

Chapter Nine

I am a Creative Practitioner - So What!

In this the final chapter of my thesis I will ask myself a question that I ask continually in my practice, “So what?” What I mean by this is what difference is this making? What difference has this inquiry made to my

practice? Am I a better practitioner because of this inquiry and if so can I demonstrate this? My practice has indeed changed but do those changes make any difference to the people I work with? Are we really co-creating an environment where together we can improve not only the quality of our working environment but also the services we provide to people?

I believe that by studying my own practice as I have engaged with others in a inclusional and responsive way has enabled me to show how I have created knowledge in relationship with others. I have now developed an understanding of what values underpin my practice and how my ontology both influences and is influenced by this understanding. By telling the story of myself as part of the self-study process I have been able to communicate the knowledge I have developed “.....*through a better understanding of personal experience.*”(LaBoskey, 2004.) Also what has been important for me is not only to find my own voice in terms of methodology but to also find my own voice and my own words as a way of communicating my knowledge and understanding.

“If we could bring ourselves to accept the fact that no theory about the nature of Man or Society or rationality, or anything else, is going to synthesize Nietzsche with Marx or Heidegger with Habermas, we could begin to think of the relation between writers on autonomy and writers on justice as being like the relation between two kinds of tools – as little in need of synthesis as are paintbrushes and crowbars. One sort of writer lets us realize that the sacred virtues are not the only virtues, that some people have actually succeeded in re-creating themselves. We thereby become aware of our own half-articulate need to become a new person, one whom we as yet lack words to describe. The other sort reminds us of the failure of our institutions and practices to live up to the convictions to which we are already committed by the public, shared vocabulary we use in daily life. The one tells us that we need not speak

only the language of the tribe, that we may find our own words, that we may have a responsibility to ourselves to find them. The other tells us that that responsibility is not the only one we have. Both are right, but there is no way to make them speak a single language.” (Rorty, 1989, pp. 14-16.)

Is finding my own voice enough? Returning to my first question, “What difference has this inquiry made to my practice?” My intention when beginning the process of this inquiry was to engage in a period of a sustained study of my practice in order to improve my practice. In my introduction, chapter 1, I explored and questioned my reasons for doing this and in chapter 2 I reflect on the challenges of finding a suitable methodology. The methodology chosen has been one that has allowed me to engage in a process of reflection-in-process. This reflection-in-process has helped me to understand what it is I do in my practice. Knowing what I do has also meant me coming to know why I do it, coming to know what my embodied values are and in what way they influence my practice. Throughout the period of this inquiry I have been able to identify and communicate that I am driven in my work and in my life by a powerful ontological commitment to a passion for compassion. In chapter 4, Making sense of my past, I was able to link my early experience of illness as having made a significant contribution to this passion.

This inquiry process has also helped me to provide an account of the construction of a living theory of my practice. This living theory has been created by my aspiration to live my values fully in my practice. In order to do this I have had to engage in a process of clarification of my values. By engaging in this process of clarifying my values they have now become living, inclusional and responsive standards by which my practice may be judged and in communicating them to an audience they may be used to hold my practice to account.

My reflection has also been a critical and analytical process, whereby I have been able to see myself as a living contradiction when I have not experienced myself fully living my values in my practice. This lends itself to a restlessness in my practice and a dissatisfaction in my practice and I then engage myself creatively and challenge myself in a way that encourages me to move my inquiry on. My engagement with other writers has been an integral part of this process, allowing me to engage with their ideas in a dialectical process that creates new ideas and learning. John Murrell also talks of restlessness in his address to a National symposium on Arts Education:

“How can a restless, student, or a restless teacher, a restless artist or scientist, a restless enabler or facilitator, be a good thing? Wouldn’t we rather have tranquillity in our own lives, and especially in the personalities of those with whom we work and learn and teach, tranquillity in the atmosphere around us, as often and as consequently as possible?

Maybe. But many times, I think, the price of tranquillity is just too high. Tranquillity is often the name we give to social timidity; worse yet, to moral cowardice. We crave tranquillity instead of effort, tranquillity instead of struggle, tranquillity instead of the twisting, restless thought, spun out for ourselves and for others. Would we really rather make do without the challenging new thought, in order to create an artificial tranquillity – in the classroom, in the home, in the halls of Government? Maybe. But it is a very high price to pay.”(Murrell, 2003, p.68).

This desire for tranquillity is also noticeable and in many cases prevalent within management and management theory. In chapter 5, How complexity theory has influenced my practice, I have shown how I engaged with the writing of complexity theorists in order to further my

exploration of the reality of organisational life, particularly within a change environment. It is as a consequence of understanding my passion for compassion and a desire to live my life creatively that I began to synthesise my understanding of complex organisations and my embodied knowledge of theatre in education and theatre for development into my practice. I believe that I have been able to show that this synthesis has enabled me to be a better practitioner and by being a better practitioner I have been able to influence those I am working with in order to improve services for the people using them. Complexity writers are also beginning to recognise the way in which theatre practitioners can enable the process of organisational change with their experience of ensemble improvisation to encourage spontaneity and emergent communication. Patricia Shaw writes.

“People working with the improvisational arts as a discipline are particularly alive to the paradoxical process of our intentional participation in the immediate process of human relating.” (Shaw, 2002, p. 116).

In chapter 7, ‘Being creative in practice’, I have told the story of how inquiring into my practice enabled me to begin to include my experience and knowledge in the work I am engaged in in organisational development. There are now many practitioners emerging within healthcare improvement who use creativity as part of their methodology. Although I have a lot of respect for these individuals as creative practitioners I also disagree with those who engage in a creative process for no other purpose other than to engage in a creative act. I can not do this in my practice, alongside my passion for compassion comes an accountability for what I do. This means that again I am asking “So what?”, I have no objection to practitioners using creative processes just for the experience itself but ***I*** need to know that when using a creative

process with the people I am working with, that this activity demands that we challenge what we do and why we do it and find ways to understand and improve our practice. Working in this way has not been and probably never will be without discomfort.

In chapter 8, 'Using the performing Arts to Encourage Emergence', I have told the story of how extending my use of creativity to include theatre has been a challenging process. I work with healthcare professionals in a health service that traditionally works in silos and can often hide behind its professional boundaries. I have had to take creative risks in my work and hold my practice up for scrutiny often to an audience that can be highly sceptical. This leads to paradox, the paradox of facing and challenging my own discomfort and by doing so encouraging others to challenge theirs. Jon Murrell suggests that this feeling of discomfort can often be a sign that, rather than giving in to your discomfort you should be exploring your places of discomfort even further:

“Whenever and wherever those with whom I must work seem most disruptive and aggravating – most prone to restlessness, dissatisfaction, secretiveness and stubbornness – I will take this as a good sign – as a sign of kinship – as a sign that they are headed for the same difficult but indispensable destination to which I have pledged myself. I will trust that the ‘why’ on which we have consensus, unites our seemingly disparate ‘wheres’ and ‘whos’ and ‘whens’, not to mention the ever-puzzling ‘hows’ (Murrell, 2003, p. 68).

These risks, I believe have been worth taking as I now know how creativity and theatre can have a positive impact on how we deliver health care, not only in this country but also at a global level.

I believe that in my practice I can now be fully responsive to the people I am working with. This however does not mean that I do not still face challenges in what I do. Working in this way still often places me in situations of conflict as I continue with the struggle of engaging senior individuals and policy makers. This becomes a struggle as we are driven by a political agenda that too often concerns itself with quick fits for winning votes. Within this agenda it is all too easy to fall into a pattern of prescription and imposition that is often inappropriate to the needs of the people working in healthcare organisations and those using the services. Working in this arena also means that I often work with people who are ill and vulnerable and face enormous tragedy in their lives. What I have learnt though is that despite this, we can still maintain hope for humanity and for our future.

My voice is that of a storyteller, storytelling is my craft and I have developed this craft as part of my self-study process in a multiplicity of ways. One way is to use this skill to share my understanding of my knowledge as a practitioner hence the writing of my thesis in narrative form. I have also communicated through the story of my learning how this process is a continual process of inquiry, my story will continue, there is no final statement of success. Rorty also shares this view:

“In my liberal utopia, this replacement would receive a kind of recognition which it still lacks. That recognition would be part of a general turn against theory and toward narrative. Such a turn would be emblematic of our having given up the attempt to hold all the sides of our life in a single vision, to describe them with a single vocabulary. It would amount to a recognition of what, in chapter 1, I call the ‘contingency of language’ – the fact that there is no way to step outside the various vocabularies we have employed and find a metavocabulary which somehow takes account of all possible vocabularies, all possible

ways of judging and feeling. A historicist and nominalist culture of the sort I envisage would settle instead for narratives which connect the present with the past, on the one hand, and with utopian futures, on the other. More important, it would regard the realization of utopias, and the envisaging of still further utopias, as an endless process – an endless, proliferating realization of freedom, rather than a convergence toward an already existing truth.” (Rorty, 1989, p.14-16.)

To return at this moment to the title of this thesis, My never ending story, is I believe appropriate at this point. This process of transformation both of my own practice and with a hope that my practice may have the potential to influence the practice of others, is never ending. I believe that I have been able to demonstrate the need to move away from the impositional to a process that is more inclusional. I also believe that the creative process is not only a way in which we can do this but also a way in which we can communicate this to others.

This intense period of inquiry and reflection has also had a significant influence on my confidence as a practitioner. My role within the National Institute for Mental Health in England has recently been extended. In April 2005 I was appointed as the national lead for a project aimed at improving the physical health of people with mental health difficulties, requiring a much more holistic approach to well-being. The most significant issue for me here is that this project would have been traditionally led in a top down, prescriptive and probably impositional way. I have been able to argue, on the strength of my reflection on my practice, for an opportunity to take a much more inclusional and responsive approach right from the start. This gives me an opportunity to try to ensure that activity is locally owned and supported and change can then be managed by those who are directly involved as service users. I am committed to the process of enabling others to develop their own theories

of inclusional and responsive practice. Service users and carers will guide the process of improvement in partnership with those who they identify from their local communities. This is a real change to the way that we have been engaging service users and carers in the past. This means that service users and carers can become practitioners and leaders in service improvement. Working at a local level, with a strong emphasis on reflection, local knowledge development and the creation of local communities of practice (Wenger, McDermott and Snyder. 2002) they will then have the potential to influence policy. It is also intended that local learning will be shared and supported through an interactive web site. www.shift.org.uk More information about this piece of work can be found on the physical health pages of the shift website.

I believe that through this living theory action research and the writing of this thesis I have been able to communicate how I have encouraged people to work creatively and critically in order to improve both the quality of care that we provide and the well-being of the system. This account of my emergent practice has been able to demonstrate how my ontological commitment to a passion for compassion is now a living epistemological standard of judgement by which my inclusional and responsive practice may be held to account.

“Doing is the best way of saying”.

(Jose Marti. Poet)