fails, vigorous efforts are made to eject the phenomenon because if it cannot be controlled it represents a threat to the stability of their power base. Thirdly, only when every attempt to eject the phenomenon has failed is the realisation made that they need to learn how to adjust to these new circumstances.

I have lived through this process over the last four years. Now it seems that the value of my programme is being recognised by the new managers who have been appointed to the university with a mandate to commercialise. I was selected for promotion to associate professor and moved departments to take over as manager of the Health Promotion Centre, which is a high profile project undertaken by our university. However, I am not under any illusions that this is not just a repeat of using me in a high profile, high risk project because I am deniable and a foreigner. Working with the development of a community health promotion programme will allow my values to be tested and modified through new exposure and learning. Post-doctoral planning will allow for a whisper of a hope I have held to solidify into a dream. This is the development of a Doctoral programme of healing research studies in nursing.

As a direct result of my research I have been able to connect the common factors of Action Researchers such as Dr Rayner with his work on Inclusional, Dr Whitehead with his work on Living Action Research, Dr McNiff with her action research and inclusional practices in South Africa, Dr Laidlaw with her action research in China, Dr Lohr with her “Love at work”, Dr Farran with her webs of connectedness in information technology, and Dr Joan Wink with her compassionate human scholastic accounts on Critical Pedagogy. I believe all these scholars share a life-affirming commitment to the creation of safe educational spaces. I know that they have not made this connection, as many are my friends and they would not see the values that I see in them. I see how they make so much effort to include, to connect educational spaces, to listen, and never to violate the space of another. They consciously hold the other in their educative spaces in the compassion of listening to the space; and in the space individuals find themselves, as both their inner and outer worlds are held in loving compassion. If their values, to which I subscribe and which have been clearly identified in this thesis, could be lived more fully by others, then indeed they offer hope for the future.

## 8.2 Challenges that remain

Nursing education in Japan has entered into university settings with the stated objective of improving the competence of the nursing workforce. Such an objective is problematic on several fronts, these being:

1. As the new curriculum is now heavy with non-Japanese academic theories, curriculum design has to reflect in its theory Japanese thinking and cultural sensitivities. I believe that



I have shown how this can be achieved; however, this will require an awakening in educational terms from Japanese scholars which we are starting to see in the works cited in this thesis. It will also require a new understanding, from imported foreign educators, of Japanese cultural needs.

2. The actual practice of nurse training in terms of hands-on training, the touching of patients, and learning the basic skills of their nursing craft, is worryingly limited.

3. For experienced nurses to be drawn from the practice of nursing into the teaching of nursing is problematic due to shortages of suitably qualified individuals. The problem is compounded by the increasing commissioning of new faculties of nursing. This is made even worse by a culture that says that teachers teach and nurses nurse. Remaining grounded and current in your clinical practice, or being a qualified teacher, is not a requirement for Japanese academics, thus adding to the theory/practice gap.

4. Building new universities also compounds the problem of recruitment, as Japan has the lowest birth rate in the world. With the changing social structure of Japan, under the influence of Western thinking, women are expanding their choices of employment. Attracting top-level academic students to nursing will be a problem with the more famous and socially elite universities taking the cream of the crop and outlying provincial Prefectural universities having to contend with taking students of lower academic achievement just to fill their places. This in turn places pressure on the teachers in the

system who will have to contend with having academically-challenged students coping with what is now a very challenging theory-driven academic curriculum. Japan is correct in looking towards scholarship as a means of improving the professional capabilities of nursing in Japan. The challenge remains, however, of balancing theory and practice and finding suitable holistic models for representing nursing knowledge. Japanese scholars, in cooperation with their students and the voices of their patients, need to be mindful of creating an educative programme that embraces Japanese values alongside those of the West. The curriculum of the healing and reflecting nurse is an important next step in that direction.

5. The declared academic aim of the Japanese education system to provide English-speaking skills comparable to the level of achievement of China, Korea, Taiwan and Indonesia is spectacular in its constant failure to achieve its objective. Japanese scholars and students are limited in the depth of research material they can obtain because of their limited language skills in English and their having to rely on the severely limited number of texts that actually get translated into Japanese. Japan has enjoyed nearly a century of economic leadership but she is being chased hard now and cannot afford complacency.

6. I had originally designed the healing nurse curriculum around United Kingdom A-Level questions on anatomy and physiology. The depth at which the students were expected to function was said by senior faculty to be beyond the ability of freshmen. With my complete lack of correct insights as to what the actual level of science subject knowledge was for a freshman in a Japanese nursing school, I made the assumption that it would be similar if not identical to that expected in the United Kingdom/United States for entry into

nursing training. This cultural misunderstanding set the scene for tensions within my classroom. The reality of the matter was that Japanese students, when they are in high school, can stream into one or more sciences, for example, Biology, or Human Biology or Physics. Japanese high school students do not sit exams that cover the full science spectrum expected by a United Kingdom University, that of Biology, Human Biology, Chemistry and Physics. And the exam questions they did take compared with the upper GCSE levels in difficulty. Such a shortcoming in the curriculum needs to be addressed but this is not without its problems, one of the major ones being the lack of suitably qualified teachers in the high schools to deliver a new science curriculum. Reliance on teaching the basics of Anatomy and Physiology, Chemistry and Physics required in modern day nursing takes up valuable university curriculum time that could be better used in teaching clinical applications and practice.

### 8. 3 The last stage of the Action Research cycle: Making public my claims to know.

In keeping with my declared methodology and my use of the Action Research model described in chapter 2, figure 6, the final stage is making public my claims to know. On 30 January 2007 I placed my narrative on my website for review in the public domain ([http://living-action-research.org/PhD\\_index.htm](http://living-action-research.org/PhD_index.htm)) as a first draft. Five of my peers in five countries gave their time and experience to critically review my thesis in its totality. Each reviewer brought their original engagement to my thesis and their responses informed my writing as I clarified points that were raised.

My writings in terms of publications and conference papers also tested my claims through peer reviewing and questioning. Listed below are some exemplars that suggest that the values embodied in this thesis are clarified and understandable:

Dr Eleanor Lohr, PhD. University of Bath. Responding to first draft posted to the web February 2007.

On reading Chapter Six

*I am much struck by the emphasis throughout the thesis on safe space. It is very very important. I am not too sure what to say about it, except that I think it might be a good idea to point the reader in that direction at an early stage. The term 'safe space' is usually used to refer to a therapeutic space for people who are mentally distressed, and that is not what you mean. It seems to be a holding space in which the contradictions and challenges of the curriculum, the culture, your place as a priest, as a foreigner, gets dealt with, a space in which disbelief and preconceived ideas are in suspension, where you can communicate and influence, and where your meanings can be received and replayed by your students in their own unique way.*

*[My reflections on what Dr Lohr has offered caused me to revisit chapter six and clarify that I see my healing and teaching space as being one and the same. I am comfortable with her comments about communication but hesitant over the issue of influence as that could be seen to be a form of colonisation. I am deeply conscious of the fact that I do not want to colonise, rather I want to offer new forms of knowing for examination through experience.]*

On reading Chapter Seven

*This is a very special chapter, which shows just how much you had to swim against the tide. I do think that the politics of the university are much like any other – the bad behaviour is bad human behaviour, not bad Japanese behaviour.... This chapter reminds me that you have been strong enough to withstand abuse from childhood into adulthood. You must not underestimate the abuse you have suffered in Japan.*

*[Dr Lohr's comments did my battered ego the world of good and I fully understood her differentiation between what was culture, what was power and what was just bad human behaviour. I rechecked my writings and believe that I have made clear that I understand these points; however, the lived experience of being abused by an individual in a position of power is one that scarifies the soul. It still continues but now it has been identified clearly as the actions of a certain individual who was censured in a recent academic harassment case brought against this individual by a Japanese colleague. This action removed from me any suspicions I may have had that the individual's actions were a result of my colonising the curriculum. However, this did not do much to change the abusive manner of this individual's actions, but it did bring to the public forefront the realisation that such behaviour can have consequences. It is now fully understood in faculty that this individual and I have issues of incompatibility.]*

(Personal communication 4<sup>th</sup> March 2007)

Dr Mohsen Fatemi , Lecturer in Education, University of British Columbia, Canada

Responding to posting of first draft

*Your thesis opens up new horizons of exploration in areas of self-narrative, inclusionality and the process of critical literacy within the educational field. ... It is inviting exciting and original callings on the reader to further scrutinize the underlying layers of narrative within the context of education. Your thesis is embedded within epistemological and ontological perspectives and draws on the latest scholarship in the field and offers educational implications as you beautifully delineate your involvement and observation in the process of inclusionality. You present remarkable interesting examples and cases which vividly corroborate and substantiate your mindfulness and heartfulness. You let the reader experience the beauty of inclusionality in the meanders of recognitions and allow the audience of your narrative to taste the piquancy of wonder in the mists of the mastery of prescribed educational practices. (Personal communication 8<sup>th</sup> March 2007)*

*[There is little I can say to what Dr Fatemi wrote other than feel embarrassed by his praise but quietly pleased with his enjoyment of the thesis and hopeful that others will find it useful in the future]*

Professor Peter Bontje MSc OTR, Aino University, Faculty of Rehabilitation, Department of Occupational Therapy, Ibaraki-city Japan. Responding to first draft of thesis.

*The breadth of your research is really astounding and redefines knowing in research and educational practice. It is my current understanding that in our postmodern times we are stimulated to choose lenses through which we will view our*

*topic of interest, which even in qualitative research often leads to regrettable reductionism. A standing ovation for you to keep your research firmly rooted in your everyday educational practice and the everyday situations that your I found itself in. The approaches you employed to tackle the various research problems encountered and the thesis that came out of it may (I am inclined to use the word 'should' here) serve as an example to everyone who aspires to make their research relevant to solving problems in the real world ... Chapters 2 to 5 gave me a good sense of the complexities of this research project and the multiple perspectives that shaped and informed the inquiry as it unfolded. Chapters 6 to 7 then informed me of the ins and outs of the development of the healing curriculum. Chapter 7 with its mix of your views, student views, and intricacies of faculty life and how you negotiated all that worked very well for me as it struck a chord with my own experiences. It has a nice dose of suspense; I found it very engaging to read. Chapter 8 then wraps it all up quite nicely.]*

(Personal communication 18th February 2007)

*[Professor Bontje's comments were of great value to me as he is a European working in Japan as a Professor of Occupational Therapy. Over the years he has acted as my sounding board and suffered in my isolation. He has offered me insights as to what was culture, what was human, as has Dr Lohr. What also became clear was that as a full professor he had a very different experience than I did as an assistant professor; this reinforced my understanding of the hierarchical system of education I was working in. In the very dark and lonely times Professor Bontje acted as a critical friend when one was most needed.]*

Dr Sarah E Porter RN PMHNP MPH MS PhD. Associate Professor and Associate Dean Emeritus, School of Nursing, Oregon Health & Science University, Portland, Oregon, USA.

Responding to first draft of thesis

*The most amazing and original thing about your project, I think, is that you developed a healing curriculum in another country/culture far different from your own, received the highest level of official approval, gained access to implement the curriculum within a fairly traditional school of nursing, including commitment of resources, and it has been and is being successful. Your reflections of your experience and why it happened for you that way and how you coped with it and what you learned and how you have changed – it seems to me to be the source of the unique. (Personal communication, 14 March 2007)*

*[Professor Porter was a Nursing professor at St Luke's Hospital, Tokyo, a very prestigious Japanese teaching hospital. She acted as my critical reader and brought her experiences as a foreign professor of nursing to my thesis through her sharp and insightful engagement of the text and her demanding, clear and focused responses to my knowledge claims. Professor Porter's experiences in Japan were very different from my own; as an invited professor she was looked after and did not have to attend faculty meetings and had things translated for her. Again, I was struck by the differences in treatment due to the hierarchical nature of Japanese nursing. Dr Porter was very fair and required of me that I check and recheck my own perceptions and bias.]*



Dr Sue Turale PhD. Professor of International Nursing and Special Advisor to Vice President for International Affairs, Faculty of Health Sciences, Yamaguchi University Graduate School of Medicine. Responding to first draft of thesis.

*My brief comments on Rev Je Kan Adler-Collins' thesis are predicated on my many years as a professional educator, researcher and nurse within Asia and the Pacific, and on my close-hand observations of his journey and commitment to his research and thesis production. I believe that Je Kan's research and writing is unique, and makes a significant contribution to education, nursing, and to action research knowledge, that will be relevant for many years to come. This uniqueness is explicated in his descriptions of discovery and learning that have had significant impact on his practice as educator, nurse, healer and Buddhist priest. In particular he has explored and described hitherto unknown facets of Japanese education in his design, implementation and evaluation of a healing curriculum within a Japanese university, the first of its type in this country. Quite rightly, his thesis expands on the cultural differentness of his position, and his work as a white educator in the Japanese higher education system. He has drawn upon relevant literature to support his thesis and in my view has had great commitment to be true to the objects of his research and work as an educator. His successful implementation of a healing curriculum has challenged the boundaries of thinking in his Japanese university. Importantly he has found that his methods of teaching allowed his students to critically reflect on their practice and thus benefit their education as nurses. I have witnessed his many struggles to write with accurate*

*depiction of his doctoral work, but I believe that ultimately he has succeeded in uncovering his educative influences on his students' learning and makes a solid contribution to our ways of knowing.*

(Personal communication, March 12 2007)

*[Dr Turale's words meant a great deal to me as we spent many hours and weekends reviewing and refining the arguments, checking the facts and references. She was another source of strength during the difficult times I experienced. Again, the hierarchical difference were markedly noticeable. Dr Turale was an invited full professor who did not speak Japanese, had her work translated and did not have to attend faculty meetings in Japanese. She has an assistant and, from her long international experience, negotiated what she would or would not do in terms of working conditions. In contrast I have no say on my working conditions, I am still waiting for a job contract (four years on). I have no assistant, no translator, and have to attend the many faculty and committee meetings in Japanese.]*

The above comments suggest that my narrative is able to convey my values and meanings and, even when engaged with by scholars from different backgrounds and cultures, the essence of my meanings has been communicated. The one account I would like to have had was from a Japanese educator, but unfortunately no Japanese scholar felt they could engage with my thesis as a critical reader.

What started out as a healing curriculum grounded in the concept of “I” has been engaged with, modified and re-formed into the Japanese curriculum of a collective “We”. Where, in terms of direction, this understanding will now go is difficult to assess. However, the first steps have been taken and the theory has been proven in practice. What is needed to move these findings beyond a mere local happening is the vision and courage to pick up the challenges highlighted in this thesis and bring them to a larger arena of consciousness. In the first instance this will require an openness of praxis through the dissolving of boundaries on behalf of Japanese nursing scholars and practice nurses. This, I believe, needs following by political lobbying and ‘educating’ as a planned strategy of increasing the level of professionalism in Japanese nursing. Such a process will require a shift in the balance of theory and the traditional values of nursing away from its dependence on the medical model for its authority of knowing. It will be a challenge for life, one for which Gandhi offers sound advice: “You must be the change you wish to see in the world.” I believe that I have started to be that person.

In one sense the ending of my thesis marks the beginning of my exploration of its implications for my ways of being, enquiring and knowing. So, I am marking both the ending and the beginning with Rayner’s inclusional principle:

“An **Inclusional Principle** and **Logic** thereby emerges. This can be expressed **ecologically** as follows. *Content is contextual: the inhabitant is a dynamic inclusion of the habitat, not an exception from it, as objective rationality would have us make believe. Content simultaneously forms from and gives expression to the receptive spatial pool that it fluid dynamically includes and is included in; the inhabitant transforms the habitat and vice versa as inseparable but distinguishable (discernible) aspects of one in the other.*

*Inclusional flow entails the local-non-local logic of 'somewhere as a dynamic inclusion of everywhere', not solely the local logic of discrete, opposing objects."* (Rayner, 2007)

In coming to understand my inclusional pedagogy of the unique I have included my expression and representation of this pedagogy in the video-clip of my presentation at the 2007 British Educational Research Association on the 6<sup>th</sup> September 2007. This video-clip constitutes Appendix C. It marks my fullest recorded expression of my inclusional pedagogy of the unique, to date. I recognise the value of Rayner's articulation of his inclusional principle in helping me to articulate my own. I experience myself, as I watch the video-tape with my relationally dynamic awareness of space and boundaries. I see myself as an inhabitant who is seeking to transform the habitat and to respond educationally to the habitat as I learn.

I see myself, in Biesta's terms, as exercising my educational responsibility (Biesta, 2006) as I generate my own living educational theory. I agree with Biesta in his belief that we come into the world as unique individuals through the ways in which we respond responsibly to what and who is other. I see that the responsibility of the educator:

"... not only lies in the cultivation of "worldly spaces" in which the encounter with otherness and difference is a real possibility, but that it extends to asking "difficult questions": questions that summon us to respond responsively and responsibly to otherness and difference in our own, unique ways." (p. ix)

As my enquiry into my inclusional ways of being, enquiring and knowing continues I am seeking to develop an inclusional language of educational enquiry. Like Biesta, instead of

seeing learning solely as an attempt to acquire, to master, to internalize, or any other possessive metaphors we can think of (p.27), I also see learning as a reaction to a disturbance, as an attempt to recognize and reintegrate as a result of disintegration. I see what is 'educational' as concerned not only with the transmission of knowledge, skills and values from a given curriculum. I also see what is educational as being concerned with the individuality, subjectivity and personhood of the educational enquirer. As I believe this thesis demonstrates I believe that what is educational shows an individual coming into the world as a unique singular being (p.27) who understands his existence as a form of life that simultaneously forms from and gives expression to the receptive spatial pool that it fluid dynamically includes and is included in (Rayner, 2007, 2004).

In relation to the originality of the thesis I have focused on an analysis of personal inclusion in an ongoing evolutionary process. Through my idea of transitional certainty I have communicate my understanding and appreciation of what individuals in caring and or educational roles can be certain about.