REALISING AUTHENTIC OCCUPATIONAL THERAPY THROUGH PROFESSIONAL ARTISTRY: UNCOVERING THE NATURE AND CONTEXT OF PRACTICE FOR PERSONS LIVING WITH DEMENTIA

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A thesis submitted in partial fulfilment of the requirements for the degree of Doctor of Philosophy

QUEEN MARGARET UNIVERSITY

2018

Abstract

Background: All occupational therapists in the UK are expected to engage in and develop evidence-based, person-centred practice in order to provide therapy that facilitates well-being through occupation. There has been recognition in occupational therapy literature that differences often exist between the values the underpin research evidence and occupational therapists' professional values, and that practice culture and context influence the way research evidence is used in practice. However, current research into practice with persons living with dementia suggests that the contextual influences on practice have not been adequately considered. This has resulted in research and practice examples that reflect a compliance-orientated model of evidence-based practice. In such examples research guidelines and protocols are applied directly to practice, despite recognition that consideration of contextual factors and other forms of evidence enable creative practice that is meaningful for both persons living with dementia and occupational therapists. This study set out to explore the components of context that facilitate evidence-based practice congruent with professional values, and the values of the person living with dementia, as well as the nature of such practice.

Approach and methods: This research is underpinned by a theory of critical creativity, which facilitates understanding, and guides deconstruction, of context through use of creative expression, imagination, and ancient wisdom and traditions. Creativity acts as a vehicle to transform embodied knowledge about the nature of practice to language, through reflection. It also enables blending of worldviews for the purpose of developing research praxis. A critical creativity methodology facilitated exploration of context and foregrounding of the issues that were influencing occupational therapists' practice. Observation, critical creative reflection, and critical creative dialogue were layered to develop an understanding of the interplay between context and practitioners' values and action, and the nature of their actions in practice.

Findings: The findings of the exploration of practice context revealed that occupational therapists appeared to feel fear and anxiety about exploring and sharing their practice as a consequence of conflicting understandings about the way research evidence should be used in practice. Occupational therapists' engagement in evidence-based practice and intervention 'roll-out', which are underpinned by learning that is often removed from practice context, resulted in practice that was often compliance-orientated and devoid of critical reflection. These contextual influences limited occupational therapists' ability and opportunity to embody person-centred values that they hold, namely to make autonomous decisions about their practice with person(s) living with dementia and their families. Additionally, their engagement in developing professional artistry and creative practice was hindered, and their energy for practice development depleted.

Conclusions and implications: Occupational therapists require contexts that are conducive to human flourishing to facilitate exploration, dialogue and development of creative, reflective practice. Such contexts consist of psychologically safe spaces, facilitative leadership, and researchers and practice developers that support all ways of knowing, being and doing in practice, to encourage contextually appropriate learning and practice enquiry. Facilitation of practice development in such contexts should be done in collaboration with practitioners. In such contexts, the contextual relevance of practice policies and guidelines that are heavily informed by technical-rational research evidence should be closely and critically considered. Development of such contexts and developmental approaches could result in authentic practice, in which occupational therapists can embody their values and blend research evidence with other ways of knowing, being and doing, and realise their professional identity.

Keywords: occupational therapy, dementia, professional artistry, critical creativity, authentic, context, person-centred, compliance.

Acknowledgements

This thesis is the culmination of a three year long learning journey. Many people have walked this journey with me, offering unique perspectives and contributions, kindness, care and support. Without them, this research would not have been possible, nor would the experience have been as meaningful, profound or wonderful.

I would like to acknowledge Alzheimer Scotland for establishing this research project, and for their financial support for it. I hope that this research is even a small part of a step towards your vision for healthcare for persons with dementia.

There were a number of occupational therapists who kindly shared their practice with me despite challenges that we encountered in the research and practice context. This is where I have experienced my deepest learning moments and I am so grateful for their openness and patience. I truly hope that this research generates opportunities and spaces for you to freely explore and develop your practice. I am equally grateful to the families who welcomed me to their homes to observe their therapy sessions. Thank you to all of the people that participated in the later stages of this research, who challenged my perspective and also added depth and diversity to this study.

There are a number of people within the Division of Occupational Therapy and Arts Therapies at Queen Margaret University who recognised and nurtured my interest in research. I thank them for their encouragement and continued support. In particular, I would like to acknowledge Shona Henderson, Elaine Ballantyne and Catriona Dillingham who facilitated the beginning of my learning about research in occupational therapy, as well as my becoming an occupational therapist.

I feel very privileged to have had a supervision team that I felt safe with, cared for and inspired by. Each of my supervisors brought a uniqueness to my supervision that I deeply appreciate. I met Dr. Duncan Pentland when I was doing my masters at Queen Margaret University and was encouraged by him to pursue this research. Your care towards me and passion for this work, as well as your talent for putting words to my chaotic and more

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Chapter 1: Introduction

Introduction

In this chapter I present the background to this research and its origins in national strategic objectives for allied health professionals' practice with persons living with dementia. These objectives are reviewed briefly in relation to the context of evidence-based practice in occupational therapy, and the challenges that occupational therapists appear have encountered with development of practice that is both evidence-based, person-centred practice.

An understanding of national and local practice contexts has emerged from reflection on personal and professional experiences as a student and a graduate of occupational therapy. These experiences have also formed many of the motivations for undertaking this research. They will be presented in this chapter for the purpose of expressing my values and beliefs, which are the basis of my prejudices in this research. Prejudices are understood to be the biases that we hold in relation to the situation that we are trying to understand (Gadamer 1975). Reflection on, and expression of, these values and beliefs is the process through which moral decisions were made in this research (Titchen et al. 2017) and is also a key attribute of a person-centred researcher and practitioner (McCormack and McCance 2017).

The interplay between strategic objectives, the context of evidence-based practice in occupational therapy, and my own experiences and understanding of occupational therapy practice explored in this chapter, presents a starting point for this study. An overview of the research process undertaken to develop an understanding of the research and practice context in occupational therapy and the implications that it has for the development of the profession, and the therapy in which persons living with dementia engage are presented here.

Study Background

The first National Dementia Strategy (Scottish Government 2010) for Scotland recommended a personalised and integrated approach to health and social care that supported persons living with dementia to live well at home. The strategy identified key service delivery areas in which change was required, one of which was post-diagnostic support. Information provision and therapeutic treatments were both identified as requiring improvement in post-diagnostic support. The actions identified to support these changes that relate to this study included: improving health and social care staff skills and knowledge through development of training opportunities and continuous professional development structures; use of therapeutic approaches to manage behavioural symptoms of dementia; and supporting research related to the delivery of these approaches to care.

A strategic model of support, the 8 Pillars Model of Community Support (Alzheimer Scotland 2012), was developed in collaboration with the Scottish Government in response to the recommendations of the first dementia strategy (Scottish Government 2010) in order to support proposed changes. At this time, a number of therapeutic approaches to care and interventions were identified as having research evidence to support their application in practice. There was an identified need for therapeutic practice that is person-centred, and these approaches and interventions were considered person-centred by virtue of the fact that they facilitated adaptation of therapy to the capabilities and interests of the person(s) living with dementia. Allied health professionals (AHPs) were encouraged to apply these approaches and interventions in their practice for the purpose of delaying functional and cognitive deterioration, enhancing coping, maximising independence and improving quality of life for persons living with dementia and their families (Alzheimer Scotland 2012). The proposed use of such therapeutic approaches and interventions aligned with the recommendations made in the National Dementia Strategies (Scottish Government 2010; Scottish Government 2013).

AHPs were believed to be well placed to contribute to the kind of community support outlined in the 8 Pillars Model of Community Support (Alzheimer Scotland 2012). However, a need had been identified to develop the evidence-base and generate a

summary of their contributions to support (Scottish Government 2013). Occupational therapists were identified as one of the AHPs that could contribute to achieving the objective of offering evidence-based therapeutic approaches and interventions (Alzheimer Scotland 2012). This PhD study into occupational therapists' approaches to practice and care, was proposed for the purpose of enhancing the evidence-base related to their practice and establishing the value of their practice. This proposed evaluation study was part of a commitment to "produce an evidence based policy document outlining the contributions of AHPs to ensuring implementation of the 8-pillar model" (Scottish Government 2013, p. 10), thus demonstrating the value of evidence-based therapeutic approaches to care outlined in national strategies.

Evidence-based practice in occupational therapy

The Royal College of Occupational Therapists' (RCOT) code of professional conduct and ethics (RCOT 2015) requires occupational therapists practicing in the United Kingdom to use and develop the profession's evidence base where appropriate. This is reinforced by the Health and Care Professions Council (HCPC) (2013), the regulatory body for AHPs in the UK. These codes and standards require that all occupational therapists engage in evidence-based practice, to understand and use research in their practice where appropriate, incorporate evidence-based outcome measures in their practice and evaluate the effectiveness and efficiency of their services. These requirements align with the strategic objectives for practice with persons living with dementia outlined above.

The term evidence-based practice evolved from evidence-based medicine, which is understood to be "the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients" (Sackett et al. 1996, p. 71). The meaning associated with the term did not change explicitly when it evolved to evidence-based *practice*. However, the complexity of developing evidence-based practice was often unacknowledged and unexplored (Kitson et al. 1998). Over time, it became an expectation that every occupational therapist understood and could apply research evidence in their practice (Wilcock 2002). Despite this recent professional and strategic expectation that occupational therapists engage in evidence-based practice, there have

been widespread challenges and concerns related to the meaning and development of evidence-based practice in occupational therapy (Taylor 2007; Wilcock 2002).

A significant challenge of realising evidence-based practice in occupational therapy was recognised by Reagon et al. (2008). This challenge related to conceptualisations of evidence-based practice used amongst occupational therapists, which appeared to encourage prescriptive approaches to practice. It was suggested that these conceptualisations were at odds with the client-centred[1] nature of occupational therapy (Reagon et al. 2008). Such approaches appear not to be informed by Sackett's early understanding of evidence-based practice as a *conscientious* and *judicious* use of research evidence (Sackett 1996). Similarly, Taylor (2007) identified this challenge and suggested that a philosophy of 'doing things right' is inherent in such conceptualisations of evidence-based practice, and that this can conflict with occupational therapists' own personal and professional philosophy, which are formed through the values (what they believe should be done) and beliefs (what they believe is true) that develop through their own experience of life and professional practice (McCormack and McCance 2017; Sumsion 1997; Taylor 2007). Thus, the challenge relates both to occupational therapists' understanding of evidence-based practice and the way they use evidence in practice such that it aligns with their professional philosophy.

Dougherty et al. (2016) suggested that literature related to evidence-based practice in healthcare in general places greater emphasis on research findings and suggests that best practice is practice that is informed by evidence derived from rigorous research methodologies. This perspective of evidence-based practice offers a potential explanation for prescriptive approaches to practice discussed, as application of research in practice is understood to facilitate realisation of evidence-based practice (Dougherty et al. 2016). This observation reflects a dominant conceptualisation of evidence-based practice as successful implementation, use or translation of research evidence into practice *despite* client values, practitioners experience and expertise, and practice context, which Greenhalgh and Howick (2014) argue was never the intention of the

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[1] Client-centred was referred to as practice that places the client at the centre of decision-making (Hammell 2001).

evidence-based practice movement. Nevertheless, this perspective is evident in occupational therapy literature. Although Dougherty et al. (2016), and others (Bannigan 2007; Gustafsson et al. 2014), have recognised that conceptualisations of evidence-based practice that privilege research evidence are unhelpful and unfitting in occupational therapy practice, alternative critical perspectives are scarce in occupational therapy literature.

Literature related to evidence-based occupational therapy demonstrates underpinning principles that do not reflect broader conceptualisations of evidence-based practice. For instance, in a study designed to explore occupational therapists' views about their development of, and involvement in, evidence-based practice in the United Kingdom, Hu et al. (2012) noted that the purpose of evidence-based practice is to "use evidence to guide the decision-making and intervention planning processes rather than having opinion-based decisions that originated from values and resources." (p. 618). Additionally, a number of articles identify the purpose of research into, and development of, evidence-based practice, as realisation of political priorities and practice standards (Hitch et al. 2016; Lavin 2018; Nichols 2017), as well as improving the credibility of the profession (Stein and Hwang 2014). These examples and underpinning principles of evidence-based practice reflect an approach to practice in which the process (in occupational therapy, the assessment done and the occupation recommended) has become more important that the outcome (the health, well-being and existence of the person living with dementia) (Greenhalgh and Howick 2014). These principles may, in turn, influence the way that occupational therapists use evidence in their practice prescriptively and are likely to cause uncertainty over the purpose of practice, and the extent to which person-centred[2] practice is realised.

The research literature related to evidence-based occupational therapy for persons living with dementia who live in the community indicates a focus on prescriptive approaches to evidence-based practice. Internationally, a number of evidence-based practice

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[2] The term person-centred is used here to maintain consistency with the strategic agenda that guided this research. However, the principles of client-centred practice that are identified in this chapter are also recognised and reflected in the theoretical principles of person-centred practice that inform this research (McCormack and McCance 2017). Namely, the principle of working with a client's values and beliefs to guide practice underpins and informs both theories.

interventions have been identified, including Community Occupational Therapy in Dementia (COTID) (UK) (Wenborn et al. 2016), the Community Occupational Therapy Programme (Germany) (Voigt-Radloff et al. 2009), Community Occupational Therapy Programme (Netherlands) (Graff et al. 2006a) and the Tailored Activity Program (United States) (Gitlin et al. 2008). Exploratory research has been done to support a move towards implementation of the intervention based on the preferences and needs of people living with dementia in particular in the UK (Hynes et al. 2016). However, this research has resulted in proposals to adapt the form of the intervention (the frequency of delivery, the number of therapy interactions, the content of the intervention), so that the occupational therapists' fidelity to the intervention process (Burgess et al. 2017) can be achieved. Hynes et al. (2016) noted that the aim of these aforementioned research processes and support for fidelity to an intervention process is to maximise its suitability and usefulness in the UK context before proceeding to a pilot [study of the intervention] and then to a randomised controlled trial" (p. 763). This indicates an assumption that scientific research, particularly a randomised controlled trial, is 'the gold standard' of research, and that occupational therapists should apply this process derived from this research in their practice. Efforts to question or explore the function or the ultimate purpose of using processes derived from such research evidence in practice, or the congruence of the intervention process with the occupational therapist's philosophy, are not evident, thus reinforcing a prescriptive approach to evidence-based practice.

Despite attention being paid to fidelity to intervention process and adaptation of the form of practice interventions, it appears that occupational therapists in the UK who are involved in the delivery of such interventions have questioned how well they fit with their professional philosophy. For instance, in a study that aimed to explore the barriers and enablers of engagement in a research process to implement an intervention (di Bona et al. 2017), occupational therapists "expressed inconsistent, differing opinions on the intervention aim and design; for example, whether or not it had the right amount of structure, was the right length or was person-centred enough" (di Bona et al. 2017, p. 646). This appears to reflect the belief that flexibility of form (the components of the intervention that are included in the process to effect change) is required in order to facilitate person-centred practice. Moreover, it also indicated that occupational therapists were uncertain about the aim or purpose of the intervention despite the explicit focus in

research evidence on effectiveness in relation to occupational performance and engagement, behavioural and psychological symptoms of dementia, caregiver burden, and quality of life in the research guidelines. These examples offer an outline of the focus on compliance with research evidence protocol or guideline in practice, and the potential incongruity between research derived processes and practice philosophy (purpose) that can emerge from such approaches.

Hawe et al. (2009) critique the prescriptive approaches to change that are reflected in population-level intervention projects, which are underpinned by the same principles as those described in occupational therapy for persons living with dementia. They hold that a focus on fidelity to a standardised intervention form adopts a conventional approach to intervention implementation, and research, which implies that the complexity of practice lies in the intervention rather than in the context of the expected change. A conventional perspective makes evaluation of expected outcomes more straightforward as the researcher can ensure that each person receives the same intervention, in the same form, as in the aforementioned intervention research (Gitlin et al. 2008; Graff et al. 2007; Voigt-Radloff et al. 2009; Wenborn et al. 2016). Conversely, Hawe et al. (2009) suggest that a dynamic perspective of intervention, in which the complexity of practice is understood to lie within the context of the practice, the sequence or process in which change occurs through therapy may remain the same but the form (the components of, and approaches taken in, each stage of the process) of these events of change may be different for each instance of intervention implementation. This means that intervention can maintain the same function or purpose (whatever occupation related change is being effected) but can be realised in a way that is contextually relevant. This perspective could support movement beyond dialogue about the components of the intervention and barriers to improving fidelity to research protocol, and towards a focus on the purpose of the use of occupational therapy research guidelines as a component of practice *alongside* the preferences, values and beliefs of the person living with dementia.

Whilst the perspective that Hawe et al. (2009) offer encourages consideration of the purpose of occupational therapy interventions for persons living with dementia, it also indicates that consideration of context within the process of implementing research-based interventions is vital. They suggest that principles of case study research (Yin

1979) are useful in observing the ways in which an intervention becomes part of the practice context and the extent of its implementation in particular practice contexts. Additionally, Hawe et al. (2009) propose that evaluation of the "pre-intervention context" is a necessary practice in identifying and ensuring sustainable, positive outcomes of intervention implementation. However, Hawe et al. (2009) do not expand their discussion to consideration of the fittingness of the practice context, philosophy and proposed intervention purpose or function. Therefore, although the dynamic systems perspective of intervention is useful in moving conceptualisations of evidence-based practice beyond implementation of a particular form of intervention process (derived from a research guideline), exploration of practice philosophy and purpose, through exploration of context, requires much more attention.

Practice and organisational culture has recently been found to influence occupational therapists' ability to develop evidence-based practice (Bennett et al. 2016). This finding has been related to even broader perspectives on evidence-based practice that explicitly consider the influence of practice culture on its development and realisation (Kitson et al. 1998; McCormack et al. 2002; Rycroft-Malone et al. 2004). Culture in this sense refers to something that an organisation is, a paradigm or a way of thinking about something, such as evidence-based practice. These perspectives also suggest that knowledge from local context is necessary in understanding the complexities of the use of evidence in practice. Context is understood here (Kitson et al. 1998; Pentland et al. 2018) as the combination of physical and social environments that influence practice as it takes place. The essence of context in healthcare is formed through the interplay between three components of context- culture, leadership and evaluation. This interplay determines the success of projects for change, such as that of the strategic focus on development of evidence-based practice for the well-being of persons living with dementia (Alzheimer Scotland 2012). In addition to understanding development of practice context as vital in developing evidence-based practice that is person-centred, this perspective also considers evidence to be comprised of knowledge from clinical expertise and client preference, *as well as* knowledge derived from research (Kitson et al. 1998). The effective combination of the different forms of evidence, within a supportive context, is understood to support practice that is person-centred, as well as evidence-based. Overall, broader conceptualisations of evidence-based practice suggest that using research evidence to facilitate change in

practice should be combined with other forms of knowledge and evidence, and should be considered in relation to the context, and particularly the culture, in which the change to practice is being made.

Given that there have been references made to broader, more flexible and dynamic, ideas about evidence-based practice both within the profession of occupational therapy and in healthcare more generally, it follows that different approaches to the development of evidence-based practice are needed. In occupational therapy in general, there appears to be a movement towards training courses (Brangan et al. 2015; Myers and Lotz 2017; Nichols 2017) and journal clubs, which are intended to support understanding and use of research evidence in practice (Lavin 2018; Stern 2008). In addition to these approaches, there is literature that reiterates the idea that evidence-based practice can be supported through academic and practice partnerships that offer training for evidence-based practice (Burke and Gitlin 2012; Forsyth et al. 2005), which imply that academic intervention is required to support the use of research knowledge in practice. More specifically, the focus on implementation or translation of research knowledge to practice in occupational therapy for persons living with dementia, also implies that objective, scientific and research-based knowledge is prioritised in practice. Overall, it appears from literature that the understanding of evidence-based practice as a concept is broadening but movement towards understanding of evidence-based practice as a contextually dependent endeavour has not been widespread or apparent in development efforts *in practice*. Thus, only some ideas about the importance of context are acknowledged in occupational therapy literature and conflicting ideas about its development remain.

A suggestion has been made that the language of implementation and knowledge translation may be unhelpful for development of evidence-based practice as the terms carry meanings, definitions and assumptions that are derived from social norms, values and professional expectations within a context (Greenhalgh and Wieringa 2011). Greenhalgh and Wieringa (2011) suggest that there are three assumptions attatched to the 'knowledge translation metaphor' which are unhelpful in supporting understanding of evidence-based practice as anything but the use of scientific research knowledge in practice. They hold that the term knowledge is often assumed to mean scientific, objective, impersonal and explicit knowledge, which conflicts with the idea that evidence

includes other forms of knowledge (Kitson et al. 1998). Secondly, they believe that the term suggests that there is a 'know-do' gap, in which knowledge and practice are separate, reinforcing the idea that one form of knowledge (propositional or explicit research knowledge) is more valuable than another and that there is a gap between theory and practice that needs to be bridged. Finally, they believe that the term assumes that all decisions that are made in practice are scientifically-based and rational when professional judgement (Kitson et al. 2008), which involves decision-making using professional craft knowledge (Titchen 2000), clinical expertise and personal preference, is also considered a form of knowledge. This kind of knowledge is understood to also include practical, experiential, aesthetic, embodied, ethical and moral ways of knowing that go beyond propositional or explicit knowledge (Titchen and Errser 2001). In the case of occupational therapy practice research for persons living with dementia, these assumptions are evident in the prescriptive approaches to 'intervention' in research, which are derived from propositional knowledge.

The idea that a theory-practice or knowledge-practice gap exists, that needs to be bridged through partnership between academic researchers and practitioners, implies a dominant professional belief that theory, derived from research, is indisputable and should be the truth or 'right' way of thinking about practice. Horsfall et al. (2001) dispute this assumption, proposing that it emerges from a scientific discourse in education *and* practice that furthers the prioritisation of reason and mind over intuition and body in practice, and the separation of 'valuable knowledge' from the practitioner. They further propose that such an assumption makes theory and practice *seem* different, when theory and knowledge is inextricably connected with the actions that healthcare professionals take. In the existing literature about evidence-based practice in occupational therapy for persons living with dementia a practice of applying, and complying with, a particular form of research knowledge (scientific/technical) is evident and appears to be enduring despite acknowledgement of challenges with professional philosophy and person-centred practice. Horsfall et al. (2001) propose that these kinds of relationships with knowledge are examples of social practices that are maintained by the power of dominant social discourses, which in this case is a discourse that privileges scientific practice.

Moving beyond the theory-practice divide evident in current patterns of evidence-based practice in occupational therapy, and beyond the assumptions inherent in the implementation and 'knowledge translation' metaphor, requires a different perspective about the way theory and knowledge is used in practice. Fish and Coles (1998) suggest that a professional artistry perspective of theory is a more appropriate and fitting way to understand evidence-based practice as it challenges the technical-rational view that theory that is 'worked-out' by a researcher should be learned and applied in practice. Instead, they hold a professional artistry perspective, which implies that theory emerges from practice. From this view, practice is refined, changed and/or developed not by implementing particularly 'robust' theories and research guidelines in practice, but by reflecting on and unearthing the various kinds of knowledge, ways of knowing, being and doing that practitioners use or embody for the purpose of achieving a morally worthwhile end (Fish and Coles 1998). This understanding of the use of theory in practice aligns with the definition of evidence that Kitson et al. (2008) offer, in which clinical expertise, client preference and research knowledge are all of value when blended and embedded in practice through professional craft knowledge and professional artistry processes (Titchen 2000). Aristotle called this kind of practice, which is action guided by the realisation of a morally worthwhile good, *praxis.* Realising praxis, or the moral end of practice, appears to be an issue for occupational therapists who engage in evidence-based practice informed by a technical-rational or compliance-orientated perspective in that they do not have an opportunity to question the function or purpose of the intervention process. Thus, facilitating evaluation of evidence-based practice that considers context, and moves beyond the theory-practice divide, requires exploration of occupational therapists' actions in practice. This kind of research is known as practice enquiry and has been encouraged by many researchers both within and beyond the profession of occupational therapy (Fish and Coles 1998; Greenhalgh and Wieringa 2011; Higgs and Titchen 2001; Reagon et al. 2008).

If connection and synergy between evidence-based and person-centred practice is to be realised, there is a need for movement beyond research that focuses on demonstrating effectiveness of particular forms of practice (interventions) and towards practice-based enquiry. A practice development approach which aims to facilitate movement beyond projects that focus on achieving implementation of a particular change (like

implementation of research evidence in practice) and towards understanding and development of practice culture are understood to be of value for this purpose (Sanders et al. 2013). Principles from practice development can support practitioners to question and explore their own practice (practice enquiry) and to generate impetus for change in practice (from prescriptive practice to flexible practice) that comes from *within* the practice context (Manley et al. 2013). Knowing values and beliefs is considered one of the initial elements of developing practice that is both effective and person-centred. Manley et al. (2013) propose that enabling practitioners to unearth or surface the values, beliefs and assumptions they hold in relation to person-centred practice can facilitate identification of the ultimate purpose of practice, or function of specific evidence-based approaches to practice. This approach to practice enquiry is congruent with the idea that Hawe et al. (2009) present, that the function or purpose of a practice must be identified through exploration of context, which includes understanding of values and beliefs, in order for both evidence-based and person-centred practice to be embodied. Additionally, the principle of developing understanding of practice from *within* a practice context can facilitate identification of the way that practitioners actually embody evidence-based practice. This can offer an understanding of practice culture, which may be different from the way that evidence-based practice is currently conceptualised in occupational therapy literature.

The challenges of doing evidence-based practice, and the tension between the application of research evidence, practitioners' expertise and client's values and beliefs, suggest that a focus on the culture within the context of occupational therapy is necessary. This perspective does not seem to have been explored in detail in occupational therapy by researchers or practitioners who write about evidence-based practice for persons living with dementia. Despite the apparent awareness that there are challenges that have influenced occupational therapists' ability to be evidence-based in practice, much of the writing and research on evidence-based practice in occupational therapy remains concerned with the critical appraisal and compliance-orientated application of research evidence in practice, and conceptualises evidence-based practice as application or transfer of research knowledge to practice (Dirette 2016; Hitch 2016). A practice evaluation that contends with such challenges with evidence-based practice, and

is orientated towards developing practice that is evidence-based *and* person-centred is essential in this practice context.

Experience of education and occupational therapy practice

As mentioned in the introduction to this chapter, my motivation to explore and understand research and evidence-based practice in occupational therapy emerged from my own experiences of occupational therapy practice. Moreover, my memories and feelings about educational experiences have shaped the approach that I have taken to understanding this practice. These moments and experiences in my life are shared here for the purpose of transparency and authenticity, as well as to establish a critical creative approach (McCormack and Titchen 2006) to the exploration of evidence-based, person-centred practice[3].

I began my third-level education doing an undergraduate degree in sociology and social policy in Ireland which, to my surprise, I excelled in and was fascinated by. I was particularly interested in the assumptions and values underpinning social policy and a social justice perspective. However, I was discouraged from pursuing a career in social work on the basis that it is a confronting career with more time spent adhering to regulation and avoidance of blame than on care. I decided to become an occupational therapist in view of my interest in creativity and a tendency to see the good, and potential, of persons and situations.

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[3] Critical creativity (McCormack and Titchen 2006) is based on the premise that healthcare practice that is evidence-based and person-centred is developed through use of propositional knowledge that is particularised to the person and situation through creativity that enable engagement with different ways of knowing, being and doing. Thus frameworks that systematically incorporate creativity into practice exploration and development are required. Critical creativity is an approach to practice, research and facilitation that is understood to enable learning and critical consciousness about practice, and its particularities, through the mediation of science with introspection and reflection that is underpinned by creativity. Thus, a critical creative approach to understanding the context of evidence-based, person-centred practice in occupational therapy was taken in this research.

My education in occupational therapy was my first opportunity as a learner to ask questions and I quickly discovered I was considered a 'reflective learner'. I placed a lot of value on reflection in my occupational therapy practice but this was relatively confined to the taught, theoretical component of the programme and even so, the extent to which I used and understood the value of my reflections was limited. My experience of occupational therapy practice as a student reflected challenges I experienced with the practice context that I did not fully understand. The following experience is one that stands out for me that I believe portrays the essence of these contextual challenges.

I was a student for four months on a locked hospital ward for persons who experience functional mental health issues. During this time I met a man who had recently been admitted to the ward and was diagnosed with dementia almost immediately. Although he was not considered an appropriate candidate for a functional mental health ward as dementia was considered an organic mental health illness, he remained there for the whole four months as there was no space on another ward and he was not deemed well enough to return home alone.

I was offered relative freedom as a student to spend time on the ward observing daily practices, when it was quiet. I often wandered around the ward to see if I could do anything. Usually it was very quiet, often with no staff to be found aside from the one or two hours of the week during which activity sessions happened. These sessions usually consisted of creative activities such as painting or card making. They were run with an occupational therapy assistant, occupational therapist and myself in attendance. During the activity sessions an occupational therapist would spend time doing standardised assessments on the persons they were working with, which included lists of activities they were interested in (activity checklists). I often did the same thing and sometimes tried to make conversation with the persons that attended the sessions. I do not remember seeing or using these assessments again after the sessions and questioned the meaning that this weekly session had for every person we worked with.

Aside from the activity sessions during which we assessed him, I noticed that this man was usually sitting in the activity room, which had a television. He was always alone and was either unoccupied or looking at VCR tapes when I wandered around. The first time I noticed this I tried to have a conversation with him about what he was doing. He was unable to tell me but he seemed happy for me to sit with him. This happened frequently and, although I was able to have a short conversation with him every so often, I was uncertain about what to do for or with him. I did not have the skills to communicate effectively with him. I felt sad about being unable to care for him and did not know where or how to start learning

despite believing that spending time getting to know him, and working with him, would have changed his experience of healthcare. He was still on the ward waiting to be moved to a care home four months later when I left.

During this time a practice educator offered me feedback on my performance as an occupational therapy student. I usually felt unable to articulate or share the challenges, my concerns and questions about these kinds of situations with occupational therapy educators. Despite my silence and fear of sharing this I was told that I was considered overly confident in my beliefs about what is right and should be done in practice. I was encouraged to accept that 'this is the way we do it' and that there is a good reason for it. I left this placement feeling unsupported, unconfident and unsure about the purpose of occupational therapy.

The culture I was experiencing during this time was one that, I believe, was preoccupied with compliance with technical process and preservation of the norm, or of traditional social practices, which came at the expense of care and compassion for the persons we were working with. There was an obvious emphasis here on the research and scientific element of practice. For instance, using the Model of Human Occupation Screening Tool (Parkinson 2006) to assess a person's occupational performance during an activity that they do not do usually do at home for the purpose demonstrating effectiveness of therapy when the assessment is repeated. This resulted in practice that did not value or support development of understanding of the philosophy of the occupational therapist and of the person(s) they work with.

Not all of my experiences were like this and I met many occupational therapists that were very kind and caring. I now understand that many were skilled and competent in the artistry of practice but did not know how to, or perhaps have time to, articulate their expertise due to the often undivided attention paid to compliance with targets and achievement of goals in practice. However, enough of my experiences were so uncomfortable and challenging that I was confused and uncertain about becoming an occupational therapy practitioner. My experiences did not match my understanding of what occupational therapy is and what I believed was possible if we paid attention to the purpose of the practice.

I had just completed my post-graduate diploma in occupational therapy and was in the process of finishing a masters in occupational therapy when this doctoral research opportunity with Alzheimer Scotland and Queen Margaret University emerged. I was encouraged to consider this project as a development from my masters. I did not have a strong sense of direction for my career and did not feel prepared for the reality of practice that I had experienced as a student although I could not explain this at the time. I believed that doing this research offered me more of an opportunity to understand practice culture, and become the occupational therapist that I wanted to be, than undertaking a clinical role would have.

During the time that I was writing my masters dissertation I was strongly influenced by Clare Taylor's work about evidence-based practice (Taylor 2009). I was uncomfortable with the traditional hierarchical categorisation of evidence and connected with her perspective of evidence-informed occupational therapy as inclusive of practitioner knowledge, user knowledge and policy knowledge. I did not look much further into this perspective at the time, or compare it to others, and started this research with a belief that it was acceptable to include these perspectives in *research*. However, I had not reached the point of understanding the complexities of being an evidence-based, person-centred occupational therapist. Despite my ability to reflect effectively on practice situations in order to understand them, and use them in academic writing, I did not know my own experiences were a valuable contribution to practice or research and that they could facilitate transformation of a situation.

I remember being encouraged to learn as a student and was told on many occasions that I had potential to do whatever I wanted and choose any career path. Despite this reassurance, I always got the sense that there were rules and limits placed on the ways in which I could learn, and the extent to which I should use my reflections and understanding of my experiences in my work. I believe that this perspective is reflected in the teaching of models for practice that understand 'therapeutic use of self' as an option or frame of reference that can be chosen by a practitioner. This resulted in the disconnection between critical reflection, practice and research for me, and a separation of my experience from the work that I did in practice and research.

The whole picture

The point at which the strategic perspective, the evidence-based practice perspective, and the novice occupational therapist and researcher's perspective meet is the starting point of this research.

At the beginning of this research there was a distinct opportunity to evaluate the extent to which the application of evidence-based interventions in practice by occupational therapists contributed to realisation of the recommended and expected outcomes of therapeutic support for persons living with dementia and their caregivers (Alzheimer Scotland 2012; Scottish Government 2010; Scottish Government 2013). These strategic expectations related to evaluating the reduction of behavioural occurrences, increasing independence and quality of life for the person living with dementia, as well as increasing quality of life and reducing burden for the caregiver. There was a particular, and important, strategic expectation that emphasis be placed on the experience of therapy for the person living with dementia. However, the issues identified with current, compliance-orientated approaches to evidence-based practice meant that continuing to evaluate current practice, based on purposes or outcomes that occupational therapists appeared to be uncertain about, was not likely to be valuable in supporting development of person-centred practice. Thus, a question surfaced over the purpose or intent of the evaluation of occupational therapy practice.

As a novice researcher and recent occupational therapy graduate who did not have a good sense or definition of my own personal philosophy, or that of the profession as a whole, I encountered a tension between the need to demonstrate the effectiveness of current practice, which appeared to be the dominant approach to research, and the necessity of exploring the challenges with current evidence-based practice, and particularly the purpose of practice, immediately as an evaluator. I did not consider critical reflection, creativity or professional artistry as an explicit component of evidence-based practice and, at the time, there was little clarification of the meaning of evidence-based practice or 'enhancement of the evidence-base' in national health and social care strategy (Scottish Government 2013) or professional standards of practice (RCOT 2013; HCPC 2015). It became clear that developing an evaluation that considered the interplay

between multiple sources of evidence and context, was necessary. However, the ways in which I could develop evaluation research to engage with these tensions and challenges was unclear.

Having engaged with more recent, broader, and perhaps more challenging, theory related to evidence-based practice and practice development, a number of considerations for evaluation and identification of a research focus became clear. First, a broad understanding of evidence as comprising of research, clinical expertise and preferences of the person living with dementia was necessary (Kitson et al. 2008). This offered recognition of the equal value of different forms of evidence, and identified the need for exploration of contextual factors that influence the use, and blending, of different forms of evidence in practice through professional artistry. Second, developing an evaluation research focus that explored practitioners' artistry in developing their own practice related knowledge could move discourse beyond the dominant ideas about, and language of, knowledge translation and implementation. An approach to research that enabled exploration of practice culture (assumptions) would facilitate understanding of the way that occupational therapists *actually* engage with and develop knowledge in their practice, rather than relying on espoused or theoretical conceptualisations of evidence-based practice derived from research literature. Finally, it was understood that a perspective of practice context as dynamic and complex (Hawe et al. 2009) meant that a context evaluation would facilitate identification of the values and beliefs that occupational therapists hold about the purpose (function) of practice and subsequently identify the actual form (evidence-based approaches) that practice takes when a moral end (praxis) is being pursued. This focus could enable future evaluation consistent with the purpose or moral end of practice. Overall, these considerations of the current state of evidence-based practice in occupational therapy enabled a decision to be made about the focus and nature of the following evaluation research.

To conclude, the challenges with current conceptualisations and approaches to evidence-based practice, alongside the strategic aims for dementia care in Scotland and researcher's perspective, resulted in the identification of a need to evaluate the practice context in which occupational therapy with persons living with dementia occurs in Scotland. The national strategy for practice in Scotland suggest that practitioners need

to embody a perspective of evidence-based practice that is broad, inclusive of the concept of professional artistry and dynamic in its understanding and development of context. This exploration was intended to facilitate understanding of the components of practice context (culture, evaluation and leadership) that influence occupational therapists' engagement of professional artistry (blending different forms of evidence in practice) for the purpose of developing evidence-based, person-centred practice. Additionally, understanding the moral end, purpose or function of evidence-based practice as crucial to development of person-centred practice, and future evaluation, necessitated exploration of the assumptions that underpin occupational therapists practice. Thus, the research focused on the questions:

How does context influence the practice of occupational therapy with persons living with dementia in Scotland?

What are the values and beliefs that underpin occupational therapists' practice with persons living with dementia in Scotland?

Structure of the thesis

This thesis is presented in six chapters that have been written in a way that reflects the research and learning process that has culminated in the understanding of the practice context outlined in this introduction. Changes in my understanding of critical reflection began during the first phase of this doctoral research. There was a movement in understanding in this thesis from pauses for reflection, to critical reflection as an underpinning process. The nature of the process has developed significantly and will be presented in this thesis. The research process is woven together with a reflective narrative about the decisions that were made and the understandings that developed at each stage of the research process.

A creative process of developing my own philosophy and research methodology is shared in C*hapter 2.* This chapter shares a process of critical creative reflection and movement to critical creative dialogue, which enabled me to move from moments of reflection to critical creative reflection as the underpinning methodological principle of this study

(Kinsella 2017). The development of understanding about, and embodiment of, the characteristics of a person-centred researcher unfolds through the process of reflection and dialogue. The use of creativity as a vehicle to express tacit and embodied knowledge about my professional values and philosophical assumptions is the focal point of this chapter (McCormack and Titchen 2006; Titchen and McCormack 2010). These assumptions are explicated for the purpose of advancing understanding of my unfolding research philosophy and methodology in *Chapter 3.*

A philosophical and methodological framework for the study of professional artistry in context is developed in C*hapter 3.* It offers an exploration of the nature of professional artistry, the kind of knowledge being explored and the philosophical intent of the study. It identifies enlightenment about knowing-in-being or occupational therapists' ontology as the philosophical intent, with emphasis on the influence of context on the authenticity of occupational therapists practice. Authenticity refers to the experience of practice that is consistent with, and conducive to, the philosophy (values, beliefs and assumptions) of the occupational therapist. A theoretical perspective of critical creativity informs the study, based on the principle that creativity is required to understand both the context of practice and the ontology of the occupational therapist (McCormack and Titchen 2006). The methodology presents principles and methods for exploring the ways in which occupational therapists' practice context influences their practice and the values and beliefs underpinning their actions in practice. This is a comparative case study methodology (Simons 2009) that is underpinned by philosophical and theoretical principles of critical creativity.

A comparative case study of occupational therapists'- Sharon, Mary and Emma's, practice and research process is presented in *Chapter 4.* It explores the themes of fear, human flourishing, professional identity, and balance of being and doing, in relation to the realisation of authenticity, professional identity and praxis in research and occupational therapists' practice. It is structured using creative expressions and presented through a reflexive narrative. It tells the story of a research process and practice context pervaded by fear and anxiety, which influenced the way that occupational therapists and I engaged with each other, and the occupational therapists' ways of being and doing in their practice. It identifies ways of being and doing that are influenced heavily

by contexts of compliance, as challenging and unconducive to professional identity development. Finally, it explores the impact of these contexts on the therapy that persons-living with dementia experience.

In *Chapter 5,* the research findings are explored in relation to broader theory about organisational leadership and change (Senge et al. 2005; Scharmer 2016; Schein 2010), cultures of compliance (Dewing and McCormack 2017; Fish and Boniface 2012), person-centred practice theory (McCormack 2003), occupation-focused practice theory and critical creativity (McCormack and Titchen 2006). It presents a conceptual framework for authentic occupational therapy practice that nurtures the potential and identity of the therapist through contexts that are conducive to and facilitative of human flourishing. This chapter explores the principles of practice that are required to embody such a framework, including: critical creativity as the underpinning of reflective practice; blending authentic consciousness and knowledge about doing through professional artistry; and contexts of practice that reflect facilitative leadership, a moral perspective on evidence-informed practice and approaches to practice development that nurture safety and creativity. It is proposed that use of the framework will influence the care that persons living with dementia experience.

Chapter 6 offers a conclusion to the study. It highlights the strengths and limitations of the research, and explores the outcomes in relation to the intent of the research. It outlines the recommendations that have emerged from the research. The existing and potential implications of the study for occupational therapy practice, practice development, research and education with persons living with dementia are highlighted in this chapter also.

Conclusion

The origins of this study in a strategic objective and expectation for change towards more evidence-based practice have been outlined. Tensions between the understandings and conceptualisations of evidence-based practice and their congruence with professional philosophy created a challenge in developing an approach to evaluation that was reflective of the professional philosophy of occupational therapy. I felt this challenge as a

novice researcher, but did not understand the causes of such challenge, which added another layer of complexity to the development of this study. The challenges encountered emphasised the need to explore the complexity of evidence-based, person-centred practice, to bring to attention the context and a particular sub-component of context-culture, in occupational therapy practice. In this chapter the current challenges with evidence-based practice and the complexity of development of an evaluation of evidence-based practice are described. Finally, the uncertain and underdeveloped perspective from which the doctoral researcher begins such a research project is exemplified.

In this chapter, different forms of knowledge were used and blended to present the practice issue that was researched. This approach is underpinned by the principle that professional and personal experiences of practice cannot be separated from other forms of knowledge. It was presented in this way to raise consciousness of the idea that we can learn valuable lessons from using such experiences if facilitated to do so. The prejudices that are identified in this chapter have been brought to understanding and light through the use of creativity throughout the process of this research and are an initial indication of the critical creative perspective taken in the research that follows. These prejudices are as follows:

- Occupational therapy practice involves more than understanding and facilitating occupation through particular and specific approaches to practice.
- Occupational therapy is an inherently creative practice.
- Critical reflection underpins practice that is evidence-based *and* person-centred.
- Understanding practice context, and particularly culture, is required before practice can be developed or evaluated authentically.
- Practice culture is often at odds with the values and beliefs, and needs, of the healthcare professional and the persons that we work with.
- The underpinning philosophy, moral purpose and values of occupational therapy practice are unclear in current research and practice.
- Understanding and expression of the nature of current practice will enhance persons access to occupational therapy.

Chapter 2: Becoming a person-centred researcher

Introduction

The preliminary phases of this study emphasised the inextricable connection between the identity, values and beliefs of the occupational therapist, and the actions taken in practice. This principle applies not only to the occupational therapist working with persons living with dementia, but to the researcher making choices and taking actions to guide research (Van Lieshout 2017). This chapter presents the process of coming to understand myself as a researcher in relation to existing knowledge about evidence-based, person-centred practice, through development of a critical creative approach to reflection. The reflections presented in the chapter were made during the time that I was developing a philosophical and methodological principle to inform this study following identification of the research issues. Both the process of reflection and conclusions drawn, based on the reflective dialogue presented here, indicate the extent of my embodied knowing about the values, beliefs and understandings of this research. Not all of these are explicit and are articulated based on how they were foregrounded[4] in the creative reflective dialogue about the research that follows. Nonetheless, articulation of the underlying and often subconscious or tacit meanings enabled connection between the foregrounded research issues and significant principles and concepts relevant to my values and beliefs or assumptions as a researcher. This chapter is presented as a revised original version of the paper "A journey through use of critical creative reflection to explore self in a PhD study" (Kinsella 2017), which is available to read in *Appendix 1.*

Background information on process of creative reflection

The following process shares a story about a transformational learning journey through critical creative reflection on myself and my research. The critical creative reflection is represented in the form of paintings that have been created since March 2016. These

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[4] The term foregrounded refers to the emphasis that is placed on particular elements of a situation or context as a consequence of the way that we experience them or the way they present themselves. It is a process that requires skill to focus on these elements, which facilitates understanding of a whole situation (background) by tunneling into an element of it (foreground) (McCormack and Titchen 2014, p. 6).

paintings were created in an effort to understand myself, and the philosophy and theory underpinning my work- an essential part of my learning to be a person-centred facilitator in research (Van Lieshout, 2017) and to begin a process of research that is underpinned by person-centred assumptions (McCance and McCormack, 2017). The power and potential of a critical creativity worldview to underpin and facilitate this kind of learning process is also portrayed in this chapter (McCormack and Titchen, 2006; Titchen and McCormack, 2010).

Each painting in this chapter has a reflective note that conveys the meaning of the painting to me and sometimes a shared meaning that I created with supervisors. In December 2016, Jane (Dr. Jane Burns, one of my research supervisors) and I laid out all of the paintings that I had created in chronological order and discussed the learning and personal journey that I have been on during the initial stage of the research. We had a discussion about how this is reflected in the paintings and how they can be used in my work to develop a philosophical and methodological framework for research. This reflective discussion is also shown here in the *Discussion with Jane* sections. The titles of the paintings often reflect metaphors associated with concepts of critical creativity and principles of the conditions of human flourishing such as *spiraling through turbulence, movement in stillness* and *embodied knowing* (Titchen and McCormack 2010)*.*

Beginning a critical creative dialogue with Jane

I share the painting in *Figure 1* with you as an acknowledgement that the reflections that follow are a part of a bigger picture. They formed as a result of deepened and developing relationship with my whole PhD supervision team and many persons beyond that also. I created this painting with an intention to frame these relationships and ways of working and to convey the meanings that I attach to it- colourful, exciting, fitting and beautiful.

Figure 1 Bounding and Framing

Did I always paint?

No, I did paint a little when I was younger but I definitely stopped for quite a few years. I did art and painting in school but it was always graded and so it lost its appeal to me. Painting then did not feel like it does now. It did not offer me anything more than an escape from rote learning in school. I have always been a creative person though. I am always baking or sewing or creating something. I use these creative processes as a therapeutic tool and coping mechanism at times, but it is also a huge part of who I am, my work and my life.

What was the purpose of the painting initially?

I began painting at the beginning of the research following meetings with occupational therapists. These meetings were held in order to facilitate reflective dialogue about practice context and develop a methodology for the study. I used painting as a reflective method initially, but did not understand what I was doing or how this would be helpful, so I did not use the paintings initially. I also wrote my reflections which was the most useful part of the process for me, at the time, as I was not able to use the paintings effectively. Before I started painting, I had never reflected in any way except by writing (it had to be writing using a pen and paper rather than typing). I think that this is why the painting felt strange and terrifying at the beginning as I did not understand its purpose. So I separated the reflections that I had written from the paintings. The paintings were not used at all in the context study that I wrote. When I finished writing the paper I painted the mandala[5] in *Figure 2* as a response to the process. I remember that it still did not feel like part of me or make sense to me and that I did not understand it, but I had a feeling and quite a few dreams and impulses that made me paint something circular- this was the result.

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[5] "a picture that tells a story … often a circle which reveals some inner truth about yourself and the world" (Watts 2000, p. 6)

Figure 2 Mandala

Figure 3 Spiralling through turbulence

Reflective note

In the drawing in *Figure 3* there is an explosion of colour representing the possibility of life (existence) and the capability or potential of all people or the lightness of being. This contrasts harshly with a consuming blackness that seems to be engulfing a self that is moving towards the light and colour. There is a hint of colour (purple, left end of picture and in the self) beneath the blackness that signifies some hope though it is almost entirely overwhelmed. Although the colour in this picture appears explosive and disordered, there is a clear coherency in it that, for me, represents the eternal and inevitable wisdom and control (in the sense of organisation and discipline) that comes with freedom. The self that is moving towards this colour does not fear the ordered disorder (or freedom) but needs to escape the blackness to join the colour.

Discussion with Jane

I drew the 'explosion of colour' in *Figure 3* over a few days. I would spend time reading and reading and reading and then would draw part of the fireworks at the end of the day. After about a week I painted over the colour in black paint. I didn't share the painting with anybody for quite a few weeks. I eventually presented it at a Student International Community of Practice (SICoP) workshop and that was when I started to attach meaning to the drawing. SICoP is a safe space where doctoral candidates develop authentic relationships that facilitate learning and understanding of person-centred ways of being, knowing and doing in healthcare research and practice. This safe space was important at the time as the people in this space enabled me to share deeply personal work in a creative way that felt accepted in the space. The presentation spurred a discussion about the use of creativity in my work. But it also had very strong feelings attached to it that I felt were overwhelming, exposing or revealing, and daunting. The response to this painting and my response to the presentation of the painting triggered a moment of crisis or a turning moment for me. The response from colleagues was supportive as they acknowledged the beauty, colour and positivity in the painting, as well as the self (the black blob) in the painting that appears to be escaping. This marked the beginning of a process of perspective transformation.

Freedom

Figure 4 Freedom

Discussion with Jane

The painting in *Figure 4* was described by Jane and I as fluid, free and beautiful. It seemed to be a release from the previous painting and the response to it. We talked about it possibly representing the unknown of the research journey and the blackness that continuously features as a retreat from that unknown. This led to a discussion of the unknown, enigma, mystery and 'the gap' in my work that has only now (December 2016) started to become a comfortable feeling. I enjoyed just looking at it at the time and enjoyed the beauty and freedom that I associated with it. I still didn't feel comfortable with the creative process but I began to enjoy it and see the value in it. I had no words with this painting and only felt that it looked like an eye and was very beautiful. I got a sense

from it that the work that I had been doing had come together in some way and that was reflected in this mandala. It was not imposing and I felt a comfort in it also. I hung it on my wall in work. I added the word 'perspective' to it later and 'The Gap' after a conversation about hermeneutic phenomenology that brought understanding of the white space in the middle of the mandala; the yet to be known[6]. I feel now that it represents hermeneutic principles in my study and has helped me to consider the value of hermeneutic phenomenology and an interpretivist perspective in my work. This painting has a very important meaning that is beginning to convey itself now.

Disconnection and crisis

Figure 5 Disconnection and crisis

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[6] The 'hidden gems' or complexities of a person or situation that have not yet been revealed (McCormack and Titchen 2014, p. 11).

Reflective note

There are three aspects of the painting *Figure 5* that are both connected and separate from each other in one way or another. The spiral represents the unravelling or unfolding of knowledge. The black centre of the spiral represents an infinite amount of knowledge and meaning that is partly known and partly unknown. The important or significant knowledge unravels naturally (significance of the colour green here), slowly changing colour (to blue and green), and continues through a process of discovery. The essence of occupation and the existential roots of occupational therapy are represented here through an energetic, undying fire that encompasses a diamond or priceless jewel to me. The black continuation of the sphere signifies a barrier to the self (the red circle) that is deeply rooted, almost tree like, and that the fire seems unable to break through. However, the gradual end to the blackness and barrier to the self shows the possibility, albeit complex, of breaking through the barrier. The red sphere representing the self (a person, an occupational therapist, a researcher) remains open, with an apparently moving or active foundation (the blue centre) that is available and capable of action using unravelling knowledge. Thus, the essence of existentialism in occupational therapy is there, constantly unravelling and seeking a way to burn through a barrier to reach the self. This represents a process of rediscovery, a return to the roots of occupation, in order to move forward.

Discussion with Jane

It feels like a coming together of something. There is a similar theme of fireworks as in the first painting and occupation was an important part of this painting that was finally coming through. There is a praxis spiral that I did not understand at the time and which Brendan (Prof. Brendan McCormack, one of my PhD supervisors at Queen Margaret University) explained to me when he saw this. However, the blackness in the painting still represents a blocking of my ability to do. The blocking was due to fear and perspective that I did not recognise at the time that I painted it and first interpreted it. There is movement in the painting, but not all of the components have come together to facilitate doing. The white spaces that are beginning to develop in these paintings are significant as they probably represent space to breathe or what I would now call stillness that facilitates progress in my work (*movement in stillness*). It has also been useful in

identifying areas of significance in my work. The unknown is workable and useful as opposed to blocking. Jane also felt that the change in our ways of working together and a discussion that we had back in August 2016 about incorporating creativity into our work together, is reflected in the paintings in the emerging feeling of freedom in them.

Energising forces

Figure 6 Energising forces

Reflective note

The painting in *Figure 6* has the most memory attached to it for me. It was created at the end of the Enhancing Practice Conference in September 2016. I painted it in response to a lot of discussion at the conference about safety and vulnerability and lines in our work. It does not make sense that there is no space in this and that it is less fluid than some of the previous paintings as I felt like I was in a better place and doing better with my work at the time of the conference, but we agreed that there is always movement backwards

and forwards in the learning journey and that even though this painting is fuller it does not have the sinister feel to it that some of the previous paintings did. The quality of the lines isn't the same as those in previous pictures. The blackness underneath the colour is overcome in some ways.

Discussion with Jane

This sparked a discussion about how this process fits with critical creativity. I feel and see the synchronicity between this work, these paintings and critical creativity. I feel that the 'criticality' does not feel right to me yet. Transformation is the key issue here for me. Is there potential for transformation within a hermeneutic understanding- specifically perspective transformation? Or is critical theory essential? Is the language of critical theory helpful? What I understood of critical creativity at the time of this discussion was that it used metaphors and creativity to transform critical theory language into something beautiful. It has also added the moral intent of human flourishing that makes it different and useful for this research of practice context and defines it from critical theory. This part of the discussion is a powerful example of how critical creativity has offered me a way of asking questions and developing understanding of my work.

Embodied knowing
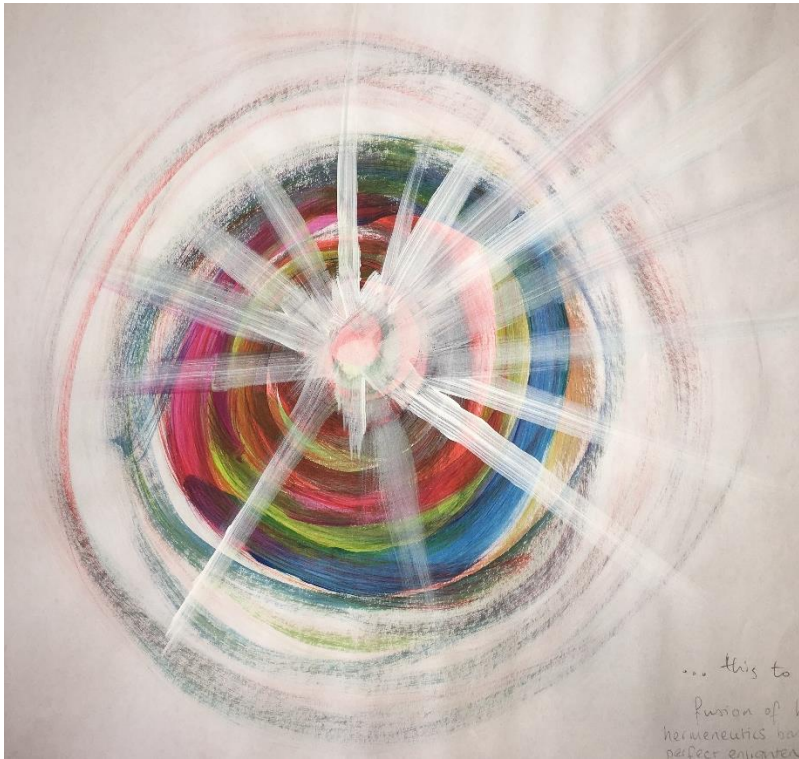
Figure 7 Layer 1 Embodied Knowing

Figure 8 Layer Embodied knowing

Figure 9 Layer 3 Embodied knowing

Reflective note

Figure 7 represents light and energy emerging from praxis. Brendan and I never agreed if it was one or the other but I understand the metaphor of *energising forces* in the critical creativity literature that represents transformation through moments of 'crisis' that trigger a need for change. While I still see light in this painting, I also know that when I painted this I was full of energy and was beginning to feel that change had truly happened that could not be reversed or undermined. So, the idea of energy is useful and entirely appropriate here. I also see and now understand intentional use of creativity and metaphors to identify learning and change.

Discussion with Jane

Jane looked at *Figure 7* and said that she saw transparency which was interesting as I had not shown her how I had connected and layered *Figure 7* and *Figure 8* and repainted them on transparent acetate sheets, which are represented in *Figure 9*. This comment confirmed that I have become aware of the processes that are happening that connect to critical creativity. This seems to be why I am now aware of the intentional use of metaphor in our working together. We discussed where transparency comes from and when it comes and thought that it emerges as a result of engaging in critical reflection. It also comes from embodiment of a way of being that frees our thoughts and makes everything more transparent. We linked this to the 'reflection on human flourishing' piece (below) that felt like an embodiment of everything that we talk about and want and know and do not know- the sun, the moon, the earth, the stars, and everything else there is and everything beyond that.

We discussed what the paintings actually mean when they are joined together and layered. The background and the fading out of paint are the emerging foreground and background. The praxis spiral is on top of the background and is underpinned by the values or concepts of creativity, vision, purpose, togetherness, and stories. The light and energy (white paint) emerging from this is the energy and transparency emerging from actually embodying critical creativity.

Jane mentioned at this point that it felt very complex and that I was beginning to identify the layers involved in my work. I said that I have tried and want to understand layers but still do not know what it means. She suggested that layers may not be a useful way of thinking about the work as it suggests hiding aspects of it which may be what I am struggling with. Instead she suggested thinking about aspects of the work as emerging and connected but transparent. So, I am thinking of it as peeling back of layers now to expose the unknown or yet to be known rather than building up of layers.

Jane and I discussed how we could use all of these paintings in a way that keeps them alive and incorporates them into my work. I was aware that Brendan had suggested that I use 'faction' to tell a story about the more difficult parts of this work such as writing about

my pre-judgements and values and beliefs. I acknowledged that I wasn't keen to discuss it further when he suggested it as it felt uncomfortable but intuition is telling me that it is the right thing to do. Everything that I do now is about telling a story through creativity, even this piece of writing.

Movement in stillness
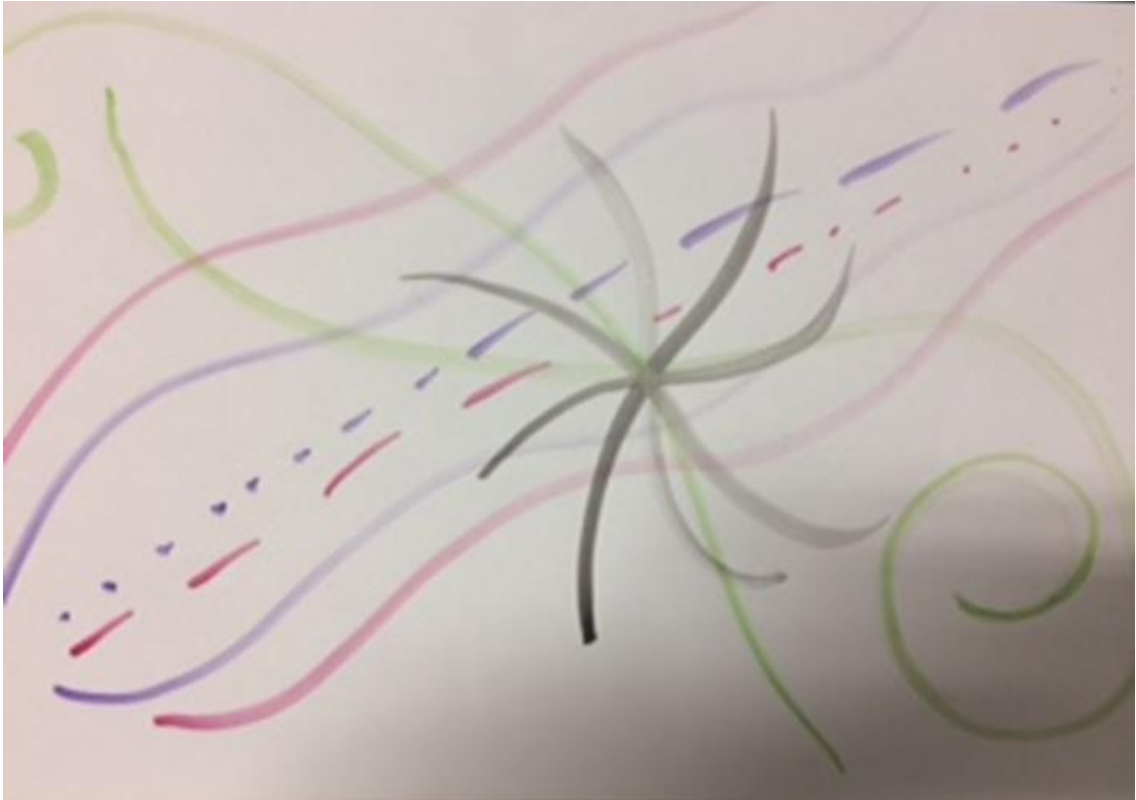
Figure 10 Movement in stillness

Reflective note

This painting in *Figure 10* came after my realisation that what I have been doing and creating over the past few months is my study methodology. I had reached a cognitive roadblock and had not been able to write anything further after my reflection on human flourishing (below) so I painted. The painting seemed very simple to me and did not really speak to me in any way until I returned to the critical creativity paper that outlines the methodological framework for human flourishing (Titchen and McCormack, 2010). The black spiral in the middle mirrors the critical creativity spiral in the framework. However,

it differs in that the background represents multiple praxis spirals and an ongoing process (it looks like a road to me). So, I understand it as human flourishing happening along the research journey and human flourishing that is essential for praxis, unfolding, seeing, understanding and transformation.

Discussion with Jane

At the time that I painted this I needed a pause and hoped for *movement in stillness* so I took a few days. There is definitely process and movement in the painting which is a good thing and represents balance in my way of being.

Strengths focused work
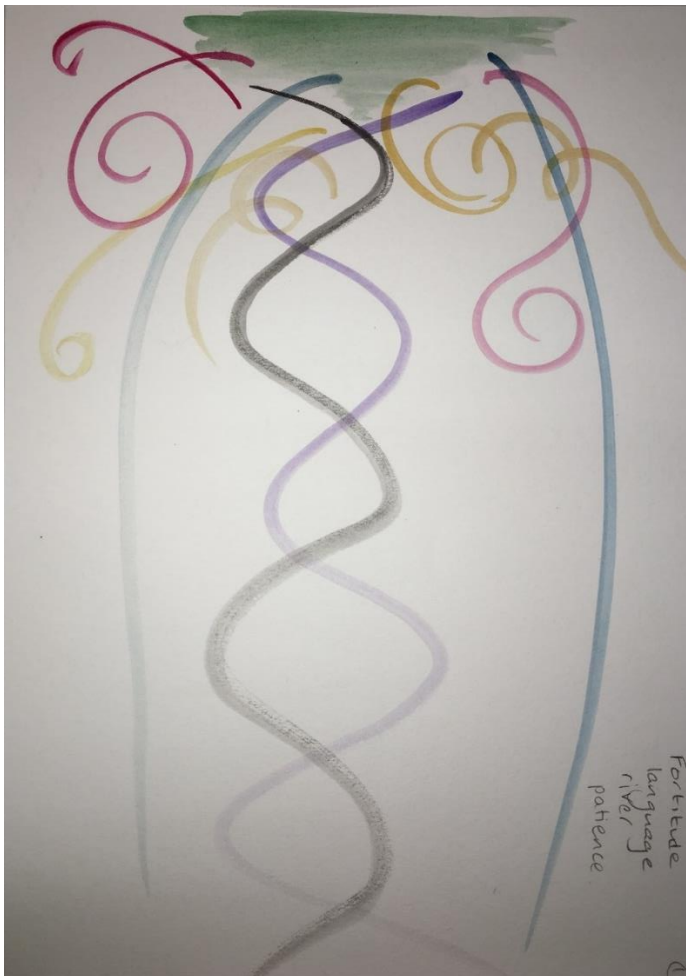
Figure 11 Strengths focused work

Discussion with Jane

I painted *Figure 11* at a SICoP virtual writing retreat during the first checking-in and goal setting session. I set strength and flowing as my intentions for the writing retreat when I painted this and remembered making a decision to focus on what I do know and translating that to language, letting the work flow and being comfortable with chaos and the unknown. I used strengths based-language with myself throughout the day. I had no concrete actions for writing so I just started writing where I was at in terms of understanding philosophy and theory. This approach and intention setting facilitated a moment of realisation during the writing session when I understood that perspective transformation was the key connection between all of the work that I was doing at the time.

Human flourishing, human becoming and occupation

Figure 12 Human flourishing, human becoming and occupation

Discussion with Jane

I painted *Figure 12* at a SICoP virtual writing retreat during the last checking-in and goal setting session. This painting was a response to the writing that I had done in the writing retreat and signified the re-emergence of occupation from the critical creativity spiral. I connected it with human flourishing as one of the theoretical assumptions that underpins critical creativity. We talked about how critical creativity, in its person-centredness, facilitates human flourishing (what I used to consider wellbeing) and human becoming (what I consider an outcome of successful engagement in occupation). Jane and I introduced the idea that we have come full circle to the re-emergence of occupation and becoming that were blocked at the beginning of my work (see *Disconnection and Crisis* in *Figure 5*). However, the existence and importance of occupation, flourishing and becoming is now transparent. We asked ourselves- is this journey the map of the study?

Conclusions

What has this meant for me and my work?

These paintings and their accompanying reflections are intended to tell the story of a learning journey. The change that has happened over the past few months is evident, even in the quality and spirit of the paintings alone. I wrote an email recently that said that this work has changed both my life and this research. While I was writing this I was asked to also explain a little of what it has meant for me and for my work. This short reflection on human flourishing that I wrote for my supervision team and SICoP colleagues reflects the meaning of this transformation.

A reflection on human flourishing

I want to share a reflection with you about human flourishing. I realised recently that I usually only write about difficult and challenging experiences that I have, and that the reflections and observations that I do make are usually related to progression of my work. I wanted to write about this as I'm not sure that we talk about or share the goodness in our work and in our lives enough.

Last Friday I was on my way home and noticed that I was feeling something that I have never actually felt, or perhaps never noticed feeling, before. Actually it was a combination of feelings that I wrote down. Here they are: peaceful, connected, content, challenged, motivated, colourful. I don't think that all of these things make complete sense beside each other, but I can try to explain. I was entirely aware during the day that I had a lot of work still to do, but I only felt excited and challenged by it, not overwhelmed or, as a have felt before, totally paralysed by fear of the work. I found absolute joy and love in it. This helped me to get on with my work and work in the way that I feel best.

For the first time I think, I managed to translate the creative expressions that I had made into something concrete (a piece of writing) that I felt I entirely understood. This went way beyond my own work though. I felt able to give something back to other people- family, friends, and colleagues. I felt totally present and connected with everybody that I spent time with that day. I was able to continue my own work while connecting with and enjoying the company of the people around me, help another through their own difficulties and connect with friends completely, without a selfish attachment to my own life and work. And finally, I went for a walk around Arthur's Seat (a dramatic hill in a park in central Edinburgh) on my way home without thinking about it or planning it (a very strange thing for me to do) – I was connected with nature and to my own energy. I can honestly say that, in a very ordinary way, it was the best day I have had and reminded me how much I love and appreciate my life. This is what human flourishing means to me. Before, when I thought about human flourishing I saw or thought about flowers and colour. Feeling it is so much more. I can also say today (4 days later), as I write this, that even though I feel awful physically (I have the flu) I have not lost the contentment with my work and the motivation to continue to do the work that I am doing. This feeling is incredibly powerful, enduring, comforting and exciting.

I had a virtual meeting yesterday with SICoP colleagues and there are three things that I want to pick up on from this meeting. Firstly, I was asked how I was feeling and how my work was going which is a usual part of our conversation every week. I described what I was feeling as 'movement in stillness'. I felt a little hysterical (in a good way) when I read the metaphorical meaning of movement in stillness in the critical creativity literature later that day. Yes, the time for reflection and the space that I had finally allowed myself to

have has created a massive movement in me that has facilitated an understanding of my own work. Secondly, somebody asked me how I got to this point. I said it was a combination of factors but the things that stand out for me at the moment are a change in my PhD supervision "process" and relationships, and having a group of friends who challenge me in a safe, supportive, giving way. Finally, somebody asked me if I could bottle this feeling and send it to them. This is my way of bottling it.

This reflection indicated the significance to me of human flourishing for living a good, productive, happy, challenging, connected life. This feeling of flourishing has grown out of a huge effort to understand myself and my work that was facilitated by critical creative reflection.

I wrote in the reflection that I had become aware of the processes that were occurring as I was living the learning. The reflection on human flourishing and its emergence as a result of my engagement in the critical creative process brought about an awareness of my use of and the value of an active learning approach (Dewing 2010) in my work. The critical creative reflection that was facilitated by all of my supervisors equates to the beginning of an active learning process- personal reflection. This did move me into a state of readiness to take a step forward with my research. It facilitated understanding of the process that I will be asking other people to engage with and, yes, created a kind of map for my research. Finally, the purpose and value of a critical creativity worldview, that blends creative processes with contemporary facilitation strategies, ancient traditions and active learning in order to nurture human flourishing (Titchen et al. 2011), is evident in this work.

Summary

The key learning from the critical creative process presented in this chapter was that unearthing embodied knowledge, and engaging in dialogue about it, can direct a researcher towards assumptions that underpin their research issue, questions, and process. The articulation of these assumptions through dialogue, facilitate transparency about the purpose and process of the research, which will explored further in *Chapter 3*. The assumptions that were unearthed are as follows:

- Communities of practice, through which critical creative dialogue occurs in safe spaces, are necessary for research and practice that intends to develop or transform an understanding about a particular issue, context or person (*figure* 3.
- Understanding of the whole of a context or issue can be developed through focus on the particulars of the situation or context. This progressive focus moves the researcher's understanding into the 'yet to be known' (*figure 4).*
- Stillness for reflection is a necessary part of developing understanding, which in turn facilitates movement towards moral action (praxis) (*figure 5*).
- Assumptions from critical theory hold a place in critical creative research (*figure 6*).
- Enlightenment or consciousness raising is the purpose of this research and can be realised through the 'peeling back' or layers of information and phenomena to uncover the yet to be known (*figures 7, 8 and 9).*
- The experience of human flourishing can emerge from a critical creative process that intends to raise consciousness about assumptions, values and beliefs that are inherent in a context, situation or person (*figure 12* and *reflection on human flourishing*).

Chapter 3: Methodology

Introduction

In this chapter the philosophical, theoretical and methodological assumptions underpinning the research process are explored. The first section of this chapter, I explore the philosophical concepts of professional artistry and context, as a prerequisite to identifying a theory to support exploration of practice. The philosophical intent of the study is identified in order to provide a framework by which to judge its rigour (McCormack and Titchen 2006). Philosophical principles drawing on existential phenomenology and critical creativity that were used to develop a theory and methodology that is congruent with the forms of knowledge and ways of being relevant to the evaluative research question are discussed. Finally, the principles underpinning comparative evaluative case study methodology are presented, providing a strategy by which to conduct the research with the philosophical intention in mind.

Philosophical underpinnings

The nature of professional artistry

The research challenges and questions identified in *Chapter 1* are primarily concerned with articulation and development of knowledge an occupational therapist already holds about their practice; their expertise. Understanding the use, and blending, of tacit, professional craft knowledge with existing research or propositional knowledge acknowledges the position of professional artistry in occupational therapists' practice. Professional artistry is understood as "the meaningful expression of a uniquely individual view within a shared tradition" (Titchen and Higgs 2001, p. 274). The shared tradition in this study refers to the profession of occupational therapy. However, the unique perspectives that are embedded in this profession are not currently clear. Furthermore, at the moment it is difficult to make a distinction between perspectives that are unique to the occupational therapist and those that are shared and make up the underpinning principles of the profession (the shared tradition). McCormack and Titchen (2006) refer to the practice of professional artistry as creative practice that goes far beyond the learning, and application in practice of, an explicit propositional theory. They refer to such

practice (implementing propositional theory) as absent of artistry, as routine, compliance-orientated and unresponsive. Professional artistry involves the blending of practitioner qualities: bodily, emotional, spiritual and cognitive intelligences; virtues; practice skills; balancing different forms of professional craft knowledge through intuition and reasoning; and creative imagination (Titchen and Higgs 2001). Understanding the purpose of each expression of professional artistry enables expression of the shared tradition of the culture of practice in occupational therapy.

The concept of professional artistry is underpinned by Donald Schön's work regarding reflection underpinning professional practice (Schön 1983; Schön 1987). He referred to artistry in practice as problem framing, implementation, and improvisation, so that each therapy situation, which is always unique and uncertain, can be made sense of. This is done through use of a practice repertoire that is developed by seeing-as in a past situation and doing-as in that past situation or bringing past experience to a new, unfamiliar situation. For example, developing an understanding of the reasons a person may be having difficulty doing things they used to enjoy doing, despite being physically capable after experiencing a stroke, can be informed by processes or ways of being and doing that have been used in the past to come to an understanding of occupational challenges with the person. Schön was influenced here by Herbert Simon's (1972) perspective that when a practitioner needs to solve a problem in a situation that they have not encountered before, they do so by focusing on the values related to the desired change that needs to be made in practice, and by regulating action based on these values. If the desired outcome has not been articulated then the values or purpose of the practice have not been identified. However, inspired by Socrates, Schön (1987) recognises that even when we do not know what we are looking for (in terms of outcomes) we must look anyway, and in the process of looking we will discover what it is we are looking for. Concurring with Polanyi (1967), Schön (1987) assumes that we can discover what the purpose of our practice is because we hold the purpose we are looking for tacitly and must take action, and reflect on it, in order to articulate it.

Although professional artistry relates to the unique or individual perspective that occupational therapists bring to their practice, there is a shared body of systematically organised professional knowledge within this unique perspective. This is known as an

appreciative system or a set of values that supports sense-making, goal setting, decision-making and action planning in each unique practice situation. The appreciative system that emerges from actions taken in practice is indicative of the professional practice culture. It is already clear from existing research related to evidence-based practice for persons with dementia that there is the potential for conflicting or multiple appreciative systems within one profession, and thus multiple cultures. For instance, there appear to be differing opinions about whether compliance with practice processes derived from propositional knowledge are facilitative of person-centred practice. Schön (1983) notes that when the ends or purpose of a practice situation are defined by propositional knowledge (including experimental research knowledge), the context of practice does not support professional artistry or expression of an appreciative system by which to authentically evaluate practice. Additionally, it does not reflect the unique perspective or expertise of a professional within the system. The existing knowledge about evidence-based practice with persons living with dementia does not currently offer an understanding of occupational therapists' appreciative system, and thus their practice culture and expertise in Scotland.

The term theories-of-action is used to describe the belief that persons hold theories for creating their actions in interactions with other persons, such as in a therapy situation (Schön 1987). These theories include the values and beliefs that inform a person's actions. Argyris and Schön (1974; 1978) propose that these theories work at two levels, espoused theories and theories-in-use. Espoused theories refer to theories that are used to explain actions that are, could be or should be taken, whereas theories-in-use refer to the values and beliefs that are implicit in actions that are taken and observed. The values and beliefs underpinning these levels of theories can be incongruent, which Schön (1987) recognises as problematic and are a result of the forms of reflection used in learning and in practice. He proposes that double-loop learning is required to understand the assumptions and values that drive the actions taken by practitioners, or as McCormack and McCance (2017) suggest, to understand our prevailing culture. Single-loop learning does not enable such reflection on assumptions.

Knowledge about espoused theories are more easily accessed than theories-in-use. In essence, the research related to practice with persons living with dementia, identified in

Chapter 1, reflects espoused theories of practice. It offers knowledge about potential actions in practice that *could* facilitate achievement of pre-defined outcomes for the person living with dementia. However, the literature does not explore theories-in-action, in which practice as it *is* done is represented. Although Schön (1987) takes a Socratic perspective on the development of learning and knowledge about professional artistry in which recollection is the process through which a person recovers tacit knowledge, knowledge that is implicit and held deep within the body, such a principle is not specific enough to know or understand professional artistry. He proposes that knowing-in-action is the knowledge related to professional artistry that is revealed in observable actions. It is dynamic, ever-changing and adjusted relative to the context of the action. This suggestion about adjustment implies that unique theories-in-use that emerge from knowing-in-action are constitutive of the appreciative system of the profession. Thus, reflection-in-action is required in order to express knowing-in-action that is truly reflective of the theories-in-use of practice and, consequently of the appreciative system and purpose of practice. Being reflective in action and exploring the process is indicative and facilitative of a critical perspective on practice in the sense that it is orientated towards experimentation and creativity in practice.

Authenticity and enlightenment

The understanding of professional artistry developed in the previous section identifies the potential for multiple appreciative systems in one profession that do not connect or are incoherent, which emerges from contextual influences on a professional's practice. Furthermore, it is possible that awareness of these incoherencies and disconnections is not developed because of the challenges in articulating knowledge related to professional artistry that is tacit. Indeed, Schön (1987) identified that a different type of learning underpinned by reflection is required in order to understand this knowledge. However, understanding of the forms of knowledge, ways of knowing, intelligences and ways of being implicit in professional craft knowledge and professional artistry have been advanced since Schön (1987) developed his epistemology for reflective practice. This epistemology and his methodology for facilitating and understanding professional artistry was critiqued by Titchen (2000) due to concepts that can be used to describe the epistemology of practice. Titchen (2000) argued that the proposition to consider and layer

different forms of reflection in order to develop professional artistry and research practice is not feasible, as the distinction between different forms of reflection are not as clear as Schön suggested. Ultimately, reflection-in-action and reflection-on-action are understood to be part of the same process that underpin artistry. Nonetheless, exploring the difference between understandings that emerge from reflection-on-action and reflection-in-action is important in offering a sense of the difference between espoused values and values-in-action that occupational therapists hold.

Titchen (2000) identified professional artistry as inherently ontological. That is, it is concerned with existence and a professional's being-in-the-world or 'knowing-in-being' (Titchen 2000, p. 20) until this being is translated to language. She clarifies in her critique of Schön's epistemological development for professional artistry that understanding professionals' expertise and culture in practice goes beyond the theories-in-action that he describes. It is understood that practice knowledge relates to meaningful, relational and contextual aspects of practice that are pre-reflective and pre-critical. This means that understanding professional artistry demands that we go beyond understanding of theories-in-action and reflection-in-action and reflection-on-action, to exploration of knowledge that is embodied in an occupational therapist's being. This perspective is informed by Heidegger's philosophy that considers being-in-the-world as a kind of understanding that is prior to, and more essential than, reflective thinking (Titchen 2000; Van Manen 2018). It is a kind of knowing in which the person is part of the world, inextricably connected with their external reality, and with the background that holds the shared meanings of everyday practices that occupational therapists make. Thus, we need to understand an occupational therapists ontology if we are to understand the purpose of their practice.

Titchen's understanding of professional artistry as fundamentally ontological offers a useful perspective from which to understand the concern or purpose and meaning of occupational therapist's practice. However, her purpose for developing an ontological inquiry was different to the purpose of this study. While there is a concern with understanding the nature of professional artistry in Titchen's work (Titchen 2000), this research is also concerned with articulating occupational therapists being-in-the-world (nature of professional artistry) to facilitate understanding of context or, as Titchen (2000)

puts it- the "world of background practices, social practices and historical contexts, and as a person in time" (Titchen 2000, p. 21). It has already been assumed that context encompasses the assumptions that occupational therapists make about their practice, so exploring being-in-the-world will facilitate understanding of the background of shared meanings that constitute culture. In this way, the intent of the study differs and so must be clarified.

Drawing on the work of both Schön (1987) and Titchen (2000), it is assumed that facilitating reflection that explores the being-in-the-world of the occupational therapist is a key aim of this study. The philosophical intent inherent in this aim is one of authenticity. Authenticity is a Heideggerian concept concerned with focusing on knowing and attending to our everyday ways of being in order to see our true self and our unique capabilities and potential. There is a clear and discernable connection in this concept with the nature of professional artistry; an approach to practice that expresses the unique views, assumptions, values and beliefs of the occupational therapist. Coming to know the being-in-the-world of the occupational therapist could facilitate a shift in attention to, and engagement with, the taken for granted assumptions in practice (Sherman 2009), which Schön (1987) recognises as potentially disconnected and incongruent with espoused self. Sartre (1946) argued that the actions that persons take, and the choices that they make, define who they are; essentially, a person is free to create their identity and their practice through what they do. So by exploring the being-in-the-world compared with espoused values or being, we can understand the true or authentic self of the occupational therapist, thereby defining the actual purpose of their professional practice. Knowledge of the shared concerns and purpose defines the prevailing culture embedded in context.

Articulation of authentic self as the philosophical intent of this study is congruent with a person-centred philosophy. The intention to acknowledge and understand the occupational therapists' unique potential through exploration of their being-in-the-world and connection of this ontology to the shared assumptions (culture) of the profession reflects this congruence. People exercise their potential (authenticity) through a process of socialisation. Heidegger (1927) recognised that the persons' being-in-the world is relational and dependent on social practices and historical contexts. This means the

authentic self of the person, expressed through professional artistry, interacts with other elements of context to create a culture that may or may not support authenticity (in the sense that the therapist can express their uniqueness) or, therefore be effective in being professional practitioners. This philosophical perspective is inherently concerned with existential humanism, focusing on the being of the occupational therapist and the uniqueness, purpose and freedom of their authentic self (McCormack and Titchen 2006; Sartre 1946).

The existential humanist perspective for understanding professional artistry, choice and purpose has been advanced by McCormack and Titchen (2006) in recognition of Heidegger's theory that social practices and historical contexts influence occupational therapist's practice. The concern with understanding professional artistry and ways-of-being of occupational therapists in this thesis is clear. However, the idea that understanding of self, a situation, or ways-of-being leads to action that facilitates change has been questioned by critical theorist, Jurgen Habermas (1972). Change in this respect refers to a change in both the perspective that occupational therapists take in relation to person-centred and evidence-based practice, and in their ability to facilitate change in occupational therapy through professional artistry, based on their unique perspectives and practice approaches. Critical theorists argue that understanding context and culture is not sufficient to change or improve practice as it only offers a description and interpretation of the meaning of action. It does not facilitate the instigation of action, which is believed to be a prerequisite to achieving true enlightenment. True enlightenment is understood to be "freedom from previous forces of domination that hinder effective action" (McCormack and Titchen 2006, p. 244). This position contrasts with an existential humanist perspective developed by Sartre (1946), which assumes that a person is free to choose their purpose and uniqueness, with little reference to forces in social and historical context that influence choice of actions. Thus, being aware of ways-of-being and comparing them with espoused values is not sufficient to understand practice or develop research that is orientated towards change. Understanding contextual influences on ways-of-being and on experience of practice for all involved will offer a way forward in facilitating development of authentic evaluation or evaluation that reflects the values and realities of multiple stakeholders in practice with persons living with dementia.

Theoretical underpinnings

Critical creativity and the body

Seeing and understanding ways-of-being in relation to and in connection with the context of practice is a step towards enlightenment and authenticity, for the purpose of developing an evaluation that is authentic to the uniqueness of the occupational therapist and the profession. This assumption incorporates principles from both the interpretative and critical paradigms. It is informed by interpretative assumptions, noting the need to develop understanding of being-in-the-world of the occupational therapist, and by critical assumptions in the intention to develop this understanding by deconstructing the context of practice in which the occupational therapist works with the person living with dementia. A paradigmatic synthesis called critical creativity assumes that this critical deconstruction needs to incorporate creative imagination and expression to access understanding about being-in-the-world of occupational therapists and to capture the elements of the context and experience that are important. By incorporating creativity, the paradigmatic synthesis of critical creativity assumes that neither the interpretative or critical paradigm alone are sufficient to support understanding of professional artistry and deconstruction of the context in which it takes place.

The development of critical creativity came about as a result of the recognition that existing approaches to enlightenment assume that ways-of-being that are ineffective in facilitating change can be identified and transformed by clarifying the rationality of a way of being, and changing it through language and human interaction. McCormack and Titchen (2006) argue that this is unlikely, rather concurring with Fay's (1987) assertions that persons feel their way from situation to situation and can understand their ways-of-being in the world in relation to theory through their embodied being. Thus, Fay's (1987) theory of the body was advanced to incorporate creativity as the means through which to access and understand the preconscious knowledge or being-in-the-world of the person, and the influence of context on these ways-of-being. Creativity moves the person beyond rational processes of understanding and deconstruction of context towards understanding that is encompassing of the whole of the occupational therapist's being and the meaning of their whole being (Titchen and McCormack 2010).

Hermeneutic/existential phenomenology

Acknowledging the embodied nature of knowledge related to professional artistry, Titchen (2000) developed a theoretical framework reflecting an epistemology called existential phenomenology. Titchen differentiated between existential phenomenology and phenomenological sociology, noting that other forms of phenomenology such as Husserl's epistemology engaged understanding of the unready-to-hand (what Schön would call reflection-on-action) through access to the inner world of subjective experience of this conscious and reflective action. On the other hand, existential phenomenology is an approach to understanding that explores the ontological engagement with the world, which Titchen (2000) believed could be understood by observing and experiencing the shared hidden, spontaneous and habitual practices of the professional, and being with them in their world of practice. It does not presume that access to the inner world or subjective experience of the practitioner can be achieved. Instead it suggests that a "fusion of horizons" (Gadamer 1975, p. 317) can be developed, in which the researcher creates a space for prejudices to be "made visible and questionable by the appearance of other prejudices" (Titchen 2000, p. 22). This process does not mean that the hearer or researcher separates their prejudices from the text, but that they acknowledge and fuse prejudices and traditions with the ones that emerge in order to move into the yet to be known or a more complete understanding of the purpose of practice. This fusion of horizons is how comparison between espoused practice and authentic practice is made. Gadamer's notion of fusion of horizons is referred to as a form of hermeneutic phenomenology.

While an existential phenomenology offers an epistemology that incorporates the perspective of the researcher, and aims to explore a mode of engagement with the world not previously explored in the context of this research and practice, it does not offer a whole understanding as it does not go beyond language to facilitate expression of pre-reflective knowledge. Given McCormack and Titchen's (2006) critique of the ontology of existing theory and its insufficiency in supporting understanding and transformation of ways-of-being, it follows that existential phenomenology is only useful to an extent. Existential phenomenology does offer assumptions consistent with the philosophy of

critical creativity and my own values (developed in C*hapter 1 and 2*). Namely, the assumption that a person is situated in a context and that we can only understand a person's being-in-the-world in light of the historical context and tradition in which they are situated. Gadamer (1975) calls this the horizon. When the researcher and the person come together to understand they fuse horizons through a process of negotiation. This occurs through critical reflective dialogue and results in understanding that unites the known (history) and the yet to be known. Gadamer (1975) also believes that this understanding is a new context of meaning that exists only briefly and is only useful until a new context of meaning is developed- a view held by critical theorists.

In his exploration of relationship-centred health care, Stephen Buetow (2016) offers the analogy of the 'window mirror' to describe the ideal vision of balanced, effective practice in a caring relationship between the practitioner and the person living with dementia. Although this is a practical issue being described, the analogy is a useful one to facilitate thinking about the type of understanding that hermeneutic phenomenology aims to develop. The window mirror shows the practitioner, in this case the occupational therapist, seeing the person through the window, but also seeing themselves reflected in the window. The image of reflection of both persons is the fusion of horizons. This analogy enables a bringing together of the principle of 'togetherness' that is identified in the critical creative reflection in *Chapter 2*. The principle of fusion of horizons also enables a melding of the assumption of togetherness with a philosophical assumption of critical creativity (McCormack and Titchen 2006)- the moral interest in equality and respect for each person in a caring or therapeutic relationship. Although Buetow's analogy is applied to the relationship between the practitioner and the person they are working with, this analogy is equally applicable to the researcher and the occupational therapist they are working with.

A hermeneutic phenomenology assumes that in the process of understanding or fusing horizons, by being with the practitioner or the person we are working with, the wonder of the yet to be known is experienced. When the taken-for-granted assumptions or embodied being-in-the-world becomes displaced or foregrounded, the particularities of the experience that reflect the whole of experience in the world can be noticed, thereby standing out from the tradition and history of practice (Van Manen 2018). The concepts

of power and oppression related to acknowledgement of deviant and uncertain perspectives in practice and research emerged in this work (in *Chapter 1* section *Evidence-based practice in occupational therapy*) but my own embodied being resulted in the development of questions that focused on the strength and positive statements in the reflection. This principle connects to, and embraces, the metaphor of 'dancing with beauty rather than fighting ugliness' (Marshall and Reason 2008, p. 79) embedded in the moral concern of critical creativity. By operationalising the principle of foregrounding and backgrounding through fusion of horizons it is possible to understand the ways-of-being in practice that are useful or experienced positively also.

Kinsella (2006) suggests that the hermeneutic phenomenology developed by Heidegger and Gadamer contains an implicitly critical dimension that lends itself to the critical potential of the epistemology. She concurs with Gadamer (1975) that hermeneutic reflection "exercises a self-criticism of thinking consciousness" (Kinsella 2006, p. 11). Hermeneutic phenomenology is understood as the stimulus of consciousness about the traditions of our lives that compels us to see what we are doing and how our lives work. In other words, holding a mirror to our traditions and history. Kinsella (2006) proposes that this hermeneutic understanding of our selves offers a person a choice to transcend their context if they wish, assuming that holding a mirror facilitates understanding that offers opportunity or choice to transform. Furthermore, she notes that Gadamer claimed his epistemology was implicitly critical in the very willingness of a person to enter into a process of reflective dialogue, which implies their openness to change. This perspective on the choice in actions of occupational therapists parallels with Sartre's philosophy (Sartre 1946), which has already been critiqued. Nonetheless, it does emphasise the value of using principles of hermeneutic phenomenology to develop an understanding of the person in relation to their context in order to present decisions about the need for change in ways of being or in context.

Neither existential nor hermeneutic phenomenology has yet dealt with the ontological question of the body, and the limited potential of their philosophies to develop understanding of being-in-the-world that is pre-reflective. Blending creative intelligence and creative expression with the aforementioned principles of the phenomenological traditions will enable access to the embodied knowing of the occupational therapist,

enabling translation of knowing-in-being to language and thereby making it available for exploration and comparison (McCormack and McCance 2006). McCormack and Titchen (2006) also believe that use of creative expression enables a more raw understanding of experience as it bypasses the process of rationalising language that a person often tends towards in everyday practice. This perspective suggests that criticality is in the use of translated embodied knowledge to understand the particularities of occupational therapists embodied knowing in practice in comparative relation to the history and traditions of the context. This will enable a movement towards development of an evaluation of practice that encompasses the understandings and meanings that emerged from the creative expression of embodied knowledge. Philosophically, using creative expression will create a synergy between language and art forms to create a critical dialogue about the assumptions underpinning practice and their consistency and congruence with the assumptions of the tradition of context. Theoretically, this enables connection of worldviews by engaging the archetypal wisdom of spiritual traditions either implicitly or explicitly.

The use of creative expression as a way of accessing the being-in-the-world of a person and making it available for critical reflection is exemplified in my own exploration of self in *Chapter 3*. McCormack and Titchen (2006) hold spiritual intelligence as a key philosophical assumption of critical creativity, that is essential to guide decisions when a person is moving into the uncertainty or yet to be known of practice and understanding or, as they put it, at the boundary of order and chaos. It refers to what persons do with their spiritual values and beliefs. One of my spiritual beliefs is reflected in *Figure 13*, which I identified in a creative expression during my exploration of self. This process of creative expression occurred beyond my comfort zone (at the boundary of order and chaos) but my spiritual belief enabled the expression and interpretation of it that expressed one of the philosophical assumptions of this study- hermeneutic phenomenology. This process is re-presented in *Figure 14*, with a developed understanding of its meaning (Kinsella 2017) to highlight the outcome of interplay between spiritual intelligence and creative expression through critical creative dialogue.
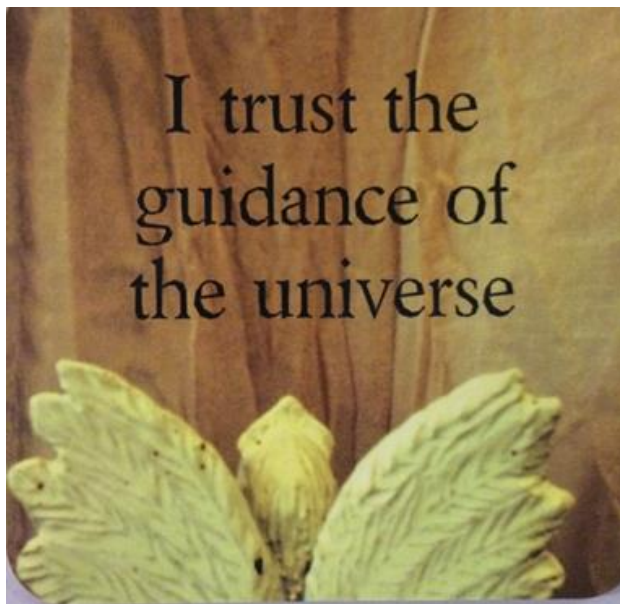
Figure 13 Spiritual intelligence

Figure 14 Hermeneutic phenomenology

"I feel now that this painting represents hermeneutics in my study. Hermeneutics refers to a way of reaching the 'yet to be known' (the answer to the research question) through reflective dialogue and negotiation of perspectives. Understanding of the 'yet to be known' is reached when consensus about the topic occurs- even for a moment. The picture represents the space in between dialogue that has not been discussed or agreed upon yet. It truly was a circle that revealed some inner truth about the world as I understand it (a mandala) - the world as a place where knowledge is a shared understanding of a question or topic." (Kinsella 2017, p. 6)

Methodological underpinnings

Case study definition and methodological principles

Many definitions of case study exist, which have been explored by Simons (2009). Simons has used her philosophical perspective and review to develop her own definition of case study research, as:

> *"an in-depth exploration from multiple perspectives of the complexity and uniqueness of a particular project, policy, institution, programme or system in a 'real-life' context. It is research-based, inclusive of different methods and is evidence-led. The primary purpose is to generate an in-depth understanding of a specific topic (as in a thesis), programme, policy, institution or system to generate knowledge and/or inform policy development, professional practice and civil or community action."*
> (Simons 2009, p. 21)

This definition was developed to offer a sufficiently broad appreciation of the purpose of case study research than previously offered. Additionally, this definition is orientated towards case study as research. It is informed by the following principles of case study research:

- A strategy to empirically define the boundaries between context and phenomena (Yin 1994)
- Research of phenomena in their real-life context (Yin 1994)
- Portrayal of an occurrence, locked in real life context, through 'fusion of the styles of the artist and scientist' (McDonald and Walker 1975, p. 3)
- The phenomenon being studied is singular, unique, complex, and therefore nuance and particularity is important (Stake 1995)
- Sequentiality of phenomena in context is presented (Stake 1995)

Each of these principles, incorporating the purpose that Simons (2009) expanded, is relevant to this methodology and consistent with the philosophical intent of this thesis.

The research aim to understand the context in which occupational therapists' practice. The ensuing research methodology was informed by research evidence and clinical experience that identified the need to explore the particularities and unique assumptions and components of occupational therapists' practice. The purpose of this research aligns with the purpose of case study methodology outlined by Simons (2009). That is, to generate in-depth understanding of the assumptions underpinning occupational therapists practice and their unique perspectives and practices. It also aligns with the purpose outlined by Yin (1994) to begin to draw boundaries between the context and the phenomena being explored; the values and beliefs underpinning occupational therapists professional artistry, though Yin referred to this case study as a method rather than a methodology. These boundaries are not clear as the purpose and practices constitutive of the phenomena of professional practice that makes it unique or distinctive from the environment (particularly culture) in which practice occurs may not be certain.

The intention to explore phenomena of professional practice in real-life contexts by portraying them as they occur defines the need to describe the occurrence prior to interpretation of it. By this principle, description should enable portrayal of the context in which practice occurs and illuminate the elements of context that stand out as significant or meaningful in relation to the phenomena being explored (Simons 2009). Similar to Schön's (1987) methodological principle, the use of observation to develop description that captures real life context is identified. However, acknowledging the critique that Titchen (2000) makes of the difficulty in separating observation made at the time and context in which the professional practice takes place is important here. As the boundary between context and phenomena is not discernible prior to the development and exploration of the case, it is not likely that a distinction can be made between the kind of practices or reflections that need to be observed. Simons (2009) suggests that descriptions made using observations are then insufficient to portray the real-life context of practice if used alone as they may not be contemporaneous or reflect the history of the context that is relevant to the time of the occurrence. Thus, multiple methods that include dialogue are necessary to develop a more robust representation of context.

As discussed, significant issues in the context of focus will not be known in advance due to the nature of the research questions. A progressive focusing is likely to emerge over

the duration of the whole research project and potentially only at the point of interpreting the data (Parlett and Hamilton 1976). The principle of progressive focusing is informed by a philosophical principle of hermeneutic phenomenology in which the significance of the issue is identified by being with, or experiencing the data, as it is being made sense of and described *in* the research context, or during the process of data collection. Whilst Simons (2009) notes the importance of being conscious of what is being observed by staying open to the unexpected, she also suggests that this requires suspension of previous understandings; a perspective that is inconsistent with both Gadamer's (1975) phenomenology and critical creativity. Progressive focusing is likely to occur in this research, in its fusion of horizons that incorporates the perspective of the researcher with that of the person they are with. Additionally, the use of creativity to express embodied knowledge about significant issues in the context bypasses the rationalisation process and potential to search for issues. The principle of moving into the yet to be known is consistent with this approach to the experiencing of research, discovery of data and description of context.

Evaluative and comparative purpose

It is clear by now that evaluation of any phenomenon or practice is not possible without knowledge of its purpose and constitution. In a sense, even identifying the values specific to practice is considered as a phase of evaluation (Simons 2009). Kushner (2015) calls this contingent evaluation, in which the concern is with how professional practice works. He compares this with literal evaluation; an examination of how occupational therapists practice conforms to pre-determined rationality and propositions that the researcher holds interpretative authority over. Case study is understood here as an opportunity to come up with a question that is useful in terms of evaluating practice. Kushner (2015) proposes that it offers an opportunity to give a practice authentic meaning, a belief that aligns directly with the intent of this study. In a contingent evaluation case study there is a tendency towards the practical rather than the theoretical. In this research context this means a focus on the uncertain, creative parts of practice that are always changing in relation to theory, as opposed to generalising from a particular theory that is not necessarily learned or practiced by participants. Finally, contingent case study evaluation broadens the research perspective to explore unanticipated or unidentified variables in

practice that are related to the professional practices observed. This means that the foreground and context is only discernable through exploration of data.

Simons (2009) does not explicitly explore comparison as a component, purpose, or principle of the case study. Comparison is relevant in two ways and two phases of this study. Firstly, it is operationalised in the practice of holding the values of different occupational therapists (in the context of their practice) to each other to identify shared and differing values, beliefs and assumptions. The second is in the comparative practice of exploring the findings in relation to existing evidence that expresses espoused values. Both of these comparisons identify the existence of separate realities that have the potential to conflict or converge with each other. Taking an explicitly critical stance by comparing realities establishes an interpretation of authenticity. Simons (2009) does suggest that paradox is an aim of the case study in so far as significance of a finding can emerge when the essence of the particular conflicts with the message of the universal. This requires comparison or juxtaposition to identify and understand.

The person as the case

Kushner (2000) notes the fundamental underpinning of case study theory in existential philosophy. The existential belief that past experience is never literally applicable to a present situation, nor will a present experience be literally applicable to a future situation, grounds the concern with the here and now of case study research (Schön 1971). This implies that understanding the particularities of a situation in order to know the authentic state of person is the purpose of case study research. This belief requires that the researcher looks beyond the role of the occupational therapist, or implementation general theories like the theory underpinning the occupational therapy interventions identified in *Chapter 1*. In looking beyond, the person in their context and their 'here and now' theories can be brought into focus.

The existential assumption that underpins case study theory has led Kushner (2000) to advocate for the person as the case. In other words, he urges the evaluator to develop a case study in which the life of the person (the occupational therapist) is considered the context in which the significance of a practice or program is determined. Kushner (2000) is careful to note that this inversion (from focus on program in context to person in relation

to practice) does not mean that the person's life history or biography is the only thing of significance in evaluation. Instead it is suggested that practices and programs should be understood through a person's experience of them and their experiences understood as one element of the interaction between cultures. These principles ensure that the focus remains on evaluation as opposed to research into the occupational therapists' life, whilst facilitating an understanding of the interaction between context and action.

The principles of personalised evaluation that Kushner (2000) outlined underpin the argument for understanding the person as the case. Whereas Simons (2009) suggests that portrayal of the person as evaluation data makes up part of the case study of a social programme, Kushner (2000) seems to suggest that the person is the case. He believes that portraying the lives of persons will offer understanding of the case (interaction between context and person). Furthermore, given the prejudgment that informs this evaluation, evidence-based, person-centred practice involves more than application or implementation of particular interventions or approaches to practice, it was not possible to create a 'bounded system' that includes all of the components of the units of analysis being studied, as Simons (2009) suggests. In this evaluation, the concern is with identifying and exploring the actions that occupational therapists, who are based in a particular practice context, take in their practice, the picture that all of these actions create when accumulated (story) and their experience of it, thus making the study fundamentally concerned with the person.

Making connections between events and phenomena in the lives of the persons that participate enables an understanding of the coherence and significance of actions in their context (Kushner 2000). Portraying the lives of occupational therapists in relation to, and as contingent upon, one another enables these connections and understandings to be developed. An understanding of the contingent relationships can only be developed during analysis of the life events observed and discussed. However, the lives of persons involved in the evaluation need to be understood as collective and interconnected in order for contingent connections to be made. Thus, the life of each person involved in the evaluation is understood as a sub-case. The point at which the cases overlap and create a story of the practice evaluated is the whole case. This is illustrated in *Figure 15*. It should be acknowledged here that there are interactions in this case illustration that are

were available to the researcher but may indeed influence the actions observed by them. Namely, the overlap between Mary, Sharon and Emma's lives. The point at which the four lives intersect is the point that an understanding of the whole case study emerges.

Emergent case study

Niamh (researcher)

Sharon (occupation al therapist) and persons she works with

Emma (occupation al therapist) and persons she works with

Mary (occupational therapist) and persons she works with
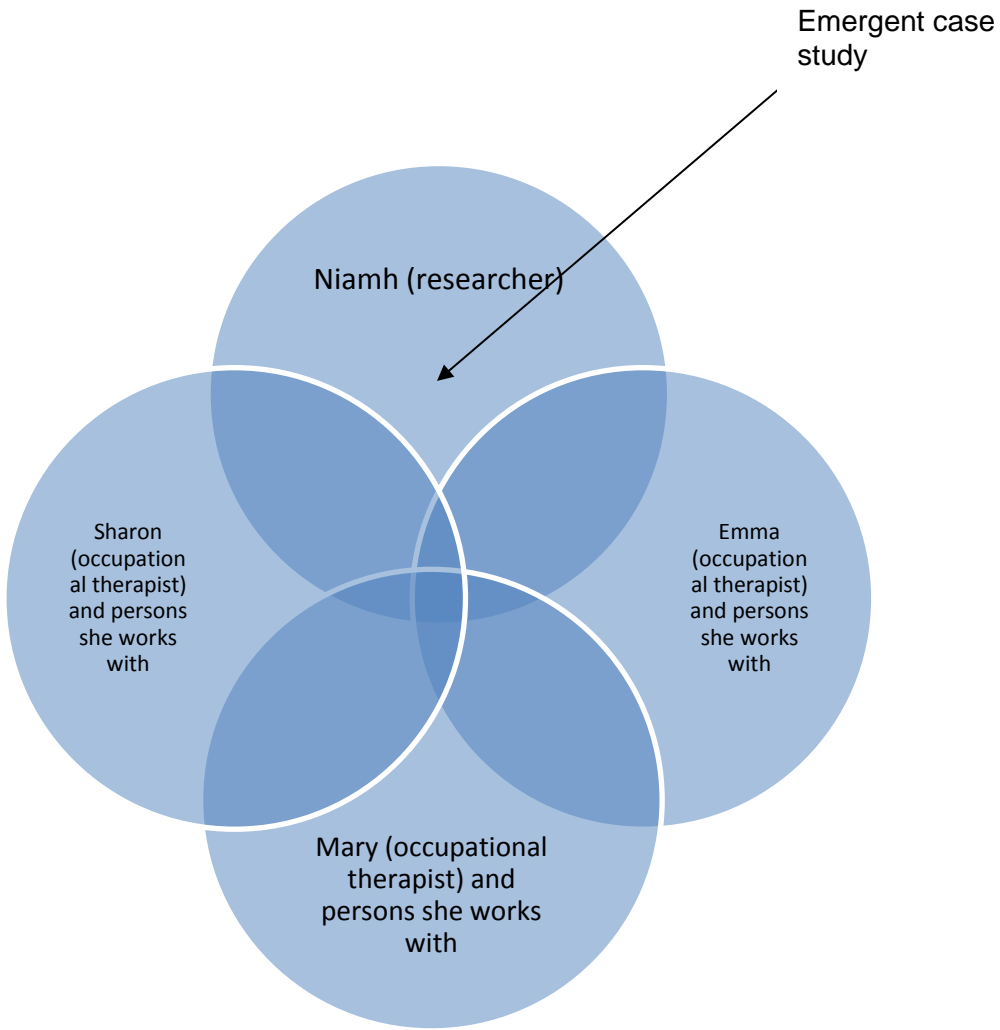
Figure 15 Presentation of case study

Praxis and researcher as participant

Praxis enables the conversion of philosophical and theoretical principles into reflexive action in research (Titchen and McCormack 2010). It follows that praxis is a methodological principle of case study research. Praxis is also known as practice wisdom or intentional doing that has a moral intent. It is enabled through professional artistry, in which the researcher chooses, blends and melds the principles of the frameworks by being creative in their practices and using qualities, skills and multiple perceptions. This facilitates generation of research that is reflective of the authentic self of the researcher in relationship with the persons they are working with (Titchen et al. 2007). In critical creativity (Titchen and McCormack 2010), praxis is represented by a spiral that is double sided. It has both an emancipatory and hermeneutic intent. In this study, there is a primary concern with hermeneutic praxis. A discussion about hermeneutic phenomenology and the nature of knowledge to be understood returns this discussion to the aforementioned critique of the assumptions of the interpretative paradigm; that understanding of a situation or experience does not necessarily lead to action or change (McCormack and Titchen 2006). However, Titchen and McCormack (2010) identify the potential of hermeneutic praxis in research to develop an understanding of occupational therapists' ways-of-being to inform evidence-based, person-centred care. While hermeneutic praxis does not change a situation or enable emancipation from barriers to achieving such practice, it does enable reflexivity in research practice. This reflexivity offers a way of presenting the situation, context and practice as it is (in terms of authenticity), offering enlightenment. McCormack and Titchen (2010) argue that the result of this praxis is the creation of energy for change in practice if necessary and if desired and engagement with the potential of occupational therapists. Energisation is referred to as one of the methodological assumptions of critical creativity, developed through the use of creative expression and intelligence.

Given that praxis is operationalised through professional artistry, it follows that the researcher must develop artistry in order to be reflexive in their research practices and realise their vision and purpose (Titchen et al. 2007). The process of coming to know self through supported critical creative reflection in *Chapter 2* is an indication of the development of research artistry for myself as a researcher in this study. The painting in

Figure 16, also re-presented from *Chapter 2,* and the critical creative dialogue developed with it, reflects the enlightened energy that emerges from hermeneutic praxis- note the spiral and light that is in the painting. Active learning (Dewing 2010) is a strategy that, alongside creative practices, is considered a means of achieving the purpose of a critical creative study- in this case enlightenment about authenticity. It is an approach that facilitates in-depth learning by drawing on and creatively combining multiple learning methods and offers opportunity to engage with emotional learning experiences that enable 'moments of movement' (Dewing 2010, p. 1) or understanding of how a person is in relation to their values and beliefs. Active learning is intended to begin with critical and/or creative reflection on self before facilitating learning with other persons. This is the process through which reflexivity in research becomes possible. This perspective engages the researcher as a participant in the study that is learning about and becoming more of who they are by engaging in reflexive practices with occupational therapists.
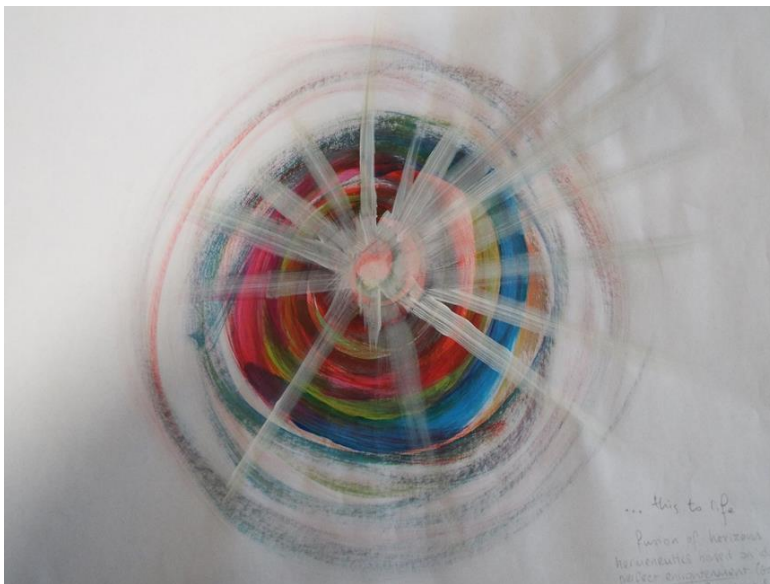
"This painting represents light and energy emerging from praxis. Brendan and I never agreed if it was one or the other but I understand the metaphor of 'energising forces' in the critical creativity literature that represents transformation through moments of 'crisis' that trigger a need for change. While I still see light in this painting, I also know that when I painted this I was full of energy and was beginning to feel that change had truly happened that could not be reversed or undermined. So, the idea of energy is useful and entirely appropriate here. I also see and now understand intentional use of creativity and metaphors to identify learning and change." (Kinsella 2017, p. 8)

Figure 16 Energisation through enlightenment

The hermeneutic perspective on praxis engages the researcher as a participant in the study by the nature of its underpinnings and facilitation. As hermeneutic praxis through professional artistry is intended to develop a fusion of horizons for the purpose of shared understanding, the perspective of the researcher is inseparable from that of the persons

they are developing understanding with. An active learning approach to praxis can result in understanding and enlightenment for the researcher also. The shared understanding that is developed would look different if it was created in relationship with another researcher owing to the fact the research processes emerge as a result of the artistry of the researcher. Titchen (2000) called this perspective of being with the professional in their practice as a connected observer stance. Thus, the approach to understanding is always unique to the relationship of the researcher with the persons they are with and the context of research.

Methods

Recruitment

I decided that I would work with occupational therapists that had been trained to implement, and were accredited in, an intervention called the Tailored Activity Programme (TAP) (Gitlin et al. 2008). The reason for this was threefold. Firstly, exploring the practice of TAP accredited occupational therapists could offer a 'real life' understanding of the way in which research evidence and intervention guidelines are actually used, and interplay with the values and beliefs of the occupational therapists and the person living with dementia in a Scottish context. Secondly, case study research methodology holds the principle of focusing on the particulars of a given case as opposed to generating large quantities of data from multiple sources. TAP accredited occupational therapists are based in services across Scotland so there was potential to compare phenomena between local contexts and healthcare services and develop a sufficient quantity of in-depth data to build a picture of national practice. This meant that recruiting occupational therapists beyond this seemed unnecessary. Finally, the decision was a practical one in that there was an expectation from a research funding perspective that I worked with occupational therapists that had received training to develop expertise, and were experienced, in working with persons living with dementia.

In order for occupational therapists' practice to be explored in 'real time', and to facilitate critical and creative reflection about their actual practice, I needed to observe and explore their actions in practice. This meant that I needed to audio-record occupational therapy sessions with persons living with dementia and their caregivers. It was intended that the

audio-recording would be used as data to demonstrate the values and beliefs attached to the occupational therapists' actions as evident in dialogue, in relation to the values and beliefs of the persons they are working with. Additionally, audio-recordings could be used to identify the use of particular forms of evidence in practice and offer descriptions of practice. Persons living with dementia and their caregivers were asked to participate in the study by the occupational therapist working with them. The occupational therapist acted as gatekeeper[7] for the study information and presented it to the person prior to meeting with them (by phone) and upon first meeting with them. Any person living with dementia and their caregiver that was involved in a therapy process with a TAP accredited occupational therapist was invited to consider having their therapy sessions audio-recorded. In situations in which the occupational therapist did not act as gatekeepers and did not offer participation in the study, their practice was still observed (but not audio-recorded) with verbal consent from the persons receiving therapy. These observations were used to facilitate reflective dialogue *after* the therapy session, and could offer descriptions of practice, but could not be used to represent the 'fusion of horizons' that an occupational therapist developed with the person living with dementia.

Ethical considerations

The ethical approach to this study balanced the operationalisation of abstract or propositional ethical principles, such as those defined by institutional processes, with embodiment of personal values in the context of the evaluation action. This means that ethical decisions are not made by identifying particular choices and approaches for particular situations, Newman and Brown (1996) suggest, but by considering both personal and public values in the context of the ethical action that needs to be taken. Kushner (2000) called this approach to evaluation ethics 'artistry', in which competing ethical principles are balanced for the purpose of doing the *best* thing for participants rather than the *right* thing. This implies a relational perspective (Finlay and Evans 2008) in which there are a number of ethics that can be engaged in each situation but the one that is chosen is the one that has the potential to realise the best outcome for the

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[7] A person that provides information on behalf of the researcher and determines the researchers access to a conversation with potential participants.

evaluation participants (Kushner 2000). It also implies that there is no *unethical* decision but decisions that fit the context and purpose of the evaluation relationship better than others. To this end, Kushner (2000) proposed that there are three ethical areas that are covered in evaluation: the ethics of role; the ethics of evaluation agreements; and the ethics of conduct. Each of these areas present particular ethical considerations in relation to this study that needed to be balanced and considered at different stages of the evaluation research, some of which were more complex and pertinent in this research than others.

Simons (2009) encourages consideration of the principle to do no harm as the fundamental ethical principle in case study research. This principle is understood to be particularly pertinent in case study research as a person's experiences are being closely explored and described within their contexts which are always unique. It is argued that these features of case study research make participants vulnerable if and when the data is shared and reported as it may represent a view of themselves or of their context that they do not share or that makes them identifiable. Simons (2009) suggests that considering the principle to do no harm in the context of relational ethics enables the researcher to not only think about the potential for harm in their research actions, but also to consider the potential of relationships in research to contribute positively to the experience of the participant. Adopting this perspective requires that emphasis be placed on establishing relationships with participants. This enables dialogue about ethical challenges that arise during the research process and enables the researcher to reach decisions that are consistent with professional values.

A relational perspective on ethical decision-making moves research beyond universal ethical principles that are typically observed in healthcare research (Simons 2009). Examples of the expectation to apply abstract universal principles such as the principles of beneficence (do no harm), respect for persons (informed consent) and justice (consideration of benefit of research to participants, are visible in literature that outlines how to be "an ethical researcher" (Glasper and Rees 2017, p.35) and the institutional and legal process that a researcher must go through to do ethical research (Bowling 1997). Such literature privileges "the ethics of evaluation agreements" (Kushner 2000, p. 180) in so far as they are concerned with the nature of the research design (process) and the

provisional criteria that govern decisions about the nature and benefit of the research politically. However, they do not contend with the other ethics processes outlined by Kushner (2000) and assume that an ethical research practice is a single decision that is made at a particular point in time about the research procedure, inclusion and consent processes for instance. The ethical areas that Kushner (2000) proposes are considerations that go beyond these principles, and facilitate reflexivity in relation to ethical decisions during the research.

Research that takes places in an institution, as this study was, is subject to approval by an ethical committee who hold their own ethical principles that are generally underpinned by universal health research principles, and the principle to do no harm. This study took place with occupational therapists employed by the National Health Service (NHS) in Scotland and with persons living with dementia and caregivers that received care from the NHS. Meeting the expectations related to universal ethical principles, in addition to a relational perspective requires that the two are balanced. Given that the study intended to offer opportunity to include all persons living with dementia, legal principles related to a person's mental and cognitive capacity to consent to research were also accounted for in decision making (Scottish Parliament 2000). However, the universal ethical concerns were balanced with the need to be flexible about decisions made during the research that prospective universal ethical principles and procedures could not guide.

Balance between prospective universal ethical procedures and a relational ethical perspective was developed in numerous ways. Firstly, a focus on the potential of the study was incorporated into prospective ethics procedures to maintain this balance throughout. The procedures and documents outlined the imperative of supporting and articulating the assumptions of usual practice or practice underpinned by critical reflection such that persons living with dementia that participated in the study would receive equal opportunity to benefit from care. Secondly, the emergent nature of the methodology was outlined to an ethics committee and flexibility with research procedures implied in research information. The potential to return to prospective ethics procedures to make amendments to processes and information was available and was made use of where necessary as new information emerged. Finally, the occupational therapists that agreed to participate in the case were asked to act as gatekeeper for recruitment of persons

living with dementia and caregivers to the study. This process was requested by the research ethics committee based on universal principles. However, from my perspective, it also offered participating occupational therapists opportunity to make decisions about engagement in the research based on their own professional reasoning. For instance, a participating occupational therapist could choose to share the study with the any person living with dementia that they intended to work with.

In this study, two main ethical considerations were discussed in detail. The first related to the inclusion of all persons living with dementia that chose to be involved in the study. The second related to the potential for the occupational therapist to be identifiable as a result of the purposeful nature of recruitment. Both of these considerations will be explored in more detail here.

This study was intended to explore practice with persons living with dementia. As identified in *Chapter 1* and *Chapter 2*, very little was known about the occupational therapy process and practice in the local contexts that I hoped to do the research in. This meant that answering questions related to study procedures for the ethics committee was challenging. For instance, it was not possible to identify whether occupational therapists worked with persons living with dementia that had received a diagnosis or did not legally have capacity to consent to the study prior to meeting them in a therapy situation. Given the uncertainty of the situation, I made a decision to create opportunity for all persons that an occupational therapist may invite to participate in the study to be included if desired. This decision implied a principle of inclusiveness in the research and meant that ethics procedures to include persons living with dementia and their caregivers if desired.

Offering opportunity for all persons living with dementia to be included in research requires consideration of research procedures for persons that may lack capacity to give informed consent to the study. A method of process consent was engaged (Dewing 2008a), which is underpinned by principles of inclusionary ethics. The principles of the method contrast with those of the universal principles of research committees in their focus on the remaining capacity that the person living with dementia has. It assumes that it is possible and necessary to consider and understand the wishes of the person living with dementia during the research in spite of any judgement about legal capacity to give

informed consent to the research. This meant that whist advance directives about research had to be considered, I also used a method of consent in which the well-being, emotional and relational capabilities of the person living with dementia were considered at each point of meeting during the research. This approach required balance between the mandates made and followed by research ethics committee about research procedures and the methods involved in process consent. For instance, the research ethics committee requested that proxy consent for persons that lacked legal capacity to consent be obtained for their inclusion in the study. This procedure meant that the decisions made by the person in the past were valued, whilst also considering the wishes of the person in the present moment.

The decision to develop potential for inclusion of all persons living with dementia that received occupational therapy to participate based on their own judgement was a person-centred one in so far as I believed that it would offer persons living with dementia a choice, that I believe they have a right to, about their participation (Skovdahl and Dewing 2017). The ethics of this decision were considered from the area of evaluation agreement (legal, institutional agreed processes) and the area of conduct (the moment-to-moment, artistry-based decisions). However, the ethics of the role of evaluation heavily influenced the extent to which the inclusion of the person living with dementia, and their caregiver, are actually reflected in the study. The complexities of this area of ethics will be explored in more detail in *Chapter 4.* However, in short, challenges that arose with engagement of occupational therapists, who were considered gatekeepers in this study, resulted in an evaluation focus on the complexities of the context of their practice. Thus, the role, and benefit, of evaluation was assumed to be in understanding how the context challenged the occupational therapists ability to engage in their own practice in a person-centred way. The consideration of this area of ethics also changed, and was informed by the ethics of conduct of the study.

This study intended to describe the particularities of occupational therapists practice, which involved description of their specific contexts. Given the small number of TAP trained and accredited occupational therapists, this description put them at higher risk of being identifiable in the case studies. Occupational therapists were made aware of this risk at the beginning of the study and were offered opportunity to discuss any information

that they were concerned with sharing. Simons (2009) writes about the contrasting perspectives on dealing with this issue in research and suggests that considerations of anonymity are typically made to identify an ethical way forward in such cases. I made a decision at the point of applying to the research ethics committee to anonymise the data and use pseudonyms for all persons involved in the study (except myself) for two reasons. First, I believed that it would support occupational therapists to share their practice and feel safe doing so. Second, I made an assumption that the study would not be approved by an ethics committee if I did not follow such principles. Additionally, I chose to remove any information that increased potential for the healthcare service or geographical area of practice to be identified. In retrospect, I believe that this decision was the best one but have considered in more detail the ethics of evaluation research and the benefits of having done this. I believe that it would have been more inclusive and fair to offer occupational therapists the choice about how they are identified in the study (Titchen et al. 2017).

This research intended to include multiple perspectives on occupational therapy practice- the occupational therapists, the person living with dementia, the caregiver and my own. This intention increased the complexity and quantity of prospective research ethics considerations and procedures. Research ethics permissions, study information, informed consent procedures and research ethics committee information (publicly available) is presented in *Appendix 2.*

Technique

The principles underpinning case study methodology explored above identify the need for multiple methods including the blending of observation and dialogical methods. The purpose of this is to develop an understanding that is contemporaneous, in the sense that it reduces the risk of misrepresenting a practice or phenomenon if it is explained or questioned in dialogue. The second purpose is to layer the forms of reflection that Schön (1987) believed were important in defining the divide, or comparing between, the espoused values of practice and those that emerge in action in practice, between the universal and the particular. The methodology outlined in critical creativity does not offer guidance in terms of choice of method, only referring to the need for multiple methods to develop research that reflects the philosophical and theoretical principles of critical

creativity (Titchen and McCormack 2010). This means that thought was given to methods that reflect the kind of knowledge only understood through the use of creativity and spiritual intelligence as well as to methods that reflect rational cognitive knowledge for the purpose of juxtaposition (Simons 2009).

Observation of and dialogue about 'knowing-in-being'

A see/hear, feel, and imagine observation structure (Dewing et al. 2014) was used when observing occupational therapists during any therapy situation with persons living with dementia in which I was present. Using the framework enabled expression of my own embodied knowledge about the situation. This facilitated foregrounding of issues that I experienced and that were significant for further dialogue. Simons (2009) acknowledges that we always have to make a choice about what we are observing. In this case I chose to observe occupational therapists' practice. However, beyond this it was not possible to choose a focus as the distinction between context and practice was not possible. By presenting observations using the see/hear, feel and imagine framework (Dewing et al. 2014) and developing questions to open dialogue, we can identify whether what is foregrounded in observation is significant for the occupational therapist or not. A creative method that resonated with me and that was effective in facilitating expression of my embodied knowledge was painting or drawing.

Using the observations to generate reflective dialogue after the therapy situation, raised consciousness of the embodied knowing that I observed for the purpose of further discussion. The dialogue that emerged from observations was facilitated by use of Evoke Cards (Stokes 2017); a set of photographs that I used to call to mind emotions, memories and embodied knowledge about the observed practice. The occupational therapist was asked to choose cards that reflect how they felt about the therapy situation observed. Generating dialogue based on these feelings and thoughts, alongside the researchers, was used to form a fusion of horizons or a new meaning perspective, in which the occupational therapist and I understood each other for a moment. Mixing these methods translated knowing-in-being into language to be analysed. This process offered opportunity for more in-depth accounts of the occupational therapists perspectives and the meaning and purpose of their actions in the context of the therapy situation. In

situations where evoke cards were not used, my observations of the therapy process were used to guide a reflective dialogue about the practice.

Think aloud technique

Think aloud technique (Bucknall and Aitken 2015) facilitates exploration of a person's rational cognitive or thinking processes and decisions that are being considered in practice and after practice. The participating occupational therapists were asked to think aloud as they were doing therapy. An example of thinking aloud in this context would be asking an occupational therapist to explain out loud, why they are making a recommendation for the person living with dementia to write down what they do every day at the end of the day, as they are making the recommendation. This technique facilitates identification of espoused assumptions that occupational therapists hold in their practice. The data discovered from this method is only useful in the context of the other methods in determining the difference between assumptions that are evident in practice and those that are only evident in language. It is often believed that thinking aloud does not usually occur in practice, implying a belief that the assumptions underpinning practice are usually embodied or embedded in practices. It was suggested in the preliminary and preparatory phases of the research that some occupational therapists think aloud naturally in order to explain the purpose of their actions to the person they are working with. However, in situations in which the therapist did not think aloud, the space for reflective dialogue was also used as a space for occupational therapists to think aloud their forward thinking process or the next action they were going to take. This kind of think aloud process is evident in much of the data in *Chapter 4,* in which Mary and Emma identified the reason for their actions after the therapy session. This helped us to identify the purpose of their choosing one action over another.

Reflective diary

During my time working with each occupational therapist I kept a reflective diary in which I described and interpreted the therapy situations that I had observed. These descriptions included information about my own actions, the occupational therapists actions, the dialogue that we had and any challenges that we experienced when working together or

with the research process. It often included my own reflections on how the person living with dementia had experienced the therapy process. These descriptions were often interpreted in relation to my knowledge about the context of practice and proposed relationships between the actions observed, the assumptions underpinning them and the context of practice described. My reflective diary became increasingly creative, including painting and Evoke Cards (Stokes 2017) as the research progressed. This creative process also facilitated a heightened self-awareness and an increasingly critical perspective of my own assumptions about the practice I was observing and my positioning and approach as a researcher. This is evident in *Chapter 4* in my focus on my own being as a researcher, in addition to the focus on occupational therapists' practice.

Layering methods

It is clear from this discussion that there is a crossover in the type of information that is discovered using each research method and that this was not a linear process. That is, the space for reflection before or after the therapy process created opportunity to think aloud about the situation even when this did not happen in practice. While methods should be used systematically (Simons 2009), each relationship and way of working between occupational therapist and researcher was different. This resulted in the development of a unique process in each relationship which became systematic through a process of trial and error. Shared understanding that had the potential to realise the philosophical and methodological intent of the study could only be developed through accumulation of data from each method, at which point understanding could occur and data could be analysed.

In order to accumulate data, such that understanding of the practice context can be reached, each form of data which emerged from different research methods was layered to create a 'whole picture'. McCormack and Wilson (2006) suggest that in evaluating practice that intends to change something, like occupational therapy that intends to change the occupational life of the person living with dementia, the evaluator needs to be able to identify the impact that the context of practice has on the therapists potential to facilitate change. In their description of realistic evaluation they describe the purpose of layering different forms of knowledge as "an approach to data collection whereby

repeated movements occur between concrete and abstract and between empirical cases and general theory" (McCormack and Wilson 2006, p. 51). This layering can offer interpretations that explain the impact of contextual factors on practice processes. In this study, layering the methods (and different ways of knowing) of observation and reflective dialogue about practice process offered insight into the 'actual', empirical case to build up a picture of the practice context. This picture should enable identification of the contextual conditions that enable practice processes that facilitate change for the person living with dementia.

Creative hermeneutic analysis

Reflective data from this study was analysed through a process of critical creative hermeneutic analysis. This is underpinned by Gadamer's (1975) philosophy of hermeneutic phenomenology, which does not offer a way of doing analysis but of experiencing the data. It was informed by a hermeneutic praxis, which brings assumptions, experience and contextual understanding to light by being with the data and allowing myself to be questioned by it rather that looking for themes in it (Boomer and McCormack 2010). The analytic process of being questioned by the data required that I remain open to concepts and meanings that might emerge and experience the data with recognition of my own prejudices. The process of being with during analysis informed by assumptions of critical creativity is not explicated or explored in the critical creativity literature. However, Boomer and McCormack (2010) note the use of creativity to facilitate expression of complex issues, similarly to its purpose in methodological development and data collection. However, they do not express the value of creativity for the researcher, who in this case was the person that analysed the data, in expressing embodied knowledge about the experience of being with the data that they played a role in discovering. This perspective is heavily influenced by Heidegger's understanding of phenomenology as moving into a state of wonder about what we experienced by being with it again.

The creative and embodied process of analysis was presented to Jane, Brendan and Duncan, and SICoP colleagues while it was ongoing. This presentation is available in *Appendix 3.* Naming the process identified the embodied nature of this analysis with five

phases reflecting principles already mentioned in the philosophical and theoretical framework of this study. First was 'emotional engagement' when being with data. My experience of engaging emotionally was the manifestation of humour in the process. Second, 'becoming comfortable with the mystery' and yet to be known of it. Third, noticing my 'embodiment of the data' in my physical being. This was a manifestation of the emotions I was with in the data. Fourth, 'going beyond my comfort zone' to encounter mystery by engaging in different research and natural environments. Finally, and perhaps most congruent with hermeneutic phenomenology and the ultimate intention of the study, the experience of chaos when a new perspective or 'encounter with the yet to be known' occurs. I have presented this analysis process in *Figure 17.* The process begins at the bottom of the figure, spiralling upwards towards further understanding.
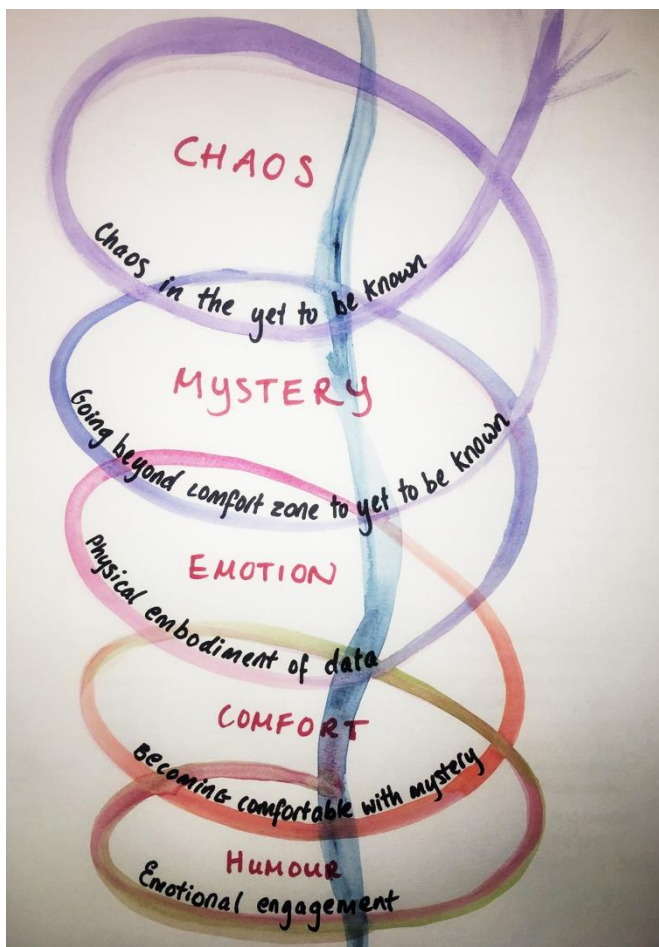
Figure 17 Creative hermeneutic analysis process

The result of the being with of data analysis was reflected through creative expression by myself as the researcher. The critical creative hermeneutic process of analysis differed from the process outlined by Boomer and McCormack (2010) in a few respects. The first stage, described above, was a process of being with all of the data, individually and creatively expressing understanding of it. I developed a narrative individually using this creative expression. This process matched the first three stages of creative hermeneutic analysis. From here I shared the creative expressions with my interpretation of their meaning and engaged in a shared critical creative expression with my supervisors to generate a shared understanding of the situation and identify further themes. This process was reiterated with the Student International Community of Practice (SICoP) and with a group of healthcare researchers and professionals at an international conference, generating dialogue as a whole group following individual reflection about the themes and their sub-components. Only a small amount of data was discovered in this study (explored further in *Chapter 5*) making it difficult to match raw data to the themes and sub-themes discovered. However, the critical creative dialogue that emerged during group discussions recognised this fact in itself as a sub-component of a theme. The movement away from the processes of creative hermeneutic analysis, defined by Boomer and McCormack (2010), emphasised the uniqueness of each analysis process, ensuring a non-prescriptive process. It also ensured consistency with the values that I outline in preceding chapters. For instance, I embedded the principle of storytelling in the analysis process by sharing my own story and offering it for re-interpretation and questioning by persons that engaged in this process with me.

Doing multiple phases of analysis with professionals from different healthcare contexts integrated a purpose into this process that came to light during it. This purpose relates to an underpinning principle of critical theory and critical creativity (McCormack and Titchen 2006); that there are limits to the potential of language and human interaction to clarify and rationalise understanding of a situation or phenomenon. This is informed by Habermas' (1972) suggestion that persons feel their way from situation to situation and consensus about it is the exception in life. Therefore, seeking agreement about an interpretation of reflective dialogue is not as useful as developing layers of interpretations that express embodied knowledge about a situation to account for the limits of rationality.

Each of these interpretations can be used to hold to question previous interpretations of a situation. Cardiff (2012) holds that in such situations of inquiry and analysis, the narrator or the person that presents the story of the data that is being analysed (which I did) is taking the story as a truth. The discovery of themes that arise from analysts' understanding of the story told through use of creative expressions are intended to question the researcher and narrator about their prejudices and their openness to new meanings and multiple perspectives. The product of these processes are represented in *Appendix 5.*

Conclusion

In a healthcare context professional artistry was understood to be a creative process in which different forms of knowledge, ways of knowing, intelligences and practitioner qualities were blended to develop practice that expresses the unique perspective of the professional, and is responsive to, and in harmony with, the unique perspective of the person they are working with (Titchen 2000). Exploring professional artistry in detail enables identification of the values and beliefs and purpose of the occupational therapist's actions. The shared purpose of these actions, that emerges in the exploration of professional artistry, is known as the appreciative system of the profession (Schön 1987). Identifying this appreciative system can enable development of an evaluation framework that is authentic to the appreciative system of the profession (McCormack and McCance 2017).

During the development of the concept of professional artistry it was noted that the unique perspective of the occupational therapist and the appreciative system that emerges may be incongruent with, or unreflective of, the appreciative system that emerges in practice, as the context may not support expression of professional artistry (Schön 1987). This results in the emergence of espoused values that are not evident in practitioners' actions. Therefore, understanding of professional artistry in relation to context is required to identify the appreciative system that underpins and drives practice and the experience of such a practice. The philosophical intent of such understanding is to develop practice and evaluation that is authentic by holding a mirror to the assumptions that underpin practice,

comparable to those underpinning propositional knowledge and theory and identifying contextual influences on practice; enlightenment.

The concern with professional artistry brings to question the ways in which understanding of artistry processes and underpinnings can be developed given its multi-dimensional nature. While it was initially believed that the underpinning of understanding was layers of reflection prior to, during and subsequent to action, the understanding of professional artistry as inherently ontological and concerned with embodied being, changed beliefs about the ways in which it could be understood. Reflection-in-action and reflection-on-action are indeed ways of understanding the underpinnings of practice. However, it is not necessarily possible to develop this understanding through dialogue as ways-of-being are deeply held in our bodies and the assumptions held within them are often not discernable from context. They need to be observed and identified in practice, and discussion emerge from observation, in order to move towards understanding. Creativity is also required in order to translate these ways-of-being and the assumptions underpinning them to language to make them available for understanding and use in development of practice and evaluation.

Philosophical and theoretical assumptions of critical creativity (McCormack and Titchen 2006) are used to blend the assumptions of existential/hermeneutic phenomenology with those of the critical paradigm, particularly the theory of creativity in critical creativity. This theory enables blending of the assumptions of the paradigms through creative expression and spiritual intelligence, which facilitates translation of embodied being and its meaning to language. The principles of hermeneutic phenomenology (Gadamer 1975) used here include the fusion of horizons and foregrounding and backgrounding of knowledge embedded in experience. From the critical paradigm, there is acknowledgement of the assumption that choice to practice professional artistry is not always possible and understanding of context in which experience occurs through critical creative reflection is necessary to achieve enlightenment. This creates an opportunity to choose the development of practice and evaluation if desired.

A case study methodology (Simons 2009) offers a way of capturing instances of practice, frozen in time and place (context). The methodological intent of comparison and

evaluation can only be achieved through generation of descriptive and interpretive data that captures these instances. Creative reflective dialogue based on observations of practice is layered to create a descriptive, interpretive narrative of the case being explored. These methods facilitate identification and understanding of occupational therapists' values and beliefs in practice, as well as assumptions about practice, in order to compare values-in-action to practice context. The research process in this case study research is free to the extent that the evaluative question and intent is for progressive focusing on the 'real issues' evident in context and assumptions of practice. For this reason the specifics of data collection beyond methods could not be determined. That is, there are no predefined questions or areas of practice to be observed. Research artistry facilitates reflexivity through hermeneutic praxis that is required for progressive focusing to occur (Titchen et al. 2007). Without this freedom in praxis, there would be little interpretive potential, making comparison, and therefore understanding, a challenge.

The hermeneutic underpinning of this study implies the inseparability of the researcher from the context in which the practice being observed occurs, from the creative dialogue about practice and from the interpretation of practice. This inseparability requires that the prejudices that I bring to the research are made explicit and open to questioning, in order for interpretation of the data to facilitate progressive focusing and for the study as a whole to be evaluative in a contingent sense. A creative hermeneutic approach (Boomer and McCormack 2010) to analysis that involves layers of analysis in which multiple perspectives are sought facilitates a focusing that considers the assumptions made during the research and previous phases of the analysis process.

Chapter 4: Analysis

Introduction

In this chapter I present a case study of authentic practice in occupational therapy; the story of my work with three occupational therapists, Sharon, Mary and Emma, over approximately four months. The themes emerged during the first phase of a process of creative hermeneutic analysis (outlined in *Chapter 3*). They are: balance of being and doing, fear, a moment of professional artistry, and challenging authenticity. They are represented at different moments during the story which has resulted in them being represented in a non-linear way that is more true to the events of the research. These themes are weaved through the story and referred to in relation to each occupational therapists at various points.

The case study describes, analyses and interprets situations during the research process that I observed, reflected on, and facilitated reflective dialogue about. The story begins with my own feeling of fear about discussing the experiences that influenced my values and beliefs, and assumptions, in relation to the research, at the point at which I began working with occupational therapists; Sharon, Mary and Emma. From there, interpretations of our interactions are weaved throughout the story. I take this approach in recognition of my belief in the interconnectedness of people and that the situations that I observed in practice are partly a product of my interactions with Mary and Emma. Thus, reflexivity is not separate from this story (Simons 2009) but is part of the story in itself. I present it as a single case study as a reflection of the interconnectedness and wholeness of our time together. Three sub-headings divide the whole into three sub-cases[8]. The sub-cases frame my interpretation and analysis of Mary, Emma and my interactions.

Case study structure and challenges

The photograph in *Figure 18* represents a sculpture of the research process or story and the structure for this analysis with the themes embedded in the structure. This was created

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[8] I have not included a fourth sub-case for Sharon as we experienced challenges working together. This will be explored in more detail later in this chapter.

with Brendan following a reflective dialogue about the research data. I have chosen to share this overview of the research process at the beginning of the story rather than the end in order to draw attention to challenges that emerged during the process, to create a space to discuss them, and to offer explanation for the progressive focusing on particular research issues and questions.

Figure 18 Case study structure

This sculpture includes a large branch that is balancing precariously between soft ground and a big, old tree. The big tree and the ground represent the contexts in which the research took place. On the ground at the base of it we placed a bundle of pine cones, branches and one mossy stick. These represent the feelings of fear and sense of messiness and paradox that underpinned the research process, as well as the practice processes observed. Along the large branch that is balancing between the ground and tree there are two crevices where we placed other branches that are also balancing precariously. In one of these crevices there is a smaller branch with one tiny flower, a little bundle of red berries, a tied on dead leaf and small bunch of cones. This represents the part of the process that Mary and I went through. In the other crevice there is one branch balancing, but everything we tried to place on it fell off- the balancing branch eventually fell off too. This represents the part of the research process that Emma and I went through. The structure is very bare, aside from those smaller balancing branches and pieces. When we were finished creating this and started to share and develop our interpretation (using the see/hear, feel and imagine framework), one of the balancing branches and the beautiful little pieces on them were blown off by the wind. It looked even more bare and wobbly by the time we left it.

As you might already see, feel or imagine, there were significant challenges during the research process that we embarked upon together. The absence of my work with Sharon in this sculpture reflects a challenge with engagement that apparently emerged as a consequence of feelings of fear and 'prickliness' that underpinned much of the research process. I expect that the challenges symbolised in this sculpture also offer some explanation for questions you may have (as a reader) about the progressive focusing in this thesis on occupational therapists' practice and practice contexts (outlined in *Chapter 1*), as opposed to on the experience of occupational therapy for persons living with dementia and their caregiver as initially anticipated. These challenges created a barrier to inclusion of such perspectives. I made a decision to focus on the issues that the participating occupational therapists' were apparently experiencing with engagement in the research. I believed at this point in the research that understanding these issues would inform future actions for including persons living with dementia and their caregivers in practice evaluation and research.

As a consequence of the challenges reflected in this sculpture, a significant amount of the data used in this analysis comes from my own reflective accounts of observations of practice and dialogue that I made during the research (more information on nature and quantity of data available is presented in *Appendix 4*). I write this to note the emphasis on one of the methods of research, and the researcher's perspective, in this case study over others. However, I chose to use these issues and my interpretation of them as data and believe that they are useful and relevant in relation to the conceptual framework developed in *Chapter 5.*

Sub-case 1 Feeling fear and learning to be an authentic researcher

I created the painting in *Figure 19* at the beginning of the analysis process. It identified the presence of fear, that I felt, in this work, represented by the fire on the middle right side of this painting. The line which the fire is resting on symbolises the line that we were unwilling to cross, that I observed in the research. This specifically related to the fear that I felt in Mary and Sharon's interactions and how it influenced their ability to engage in reflective dialogue with me. The purple brackets in the middle of the painting represents both the reason for, and outcome of this fear; a removal of their own feelings, values and beliefs from their actions and interactions. The fire also represents fear in practice, of taking risks and crossing lines that will be explored in more detail later in the chapter.

Figure 19 Fear

By the beginning of this phase of the research process I had come to understand that I would need to observe participating occupational therapists' usual or everyday practice in order to explore their use of evidence in practice, and the values and beliefs that underpin the choices they make. Although participating occupational therapists were accredited to 'do' or use the Tailored Activity Programme (Gitlin et al. 2008) in practice, preliminary discussions about the evaluation research process suggested that they blended different approaches and knowledge in their practice. I wanted to understand *this* process, the values and beliefs, and outcomes attached to their decisions by observing practice and generating reflective dialogue about it with them. So, I asked all of the occupational

therapists that participated in this phase of the study to do what they do every day or to go about usual practice rather than doing a particular intervention[9].

I encountered a challenge in establishing and sustaining contact and engagement with occupational therapists almost immediately. I did not expect this given the openness and level of engagement in the preliminary phases of the research and in view of the positive findings of this study from the perspective of professional artistry. Upon making contact and spending time with one occupational therapist, Sharon, I noted:

> *"I feel uncertain about facilitating reflective discussion following the visit with [her]… I feel that they are very conscious of the audio-recording and information being shared. I do need to find a way to facilitate this reflective discussion but reassurance about what the purpose of this study is and how the information will be used is and needs to be a priority to move forward".*

> (Sharon and Niamh 16/5/17)

Sharon withdrew from this study very soon after I made this reflection. We did not have much more opportunity to extend our work together in order to explore her practice or to understand what was really going on for her in that situation. Despite having observed several therapy sessions with Sharon and facilitating some discussion, I did not feel it was right to use her reflections in this analysis given her apparent discomfort with having these discussions. Additionally, I did not spend enough time or make enough reflections on our time together to analyse or make an interpretation of her reflections.

At the same time that Sharon withdrew from the study, I made contact with and started to spend time observing and discussing practice with Mary. The beginning of the analysis and interpretation of my work with Mary may offer some insight into the observation that I made of my time with Sharon.

Mary is an occupational therapist who was educated in the UK and once described having experienced many eras of occupational therapy, influenced by many professional values.

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[9] The Tailored Activity Programme (Gitlin et al. 2008) is used here as an example of one of many evidence-based interventions (some of which are identified in *Chapter 1*) that influence the approaches that occupational therapists take to their practice.

During the first day we spent together Mary and I had a conversation about the aim of the study; to understand usual practice and how and why she makes decisions in her practice. Having noticed Sharon's reluctance to share her reflections on practice, I knew to be clear that I was looking to understand what she did every day, not to judge her practice or to observe particular interventions. Being explicit about this instantly instigated a discussion about her perspective on such interventions. Mary spoke explicitly about the Tailored Activity Programme at this point as this was the intervention that she was trained and accredited to use. Mary asked me not to record this conversation.

> *"Having been asked not to record our conversation about what the TAP really is and beginning to talk about values in OT practice I began to feel anxious about how I was actually going to gather any data…the fact about [Mary] not wanting to engage in a political discussion was the real issue here".*

(The Bigger Picture 14/6/17)

My concern about exploring the intended research question is clear in this reflection, and indicates the attention that I was paying to answering the research question as opposed to embracing the known and yet to be known. In other words, I was concerned with doing the research as opposed to my being as a researcher and had not found a balance between these (van Lieshout, 2017). By overlooking the importance of embracing the yet to be known, I was not present for Mary in the way that she needed, and subsequently had difficulty developing a shared understanding of her concern about recording our conversations. I even acknowledged a few weeks later that I should have asked about this during our discussion.

> *"I feel that I too readily and openly accepted that… without questioning why [Mary] may have felt like that or asking her to expand on or explain a little more about what that might mean for her"*

(The Bigger Picture 14/7/17)

At this early point, there was also a concern for the reason that Mary and Sharon were struggling to engage in dialogue with me, and my need as a researcher to understand this was evident. Although I did not create the space to have a conversation with Mary about her request to not record our conversation, I made a subconscious decision to focus on

'the real issue' in my reflections. In the reflection below, I made an attempt to understand Mary's request.

> *"I discovered during the day that there is some, or much, discomfort with some of the interventions being used in therapy at the moment and being 'rolled out'… When I asked if I could make notes or audio-record our discussion she was clear that this is not an option. I got the sense that this conversation had happened before, that there was more to it and more people involved than I knew. I imagine that the outcome had affected her feelings on sharing her opinion and information…"*

(Mary and Niamh 31/5/17).

This reflection raises two issues in relation to engagement in the research and with the intervention. Firstly, I believed that Mary had either not shared her perspective about the implementation of interventions, or had shared it and was not comfortable doing so again. My feelings about, and understanding of, this were never confirmed. Secondly, the feelings that this generated appeared to be influencing her desire or ability to engage in further discussion about the intervention, and her ability to share her own values and beliefs in practice. Titchen et al. (2017) note that fear of reprisal is one of the reasons that people have difficulty engaging authentically and sharing their opinions during research. Thus, they distance themselves from the dialogue. Based on my understanding of the situation, this appears to have been the case for Mary and Sharon.

Fear was also evident in reflective accounts of my own experience of engaging in the research. Acknowledging, understanding and working with this fear became an important step forward in the research. The fear that I felt became clear very soon after I started working with Mary. It emerged at a seminar during which I was required to share the progress of my research. I found myself unable to talk about the issues with engagement in the research that were occurring as a result of fear I believed Sharon and Mary felt. When asked about the challenges associated with this I reflected:

> *"I responded by saying that I was not ready to present it and did not know how to as I am only getting my head around it now… presenting it hadn't helped me to develop my reasoning as I had not had the courage to share the whole story"*

(The Bigger Picture 14/6/17)

I noted in this reflection that the fear of sharing and being open about the challenges of engagement in the research had prevented me from using my knowledge intentionally in this presentation. This, in turn, resulted in little learning movement for me during the seminar.

I did not directly identify the reason for my fear in this reflection. However, I wrote about a small number of moments during these early stages of the research that I believed influenced the fear that I was feeling. These reflections are written in a way that truly demonstrates my internalisation of the practice and research culture that I was connecting with. They do not offer an explanation of the situation beyond reflecting my belief that the macro-context of this study influenced this fear. I believe that these reflections are an expression of who I was at this stage of the research, and influenced how I understood the situations that I was experiencing and sharing with Mary and Sharon. Buckley (2017) writes about the place of anxiety and fear related to reflection on self and experiences. She disagrees with Johns' (2005) perspective that some anxiety is useful but fear is detrimental to the person and the reflection. Johns (2005) argues that reflection is intended to reinforce our sense of self and that fear contributes to loss of self in reflection. Buckley (2017) suggests that in person-centred research, and specifically research in which we are required to facilitate reflection for other practitioners, it is important that the potential to lose sense of self, or become somebody you did not intend to be during the reflective process is understood. Although lacking in detail, my reflective process related to the fear that I refer to in this research, resulted in exactly this- disconnection between my authentic being and reflective identity. In a situation in which I had an opportunity to share my reflections on the challenges of the research, I was fearful of the same thing as Mary and Sharon- fear of reprisal. This resulted in engagement in reflective processes that did not reflect my values and perpetuated the culture that I was observing.

Given that the intention of the research was to facilitate reflective discussion in order to raise consciousness of the way in which occupational therapists practice, it was necessary that I was able to develop as a person-centred facilitator. An exploration of, and reflection on, person-centred facilitation defines it as the "creation of relational connectedness through which others and self can be enabled to come into own" (van Lieshout and Cardiff

2015, p. 3). This principle of being other-centred without losing self that underpins this definition was not achievable at this point in the research process due to my inability as a researcher to be authentic with participants and other persons as identified in the reflections on a formal seminar at which I was expected to share the research progress.

I needed to do something to engage my own authenticity to come into my own and to facilitate critical reflection with participants. I did identify two things that I needed in order to be able to share the findings of my research that were not present in the initial situation, during which my lack of authentic engagement was identified: trust and psychological safety. I identified these on two occasions:

> *"…I was in a room full of people I don't know very well… psychologically safe spaces are necessary for change but they can't always be safe in the way that we want them to be"*

(Assessed Seminar 14/6/17)

<div align="center">And</div>

> *"I really struggled with the seminar because I did not feel safe…"*

(Supervision reflection 17/8/17)

The fact that I had not shared the issues that I was observing in the research suggests that trust and psychological safety were issues that needed to be addressed before I could be authentic. Brown and McCormack (2011) suggest that psychological safety is developed through creation of an environment in which a person can focus on what the real, underlying issues are, without their self-identity being, or feeling, threatened. My need to feel safe in order to be authentic implies that my self-identity was threatened by the fear that I felt. After this experience, and my own realisation of the issue I was having, I started to create situations in which I could find these spaces.

"Having begun to critically reflect on the seminar and safe spaces I was anxious but keen to be very open about my concerns. In being open and having a very honest conversation with my supervisor a safe, supportive space emerged which almost immediately created a sense of calm, empowerment, comfort and a morally right way forward"
(Assessed seminar 14/6/17)

This learning on my part as a researcher indicates a finding of this study. Psychologically safe spaces can only be created through development of authentic relationships, and consistent authentic engagement in these. This engagement requires intrinsic motivation to change, risk-taking and courage to be honest with all of the people in the space. I concluded:

"My learning from this whole experience was one about communicative spaces, creating your own psychological safety and acknowledging when your mindframe and subsequent actions are compromising both your 'self' and your opportunity to learn"

(Assessed seminar 14/6/17).

Having gone through this process, I was facilitated by Brendan to make a decision to focus on the salient aspects of my work or "to focus on the underlying issues" (Brown and McCormack 2011, p. 12) that I had identified early on, engaging with the occupational therapists that had already agreed to have a conversation with me, and to try to understand what was really going on for them. The picture in *Figure 20* represents what this support looked like. In this photograph the shorter trees in this photo seems to be holding up the tall, unstable looking tree. The tall, exposed tree is blowing around in the wind at the top but is rooted by the smaller, stronger trees around it. This support represented here can be described as a 'freedom-gaining relationship' (Barker 1991, p. 191) in that Brendan moved ahead of me by being honest and authentic and sharing his perspective of the situation in order to facilitate development of appropriate coping mechanisms and thereby, authenticity (Heidegger 1927; McCormack and McCance 2010). This marked the starting point of my authentic engagement in the research.

Figure 20 Authenticity holding

Not long after this realisation of authenticity I made a decision regarding my own engagement with the research. I chose to disengage from the feelings of fear, to leave the situation where it belonged and to move to a level of authentic engagement with participants in order to create space and time for them to reflect on who they are (van Lieshout and Cardiff 2015). I believed that this would facilitate a focus on the issue at

hand. This enabled a movement to other-centredness, in which I was able to more fully engage with what was going on for them. The process of disengagement and authentic engagement represents a movement towards human flourishing for me as a researcher. An element of the creation of an ecology of human flourishing- "living with conflicting energies" (McCormack and Titchen 2014, p. 12) emerged here, in that I became the landscape of the place that I was present and let go of negative emotion towards the challenge of the context. It also reflected the principle of "spiralling through turbulence" (Titchen and McCormack 2010, p. 540) in the methodology for human flourishing in that I was managing the emotion that I felt about the research in order to move forward with it.

The start of my authentic engagement and other-centredness involved very little doing and mostly related to my being. I noted this in reflections on my own process during the research.

> *"I've spent a lot of time just being which has led to unanticipated intentional action"*
>
> (Supervision reflection 17/8/17)

<p align="center">And</p>

> *"I spent some time immediately before I met [Emma] doing some 'self-talk' and reflection and trying to remain mindful of just being with rather than doing with and being open and authentic"*
>
> (Emma and Niamh 22/6/17)

Much later I described what this being looked like, particularly with Mary.

> *"Not all of the time but in moments, which became more and more frequent I was able to 'be there'. This happened particularly with [Mary]. On reflection, we spent the most time together driving for long periods of time around beautiful, extremely isolated areas. We came to know each other through noticing beauty in our surroundings and finding shared interests in discussions of this."*
>
> (Reflection on authenticity 9/17)

This description of being refers to acknowledgement of the whole of both Mary's, and my, being, not just our shared research and practice interests. It also indicates the connectedness between us that enabled me to take account of, but also to move beyond, the challenge with fear and to be present. Noticing and using nature, self-talk and mindfulness in reflection reveals more of the principles for creating conditions of human flourishing (Titchen and McCormack 2010). These principles included: "energising forces" (Titchen and McCormack 2010, p. 540) in the crisis of my reflective identity that instigated change from a concern with doing the research to being with participants; "movement in stillness" " (Titchen and McCormack 2010, p. 540) in the moments that I was mindful of being; and "spiralling through turbulence" (Titchen and McCormack 2010, p. 540) in the acknowledgement that we came to share interests through these research processes.

The connection and engagement that resulted from the application of these principles implies that working with some of them had started to create an ecology of human flourishing within our shared research context. The components of this ecology that are particularly pertinent here include "bounding and framing" (McCormack and Titchen 2014, p 6), "embracing the known and yet to be known" (McCormack and Titchen 2014, p. 10), and "being still" (McCormack and Titchen 2014, p. 14). These elements of an ecology of human flourishing each include the concept of presencing or being present, which is understood to be a vital element in authentic engagement in relationships (McCormack and Titchen 2014).

Moving with and through fear

In *Figure 18* there is a movement up the branch from the prickliness of the pine cones to the first crevice. This section explores the movement past the paralysing fear described above towards the balancing stick in the first crevice. This balancing stick represents the balance of being and doing that we needed to find in order to facilitate human flourishing for me, Mary and the people that she worked with.

Embodiment of a culture of fear by myself and Mary did not stop the principle of 'energising forces' from becoming part of the research process, it just required some foregrounding.

This principle holds that, during times of crisis such as the crisis of my loss of self through reflection, using the idea of "dancing with beauty rather than fighting ugliness" (Marshall and Reason 2008, p. 79) can redirect energy to the good things that we experience. While most of the practice that I was observing at this stage reflected a linear process (like those identified in *Chapter 1)* that Mary and Emma called the TAP (Tailored Activity Programme) (Gitlin et al. 2008) or HBMR (Home Based Memory Rehabilitation) (McGrath and Passmore 2009), I had already noted that there was 'goodness' or professional artistry evident in Mary's practice, despite the challenges that we experienced with engagement early on in the research process.

> *"Despite being asked not to audio-record practice conversations, I have observed [Mary] demonstrating professional artistry in her practice."*
>
> (The Bigger Picture 14/6/17)

I described what this looked like and was clear that Mary had potential to develop and express professional artistry at this early stage.

After I made a choice to be with and develop authentic relationships, both remaining participants, Mary and Emma, who often worked together, asked that I share my own values and perspective on the research in the way that I would present it at a conference. I reflected on their request:

> *"I got the impression at the time that [Mary] was interested in hearing it as she wanted to understand a little bit more and my motivations in the research. I felt that this was because she was getting to know me and was becoming interested in why I was taking the approach I was taking…"*
>
> (Meeting Niamh, Mary and Emma 20/7/17)

This reflected the value of being present and letting go. It seemed that despite explaining the reason for focusing on usual practice rather than the TAP early on, building a relationship in which they felt ready to understand was important, and they also needed to experience the process before asking questions about the real issue. In essence, their process of understanding seemed similar to mine.

We all met together to have this discussion. At that point, having previously been challenged in sharing my understanding of the research situation and the practice context I was observing, I was keen to be honest and open about what I saw in their practice, and heard in our discussions. I wrote about the key points that I made in this discussion and the outcome that I observed of sharing this:

> *"The keys point I made were:*
>
> 1. *The TAP was developed for a US healthcare context*
> 2. *When I began the study I did not know where to start and what questions to ask so I asked the TAP trained OTs. Thus, the information that I'm sharing belongs to them.*
> 3. *The context study highlighted the complexity of implementation and that their context influences what they do in practice*
> 4. *The TAP does not exist, only their use of assessment where necessary- this is not TAP this is professional artistry*
> 5. *What I heard in discussion was person-centredness*
> 6. *The reason I am now focussing on what you do every day is because I am interested in the art of your practice. How you use education, training, skills, intuition and experience to do occupational therapy.*
>
> *At the end of the presentation I immediately asked the occupational therapists if they had any questions, worries or concerns, as I wanted to give them time to discuss this and see how they felt about it. Immediately one of the occupational therapists said that what stood out for her is that the TAP does not exist and that is why our [evaluation research] focus is not on it. This sparked a discussion about how both occupational therapists felt about that and they both appeared relieved that I had said this but also surprised. They openly discussed how, when they did the TAP training, they had felt that it was 'just occupational therapy' that had been made into a protocol. [Mary] immediately referred to what she had been doing when I had been observing her trying to use the TAP assessments, saying "well I won't be trying that again". During this discussion the concern that emerged was that even though the TAP trained occupational therapists know that what they are doing is just occupational therapy, they are worried about the impact that sharing this information will have on referrals for occupational therapy...*

I feel that both [Mary and Emma] are relieved to have had this discussion with me but are also in agreement about my perspective. I am also wary of moving too quickly now and think it will take some time to see any change as a result of this conversation. I do believe that the most significant change will be with the therapists being able to just do practice without being worried that I want to see the TAP…"

(Meeting with Niamh, Mary and Emma 20/7/17)

There are numerous findings in this reflection. Firstly, it indicates that working with the principles for creating conditions of human flourishing was a necessary process in developing our relationships, to the extent that Mary and Emma could be open about their perspective of their practice and use of interventions. This reflection revealed that Mary and Emma are not always active participants in decision-making in their work environment and that a decision about the therapy process is made at the point of referral to occupational therapy based on the expectation to implement such therapy programmes by professionals who refer to their services. This emphasised their engagement in a cyclical process (presented in *Figure 21*) in which this hierarchical decision-making results in limited critical reflection on practice. Therefore, limited articulation of values and beliefs that could describe and justify occupational therapy beyond the prescribed, or recommended, therapy or intervention process emerged. While Mary and Emma both appeared aware that this was not ideal in relation to development and expression of artistry, as they could not shape their doing based on their own critical reflections, they did not appear aware of any way out of this cycle. I believed that the only way out of this cycle was to facilitate articulation of their values and beliefs in order to put words to their expertise and potential. I believed decisions would be made more autonomously if they could do this and encouraged such articulation.

Understanding of occupational therapy as facilitating 'doing'

Referral to TAP by 'untrained' occupational therapist or other healthcare professional

Implementation of TAP as per protocol by TAP trained occupational therapist

Limited critical reflection or articulation of values and beliefs

Challenge developing identity and describing practice to other healthcare professionals

Figure 21 Cyclical practice process

This cyclical process evidently results in concern with professional identity; Mary and Emma were worried about what would happen if they shared their authentic being and moved beyond protocol. This finding is similar to the findings of Grant's (2013) study- that autonomy is required for the occupational therapist to develop professional identity. However, autonomy alone is not sufficient. The occupational therapist must also be able to express their critical reflections in such a way that other people can understand and make use of them. Mary and Emma did not seem to be aware of the value of their own critical reflections, or their need to express these in practice. Therefore, the subsequent actions they take belong to others and not to themselves, and thus are not authentic. This emphasises the absence of the principle of "movement in stillness" (Titchen and McCormack 2010, p 540) that practitioners require in order to take action that is meaningful or to do praxis.

The interplay between hierarchical decision-making and absence of critical reflection here suggests that defining and encouraging implementation of specific practice innovations and interventions requires care and consideration at all levels of the context. This situation

reinforces the consequence of this; a move towards doing-centric practice[10] that occurs at the expense of the occupational therapist's identity. It also reflects a compliance/performance cycle (Dewing and McCormack 2017) that indicates passive involvement in training and an emphasis on generic capability as opposed to the flexibility, blending, softness and creativity essential for artistry that facilitates human flourishing (as seen in *Chapter 2*). Interestingly, Mary's comment about using TAP assessments that I highlighted in this reflection also suggested that she was making an effort to go through the TAP or protocolised therapy processes for the sake of the research or for my sake, despite my encouragement of usual practice. A predetermined understanding of research is evident here and implies that evidence-based practice is understood as compliance with a particular research and practice process and a scientific approach. I understand this to be indicative of the compliance culture that Dewing and McCormack (2017) also describe.

There was a shift in energy after the aforementioned conversation that I will explore in more detail in the following section. However, sharing my perspective when Mary and Emma were ready for it offered an opportunity to emphasise the goodness in their practice. By noting that their compliance with the TAP was undesirable and that the goodness lies in their adaptation and creativity in practice, I was hoping to create a freedom for them to be and use their own reflections in practice. Following this conversation I continued to meet with Mary and Emma. Choosing to continue to just be with them, being wary of moving too quickly, and waiting to see if anything changed tested the influence that my authentic engagement had on the research process. What I experienced were two very different consequences of my choice, which are presented in separate sub-cases in the following sections.

Summary

A sense of fear pervaded this research phase from its outset. My internalisation of the research and practice culture resulted in a situation in which I could not explore or truly understand this fear with Sharon and Mary, and in which I lost my own sense of self in reflection. I could not move forward with the research until I acknowledged, understood

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[10] Practice that is concerned primarily with performing tasks and actions.

and moved with my own fear. This was necessary in order to build relationships in which I could truly connect with and understand 'the real issue' or what was really going on for Sharon, Mary, and later, Emma. Understanding and finding authentic being required skilled support. It involved a process of sharing my understanding in a safe space in which my authenticity was held by a skilled facilitator through use of the principles for creating the conditions of human flourishing. This in turn resulted in a process in which I could also start to work explicitly with some of these principles. My doing flowed from this, which will be explored in more detail in the next section.

Sub-case 2 A moment of professional artistry

Throwing paint at a wall

Mary seemed to engage more in our relationship and was energised by our conversation about the research. An example of this was her asking me to share some creative processes with her:

> *"At the end of this meeting [Mary], having seen my painted interpretation of what [their practice] looked like 18 months ago, asked me if I would paint what it looks like now. She seemed quite intrigued by the creative process and wanted to engage using evoke cards. I declined doing a painting myself as I felt that it is not as valuable as their own interpretation of their practice. I suggested that she paint what she feels about her practice and we can discuss it when we meet next."*

(Meeting with Niamh, Mary and Emma 20/7/17)

Her request to engage more with what interested her did not change my perspective or approach immediately. The next time that we met I described my approach:

> *"When I met Mary today I wanted to take time to figure out whether the conversation that we had about the [challenges with interventions] had made any difference to how she was feeling about the study, or changed the processes that we usually go through. I decided not to ask any questions about it but to leave space for her to discuss it if she chose to"*

(Mary and Niamh 26/7/17).

Taking this approach did not seem to make any difference at first. The occupational therapy session that I observed immediately after this was confusing and resembled a

linear process and a doing-centric form of therapy in which Mary used elements of interventions including the "Rookwood Driving Battery" (McKenna 2009) (driving assessment) and the HBMR (McGrath and Passmore 2009). It consisted of a conversation regarding the results of a driving assessment that she had done a week previously. When asked to reflect on the process after the visit she explained the intention of her actions.

> Niamh: … he wasn't actually referred for a driving assessment was he?
>
> Mary: No
>
> Niamh: And it was something that you had discussed at the beginning when you first met him?
>
> Mary: Well he was referred for HBMR- the Home Based Memory Rehab programme. I gave him information on the programme, he felt he was- he had his own strategies and it wasn't a thing he wanted to engage with and at that point he started telling me about, you know, the dizzy- if he moved quick he'd get dizzy and I just started to wonder if, you know like- what if that happened in the car? Things like that. So we got talking about his driving and he said that he had to tell the DVLA about his diagnosis and he really felt okay with his driving. His wife did too. He said he would consider doing the Rookwood Off-Road Driving Battery and, you know, just to see the outcome and if there was any areas we could look at… so last week I just took the opportunity that he was willing to go along with the Rookwood- just to go ahead and do it… I think it's probably a thing for the future. He's got that to say he- he- that could be a thing that could be redone in the future, say if there's any questions that come up in the future especially with, you know, vascular dementia.
>
> Niamh: … okay. And do you feel you had achieved everything you wanted to with him?
>
> Mary: Em… I gave him what I felt I could offer really. So- and I just thought it was an opportunity to do the Rookwood baseline at this stage, you know?
>
> Niamh: He spoke a bit about how he was used to being really busy and helping everybody else and I was wondering is his driving part of that or is that something that-? I wasn't there for the first visit.
>
> Mary: Em… I think that- my way of using that is sometimes when I'm rounding off and just about to discharge someone is just kinda pointing on some of their strengths and skills and the activities that they're still involved in. I was just kind of wrapping things up in a way.

Niamh: Okay

Mary: Because I think he's quite happy with- as I was saying, he's quite happy to have his peace and I think he's quite happy pottering away in his garden and doing…

(Niamh and Mary 26/7/17)

Figure 22 Throwing paint at a wall

The painting in *Figure 22* is called "throwing paint at a wall". It captures the essence of this transcript. It symbolises the process that Mary was going through of using all of the practice tools available to her and using them in the therapy process despite my previous observation of her free or creative practice. The black square indicates the minimal potential that is captured by doing this and the very small amount of information that she is able to gather in this way.

The transcript above indicates some issues in relation to authentic practice, as well as consequences of my authentic engagement in the research. First, Mary's values are conflicting. For example, she said that she chose to do the driving assessment for safety purposes, to provide a baseline assessment and to emphasise the person's remaining strengths. The value that most closely relates to the principles of a framework for human flourishing is to emphasise the person's remaining strengths and is consistent with authentic practice. The fact that she provided two other reasons for the use of the assessment requires exploration. Given the challenges with her discomfort recording practice and being a gatekeeper, there is no evidence in this instance to support the fact that the values that she shared here were operationalised in practice.

The second issue that emerged is that Mary explained her decision to complete a driving assessment in order to determine whether it was safe for him to drive, and to use it as a baseline measurement, despite not mentioning any plan to use the measurement in the future. This indicates that a risk-adverse and compliance driven culture influences the decisions that she makes about her actions in practice, as much as her own reasoning and judgement does (Dewing and McCormack 2017). Again, there appears to be little balance evident here between her needs, and the needs that emerge from her context evident here. Indeed, a conversation that we had a few weeks later confirmed this:

> "… while we were talking she did speak about the driving assessment that I
> had observed in practice. She spoke about how the consultant psychiatrist
> that she would be working with was keen that she and [Emma] do a pilot study
> on the Rookwood driving assessment that they are using"

(Mary and Niamh 8/8/17)

Her decision-making seemed to be influenced by another person, a consultant psychiatrist, which provided an explanation for the "throwing paint at the wall" process. It appears that, having developed a relationship, and her increased understanding of my perspective on evidence-based interventions, Mary was struggling to find another approach to practice. In sharing my perspective, I had made her aware that she could be critically reflective in her practice and that it was desirable. Mary seemed socially stuck (Titchen 2013) in her inability to overcome the power of the context and a risk-averse, doing-centric, compliance driven culture. This might explain why she continued to work

with tradition by implementing another assessment that was driven by another healthcare professional's values.

The final issue that emerged here is that Mary's stuckness in compliance-orientated processes appeared to result in her engagement in practice that contradicted person-centred values and beliefs. For example, during numerous other conversations we had, Mary spoke about valuing and needing to take time to build a relationship with people. She said:

> *"-what's been on my mind lately is just that you know, will I maybe get better at not rushing to get all of the information out of people once I'm not spending as much time driving and not under such pressure to get it all done when I'm in the area"*

(Mary and Niamh 12/7/17)

Reflecting on this conversation, I also wrote:

> *"In the reflective discussion that we had after this visit, I heard and felt consciousness raising and awareness of the impact of our reflective discussions happening. The first of this was [Mary's] acknowledgement that it had been nice to feel calm, relax and take time to 'just get to know' her clients and that her working context and limited time due to travel has influenced the way she does the therapy process"*

(Mary and Niamh 12/7/17)

The transcript of the reflection on the Rookwood (McKenna 2009) driving assessment indicated that the decision to do the assessment was based, at least partially, on the values and needs of another healthcare professional. This emphasised a lack of shared decision-making in Mary's push to do the assessment, despite both her client's and his wife's assurance that he had no issues with driving. Additionally, doing the assessment despite her understanding of her clients being (Mary knew he and his wife felt okay about his driving) resulted in it becoming a 'tick box' process to meet her goals of baseline measurement and safety assessment, as opposed to it being a conversation for the purpose of understanding. McCormack and McCance (2017) argue that lack of authentic engagement emerges if the purpose of the assessment is not a mutually developed goal that aims to understand the person.

Professional artistry emerges

Having observed a conflicted therapy process, I was beginning to question whether our conversation about intervention-based practice had any value or influence at all. I observed another therapy process with another client of Mary's just after this driving assessment. Before the session we had a conversation about what Mary had planned for the therapy session:

> *Niamh: …the activity prescriptions that you had printed out. Could you tell me about that?*
>
> *Mary: I just thought I could present that to see how, if she had engaged it in any way and then it was just to show her and [her husband] that this is the way that it is normally presented-suggestions for activities- this is one you're needing to do. This is a suggestion. This is a suggestion about how many times a day or whatever. That it's achievable. That it's the right time of day…*
>
> *Niamh: Yep. Did you use the assessment that you did to write that? You did the LACLS?*
>
> *Mary: I did the LACLS but I kind of- often times I don't sort of do everything on the LACLS and it's like everything- how she made her tea, how long she concentrates, how she settles down after a wee period of time. Periods of time that before she might say 'oh, I'm getting tired now'. I don't know… I just kind of judged it on that. Like an amalgamation of everything I've seen of her and everything I've heard.*
>
> (Mary and Niamh 26/7/17)

I was feeling frustrated by the lack of impact that our conversation about the TAP (Gitlin et al. 2008) had had. Mary was still speaking about the TAP (Gitlin et al. 2008) even though she seemed to understand why it was not useful to focus on it. I reflected on the therapy plan she shared with me:

> *"I was extremely confused and felt disappointed by this given the conversation that we had had about the non-existence of the TAP the previous week."*
>
> (Mary and Niamh 26/7/17)

However, there was something more in the conversation that I did not see or hear at the time as I was focused on the discussion about the intervention-based approach to practice

and my frustration with it. In describing the way that she uses the LACLS (Allen et al. 2007), Mary illustrated how she uses her judgement in her work, explaining how she uses her experience of working with a person living with dementia to blend different kinds of knowledge. Similarly, she described interplaying propositional research knowledge (LACLS) with participant knowledge in the moment to gain a whole picture of what is going on for the person she is working with, which Titchen (2009) suggests is the foundation of professional artistry.

When we arrived at the person's home after our discussion of her plans for the therapy session I was not expecting any change from the linear process-orientated therapy I had been observing frequently. Although Mary had just described professional artistry in our discussion, my experience suggested that her reflection-in-action did not match what she did in practice- unconscious and unintentional inauthenticity. What I experienced while observing the therapy session was a surprise. I reflected:

> *"I thought (made an assumption based on this information) at this point, before the therapy session, that there would be no change in what I would be observing and that she would go through the same processes that I have described before… When we arrived at the visit it felt the same as before- it was quite chaotic. [Mary] asked about the 'prescribed occupation', which was colouring. The client said that she did not want to do it and it was not for her. [Mary] shared the same information with her that she had done with me- that she was unsure of how else she could help. She checked that the person was happy enough continuing to go about her daily life, watching television and going for a walk every evening to the place that her mother used to stay. At this point [Mary] noticed that the discussion about her walk and her mother brought her a lot of joy and she appeared to be sitting back, thinking. The client continued to talk about this and about her friend at which point [Mary] asked whether she had any photographs that she could have a look at. The energy in the room changed immediately. There was a feeling of ease rather than discomfort and testing, and the client became more engaged in the conversation. [Mary] identified that reminiscing and her friends' visits brought her great joy and interest and asked whether she would be interested in gathering a photograph album together as a therapy option. The conversation flowed and a plan was made very quickly to involve her friend in the next therapy session to gather photographs and they could talk about and share together. [Mary] appeared quite happy and excited by this option also, saying that it could be fun and I realised that what I was observing was both artistry, freeing (from the constraints of tasks and process) and flourishing (everybody in the room seemed lighter and happier)."*

(Mary and Niamh 26/7/17)

I believe this experience is what Dewing and McCormack (2017) call a person-centred moment. Mary appeared to take a risk and used her own judgement in her practice. I consider this experience an expression of her true values. She focused on a salient aspect (rationality-intuitive domain) of her conversation with her client; reminiscence and friendship. She clearly values joy and fun in her practice and sees them as a means, and end, in therapy. This connects with the graceful care element of artistry (the relationship domain) (Titchen 2009) in that Mary allowed, and used, her positive emotions and value of fun in her practice. In including her client's friend in the therapy process she demonstrated the value that she places on interconnection and relationships. Finally, she placed importance on her own experience in the therapy process, which I had not observed or heard until this point. The way that she blended this knowledge in order to create a unique therapy plan was demonstration of the 'therapeutic use of self' domain of artistry (Titchen 2009). Overall, the values that I observed in action in this instance were more closely related to the principles of a framework of human flourishing than those that she shared in our reflections-on-action.

On the whole, Mary's espoused values (determined through discussions/reflections-on-action) were conflicting, as identified in the driving assessment scenario. However, this moment of artistry and description of her values in action confirmed some of the values that she stated much earlier on in our conversations that she seemed fearful of sharing. For example, Mary consistently spoke about how she wanted to see people living with dementia being happy and connected with their caregivers and/or partners, friends, and family. She also revealed a belief that occupational therapy was about helping a person to achieve their potential.

> *"I think she's a lot better. She's got a lot more social contact. She's probably doing as much as she can do in her current situation."*

(Mary and Niamh 31/5/17)

And

"I just think people at that age- retired, why not spend time watching something you enjoy if that's what you like doing. If it settles you down for a while and you're not worried about what you can't do. Well!"

(Mary and Niamh 26/7/27)

Despite this belief, I did not reflect on or record a therapy session, situation or discussion in which the future person, or who the person wants to become (self-actualisation), was acknowledged. It is evident that there is little reference to this, even in the moments of artistry. For example, reminiscence is related to the past person. This is clear in both participant's practice, not just Mary's. There seemed to be a gap here between Mary's subconscious knowledge of the principles related to human flourishing and being able to work intentionally and use theories and models of occupation to create conditions in which a person can achieve their potential.

At one point in our conversations Mary weighed the benefits of continuing to do an intervention like the TAP and develop "activity prescriptions" (Gitlin et al. 2008) against what her client actually needed in relation to occupation and quality of life. Reflecting on another therapy session, she said:

"I just wondered if there was…you know further assessment to look at creating another activity prescription around something in the home which I thought might be quite helpful. But having said that, I just thought when [her granddaughter] came in and talking about the grandkids and their life is quite filled with family… so, yeah. We'll just have to gauge what the response to the [social group] is. Whether it could be a thing to add to enhance her life, improve her quality in any way, fine. And if it's just another thing and she could do with just seeing her family, then fair enough"

(Mary and Niamh 12/7/17)

This emphasises that Mary was aware, to some extent, of the insufficiency of guidelines and protocols for personalised intervention to understand the being of the person that she is working with, and to connect that with a therapy process that intends to facilitate human flourishing. She also seemed aware here of the potential of further reinforcing a doing for the sake of doing perspective.

Mary and I had a reflective discussion following the moment of artistry that I observed. Unfortunately, this conversation is not recorded. However, I have a record of the

conversation that we had, which is an Evoke Card (Stokes 2017) and short reflection. Evoke cards (Stokes 2017) are a collection of photographs that are designed to call to mind emotions, memories and thoughts about an experience. The positive energy that was created during the therapy session during which I observed professional artistry created space and opportunity for me to suggest that we use Evoke Cards (Stokes 2017) to initiate our reflective dialogue about the session immediately after we left the persons home. I asked Mary to choose cards that represented her thoughts and feelings on the therapy session we had been part of. I chose cards also and shared my feelings about what I had observed. I said that I felt warm, joyful and happy. This was the first time that we engaged in creative research practice together in any way. I believe that experiencing this moment of practice together enabled the principle of 'creative effectiveness' for the conditions of human flourishing (Titchen and McCormack 2010). The card that Mary showed me is presented in *Figure 23.*

Figure 23 A moment of human flourishing

Although this conversation was not recorded, I reflected on how Mary felt and the thoughts she had shared after this situation. This is the reflection:

> *"She [Mary] also used a flower to explain how she felt about capturing the occupation that she had- she identified with my feelings on this. She then acknowledged with another card that it [the therapy process] might look messy and uncertain but that it was a step forward."*

(Mary and Niamh 26/7/17)

The Evoke Card (Stokes 2017) shared above captures the essence of our shared experience in that moment; one of human flourishing. It reflects the joy and nourishment that she felt by doing this. The reflection that I made of Mary's thoughts and feelings on such a moment focus on the uncertainty and complexity that is an essential part of facilitating human flourishing (McCormack and Titchen 2014; Titchen and McCormack 2010). While this moment was beautiful and emphasises the existing potential for experience and facilitation of human flourishing in occupational therapy, the barriers to it must also be considered. McCormack and Dewing (2016) argue that as long as there is a strategic focus on compliance and adherence to programmes and research evidence (like the TAP, the Rookwood Driving Battery, and the HBMR), these moments will continue to emerge but will never move to improvement of practice, or flourishing cultures. Their theory is reflected here in that only one moment of artistry and flourishing was experienced across three months of observing practice and engaging in reflective dialogue.

Mary and I never reached a point of comfort or ease in engaging in the research processes required to facilitate constant reflection in and on action. This meant that frequently there were situations in which I could not record our conversations. I wrote in my consideration of the bigger picture that I believed the traditional research culture also probably strongly influenced this.

> *"… I have also felt that there is another reason that therapists' do not engage [with the research conversations] which is due to the fact that, no matter how much we discussed the methods in the beginning, therapists' are not used to this kind of research and are not comfortable with and don't belong to a person-centred research culture."*

(The Bigger Picture 14/7/17)

And

"… no matter how much we discussed the methods at the beginning therapists are not used to this kind of research and are not comfortable with it…"

(The Bigger Picture 14/7/17)

This reflection and interpretation was reiterated in my reflections of Mary's engagement with the research on numerous occasions. For example, after one of the earlier therapy sessions that I observed, I wrote about this.

"On the way to the visit in the car... we spoke a little of whether my approach [to sharing the study information] felt okay to [Mary]. She said that it did and that people needed time to process the information… I did not push the conversation and questions as [Mary] appears uncomfortable with discussing it and asking people to participate in the study. Furthermore, she commented that she was only getting used to having reflective conversation recorded. This comment, along with the apparent discomfort in providing study information and asking about participation indicates "readiness" to participate herself and attitudes towards research"

(Mary and Niamh 27/6/17)

There seem to be many layers to the issue of engagement in research. However, it was clear very early on that the research culture and perspective of research in occupational therapy practice is underdeveloped and requires exploration and development. This issue with research culture, alongside the fear felt in the research meant that we did not have an opportunity to capture the moment of beauty in her practice or further explore potential as an expert practitioner to understand in a way that we could draw upon and develop in the future. Furthermore, it has resulted in me being unable to explain the processes and mechanisms that enabled her to reach the point in which she felt able to express her whole self in her practice. I considered it the alignment of spirit and energy[11] that Mary felt comfortable taking the risk even once to share and use a small part of herself in her practice during our time together. Nonetheless, given my exploration of my authentic

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[11] I refer to energy as the idea that particular kinds of energy are complementary, nurturing and facilitative of creativity. This is explored further in *Chapter 6.*

engagement in the research, I suspect that my presencing and consequent ability to be other-centred facilitated Mary's letting go in some way. This requires further exploration.

Mary and I only met two more times after this moment of artistry. The next day that we met I wrote that I was getting a 'groundhog day' feeling and that I felt we were having the same conversation and I was observing the same therapy session repeatedly and I was not developing any further understanding from our discussions. On our second last day together I reflected on what I heard and felt from our conversation:

> *"When I think of the bigger picture now- the participating occupational therapists know that they are not required [by me] to [use particular interventions], they appear to feel the same way about it as I do, they have had a discussion with me about this and yet continue to offer similar interventions. Indeed, [Mary] even said that she would continue to take on TAP cases if she received referrals for them…"*

(Mary and Emma 8/8/17).

This reflection confirmed the compliance culture that Mary is embedded in despite her potential. It also confirmed for me, that I would not make much more progress in terms of understanding her practice with her. The primary aim of the study was to understand the factors that influence engagement in professional artistry. It was never intended to change practice and, having come to an understanding of the compliance with strategic innovations and interventions, I knew that there was not much more that I could do.

Summary

Our conversation about the TAP and professional artistry triggered a change in the research process which seemed to generate energy for Mary and for my work with her. This energy was not enough to support expression of professional artistry and reliance on intervention guidelines and protocols for practice became more evident as a result of this. A culture of compliance and particularly, hierarchy in decision-making was exemplified throughout this process, and the consequence of this culture- challenges with authentic engagement in practice, identified. However, reflective dialogue indicates that Mary was aware of this issue to some extent but does not seem to know how to change it.

A letting go of the influence of compliance culture ensued during our time together, which demonstrated the potential for human flourishing of the occupational therapist and the person she is working with, when critical reflection is encouraged in practice. What is more, components of professional artistry emerged, indicating the latent potential of experienced occupational therapists to develop and realise practice that balances being and doing through critical reflection in practice.

When exploring the somewhat chaotic and often incongruent values that emerged in Mary's work and reflective dialogue, we were able to identify ones that are authentic or belong to Mary. Unfortunately, the dominant research culture, and Mary's understanding and apparent challenges with, and fear of, research processes meant that we did not have the opportunity to explore either the values related to the moment of professional artistry, or the mechanisms that supported and resulted in her letting go. This limits understanding of the situation and the possibility of facilitating this kind of practice for Mary again.

Returning to the overall structure that reflects this research process (*Figure 18*), we see this movement from fear upwards to a moment of balance in the research and practice process- the twig balancing in the first crevice. I was able to be present and let go of doing the research to the extent that Mary felt safe to express herself in her practice. This balance of the being and doing of practice resulted in a moment of flourishing- the berries and leaves growing out of the balancing twig.

Sub-case 3 Challenging authentic practice

Contradiction in authentic practice

The second occupational therapist that participated in the study and whom I spent a lot of time with was Emma. *Figure 24* is a painting that captures the essence of Emma's case. The fire represents energy for, and light in, occupational therapy and the air, water and earth represents the conditions that influence this energy and light. Ultimately, the fire needs the earth underneath it to exist. The earth is unsupportive in Emma's case which makes it challenging to generate energy and light in practice, and in this part of the case study no fire was created, as there was no earth underneath. Building the earth to hold practice is vital.

Figure 24 Conditions for authentic practice

Emma is an occupational therapist who has qualified in the past ten years. When Emma and I first met I had spent quite some time with Mary and was beginning to understand what was going on for her. I felt more prepared for what I was expecting to see and hear by the time that I met Emma and, as I wrote in the exploration of my authentic engagement, I had started to become aware of my need to bound and frame, presence, live with contrasting energies and just 'be'.

> *"I spent some time immediately before I met [Emma] doing some 'self-talk' and reflection and trying to remain mindful of just being with rather than doing with and being open and authentic"*

(Emma and Niamh 22/6/17).

The first day that we met I was very surprised, again. Emma did not seem to have the same fear or reluctance to share her work that I had experienced with Sharon and Mary.

In fact, she was very engaged from our first meeting in the research process. I picked up on this immediately and felt quite energised by it. I reflected:

> *"Our meeting and 'being with' each other seemed and felt a lot more easy-going and safer than trying to do research or push to find participants. My awareness of the situation and being open to having honest discussions about it, alongside mindfulness of 'being with' facilitated a letting go that I haven't found until now and gave the power to [Emma] to guide the process. I don't believe that this is the only reason for the safe, open feeling but it did help. As the day went on and we spent time together we were able to make a plan about what to do with each person that we were meeting and [Emma] seemed happy to introduce me as a researcher, was clear about why I was there and did not seem confused about my role as an occupational therapist. She appeared more open to me observing her…"*

(Emma and Niamh 22/6/17)

At the time I connected this lack of fear and engagement with Emma's recent education and learning experiences. I believed that she was more open to sharing with me based on her education and understanding of research. Irrespective of the reason, her openness to the study enabled me to observe practice, and facilitate and record reflective conversations with her almost immediately when I started to work with her.

The first therapy session that I observed with Emma was a therapy session in which she intended to do a HBMR session (McGrath and Passmore 2009). Despite having felt her willingness to have a discussion about her work, the reflection that I made immediately after I observed this session revealed a similar contradiction between values that were identified during our conversation about the Tailored Activity Programme (Gitlin et al. 2008) and the actions that were taken in practice. I described what I observed as "square peg, round hole". This was my description of the first therapy session that I observed with Emma:

> *"During the visit I saw and heard [Emma] check in about what they had discussed at their last session. This was mostly about using memory prompts like a memory book and taking medication. The person spoke about the support that they received from their family and friends and about how it was helpful. [Emma] checked in with how much he was engaging in the strategies that she had suggested or prescribed to which he consistently said that he found it difficult as he is not a list keeping type of person…He began to speak*

about some of his interests… but I saw [Emma] redirect his attention to the task that she had chosen- the memory book. This happened twice…"

(Emma 22/6/17)

This description of practice reflects a doing-centric, compliance-orientated process (Dewing and McCormack 2017). It appears that Emma, like Mary, was using evidence-based tools like the memory book to do evidence-based practice. However, in focusing on this she appeared to forego both a focus on the person; engaging in conversation about the person's interests and who he is, and use of reflection during her practice to recognise the issue with the person's lack of engagement in the task she prescribed.

The interpretation of this situation raises an issue about the evidence that Emma was using in practice and its relationship with occupational therapy. As Dewing (2008b) points out, rehabilitation in dementia or 'rementia' is possible. It is understood to be a process that opposes the effects of dementia by focusing on and developing a person's strengths and remaining capabilities. However, Kitwood (1997) believed that it strongly depends on the positioning of the person in relation to others and their interpersonal relationships. Thus, while the idea of rehabilitation in this case is useful, implementing evidence like the HBMR programme (McGrath and Passmore 2009) and using the memory book as a tool without attention to the relationship that we build with a person living with dementia and to the context in which the rehabilitation takes place is likely to be unhelpful. Consequently, the kind of practice described does not reflect practice that is concerned with a person's identity. Additionally, it is unlikely that such an approach will facilitate rehabilitation.

When Emma and I discussed this therapy situation afterwards, her reflections matched the actions that I had observed and describe above. She made statements that emphasise the synergy between her actions and her espoused beliefs that emerged from our conversation. Firstly, she clarified one of her beliefs related to the actions that she was taking, independence is the purpose of occupational therapy, saying:

> *"I do think that to some degree that will be more beneficial in helping him to keep his independence… But at the end of it, if he's saying actually, I'm really happy for these things to be done for me then that's fine, you know? That's his choice."*

(Emma and Niamh 22/6/17)

This statement suggests that the reason that Emma maintains her choice of prescribed activity is to facilitate a person to maintain their independence. However, our conversation implied that independence was not a value that the person she was working with held.

> *Niamh: He seemed quite happy for his daughter to be doing it for him-*
> *Emma: Yeah, I think that he is that type of person. He would be quite happy for everybody to do everything for him. Em… all his life really.*

(Emma and Niamh 22/6/17)

This aligns with my initial interpretation, that Emma was implementing a programme and evidence-based intervention that aimed to develop independence while the person she was working with was happy to be interdependent. She was working with the programme as per protocol and as a process that is distinct or separate from interpersonal relationships. Emma's statement also reiterates an inattention to the person's life story, which appeared to emerge as a result of Emma's focus on the doing of the occupation that she had suggested- the memory book.

The rest of the conversation about this therapy session with Emma reinforced the interpretation about compliance-orientated processes but also resulted in the discovery of contradictions in her beliefs. She stated that she would not move on to the next strategy in the rehabilitation programme if the first strategy was not taken up.

> *Emma: Yeah. Usually I'm not keen on moving on to the next HBMR session until I think that everything in session one is completely clear.*
>
> *Niamh: Okay*
>
> *Emma: So, I think until we're in a position where he's decided whether he's going to continue with the book or not then I'm really not wanting to move away from that first session because I think there needs to be some clarity around that.*

(Emma and Niamh 22/6/17)

This reflection indicates that Emma is aware of her therapy processes and the reasons for the actions that she takes- she does not believe rehabilitation is possible if the person

does not engage in the HBMR (McGrath and Passmore 2009) processes as outlined. She suggested that she does not use the therapy tools flexibly in her process, that is, she would not change the strategy or try something new unless her initial plan was completed. Indeed, she confirmed a few weeks later (Emma 20/7/17) that she did conclude the aforementioned therapy process when the person she was working with did not engage with the memory book. Nonetheless, in an apparent contradiction, Emma spoke about needing to use the information in these programmes flexibly but felt that it was difficult to do so. For example, in the same conversation, when asked what she would do if a person did not engage with the strategies she suggested, she said:

"Em, just adapting it really so it suits people I think. Which can be a bit tricky"

(Emma and Niamh 22/6/17)

This conflicting value was evident elsewhere, such as in the conversation about the TAP (Gitlin et al. 2008) with Mary and Emma (20/7/17). To me, this suggests that Emma was aware of her usual practice, but also of what could or should be done, but could not connect the two as a result of difficulty reflecting on her practice and building a relationship with the person she works with in which mutual solutions to a problem related to occupation can be found (McCance and McCormack 2017).

Evidence of these difficulties also emerged in Emma's choice to focus on rehabilitation through strategies the person does not connect with, as opposed to acknowledging their values and developing the conversation about them. Finally, Emma confirmed her awareness of the impact of this process, saying:

"…yeah, you could be writing down in it every day but not ever going back to look at it or ever needing to look back over it or get any benefit from looking back over it- you're almost doing it more like a chore than something that's actually helping you. In which case, people, I find, try to pacify me throughout the programme that they're writing in it. And then once I stop visiting they'll stop writing in the book because nobody's coming to check up on them almost."

(Emma and Niamh 22/6/17)

Emma repeated this belief on numerous occasions, as did Mary, which suggested to me that she was aware of this process, and its impact, but did not know another way to work, or that she had the potential to change this.

Overall, this initial situation was a sign of what was to come in my observations of Emma's practice, and our conversations about her actions in practice. My starting point in terms of understanding Emma's practice was that she is authentic in that she does all that she has the potential to do and is embodying the values and beliefs of her context. Unfortunately, these are conflicted and appear not to fit the needs of many of the people that she works with. I related this challenge to the research and practice culture that she has lived and worked in since her education. I reflected:

> *"I wrote the expression 'square peg, round hole' after this visit as that was what it felt like to me. [Emma] was trying to use a tool that did not fit for the person and their needs. Finally, I don't believe that she is doing this maliciously or indeed consciously. It looks like she believes it is the most appropriate, evidence-based thing to do based on the culture that she is embedded in."*
>
> (Emma and Niamh 22/6/17)

I clearly believe that this emerged from her embodiment of a prevailing culture of training and compliance, in which critical reflection is not given due consideration, and an understanding of evidence-based practice as implementation of research evidence, which is consistent with our understanding of compliance culture (Dewing and McCormack 2017).

The challenges evident in Emma's case are not with authenticity; she takes the actions that she believes are appropriate based on the values she has learned. Her actions appeared to be heavily influenced by her educational and practice context and the expectations that they places on therapists'. Unlike Mary, Emma has not had considerable experience in, or exposure to, a culture that values anything different in practice. That is, evidence-based practice since her education has been dominated by scientific values that rarely consider context and experience in their research and practice processes. Thus, Emma's actions reflect this understanding of evidence-based practice.

There is a challenge here in the values that most belong to Emma. That is, the contradictions that emerged in our conversation create a question over the values that Emma actually holds. While she is clearly somewhat aware of her values having shared them with me, she seems unaware that they are contradictory and do not all play out in her practice. It seems that, as Schön (1987) suggests, Emma's reflections and actions reveal contradictory appreciative systems that are at play in one profession. The assumptions relating to flexibility are the ones she believes are important but does not have the potential to realise because her practice context has not facilitated embodiment of such assumptions. Furthermore, development of understanding of the contradiction in these values has not been facilitated. Thus, Emma's authenticity and lack of awareness of the meaning of these assumptions offers an explanation as to why she did not seem to be as uncomfortable or as fearful of engaging in a conversation with me- because she is doing what she is expected to do and believes is right.

Losing the balance of being and doing

Although this analysis established Emma's authenticity very early on, and its presence throughout our work together, it is clear from my reflections that I did not fully understand this at the time of this research phase. I continued to reflect on her choice to implement the programmes or innovations that she had been educated and trained to use, and I continued to observe and discuss therapy situations in which she used these. During this process I lost my balance as an authentic researcher. As we moved through the research process much of the progress that I had made in terms of creating conditions in which participants could share their reflections safely unravelled. This stage is represented by the stick that will not balance in the higher, second crevice in the sculpture in *Figure 18*. As the stick would not balance, we could not place any berries or leaves on it. This represents the absence of goodness or flourishing in this stage of the research as I lost the balance between being and doing. This process will be explored in greater detail in this section.

I observed most of one whole therapy process with a person living with dementia, Tom, and his wife, Ellen, in which Emma chose to use the TAP to guide her practice (Gitlin et al. 2008). In these sessions I saw and heard many situations and actions that emphasise

the values and beliefs that are consistent with the dominant research and practice paradigm in occupational therapy that I also identified in the first session described above. However, this therapy process also raised my consciousness of more issues that relate to both the influence of evidence-based interventions such as the TAP (Gitlin et al. 2008) and HBMR (McGrath and Passmore 2009), and of the work environment, on Emma's practice. A growing frustration with the impact of these values is clear in my developing awareness of them.

Firstly, a caregiver burden perspective became apparent. Emma spent the majority of the therapy sessions with Ellen and appeared to be focusing primarily on her throughout the work. For example, she said:

> *"I just feel like she needs to reflect and bounce that off somebody- almost for approval. And I'd like to spend a bit more time with her looking at her confidence and her needs as well. I feel like she often is constantly thinking about others and being the caregiver of a gentleman with really quite severe dementia- it's looking after herself."*

> (Emma and Niamh 10/8/17)

This perspective appears to be the dominant one rather than being balanced with Tom's needs, values and beliefs. This was demonstrated in a reflective conversation that we had in which I asked whether Emma knew Tom's perspective on the behaviours that she and Ellen were discussing.

> *Niamh: I was thinking- I wonder has she [Ellen] ever asked him what he is looking for?*

> *Emma: I think. I think she…*

> *Niamh: Because she seems quite distressed by it.*

> *Emma: I don't think she's asked him what he's looking for but I think he has always given the impression of 'oops, I've been caught'…*

> (Emma and Niamh 20/7/18)

I offer my previous interpretation of Emma's practice context and training that lacks attention to development of critical reflection and relationship building as a practice

process as the basis for this perspective (McCance and McCormack 2017). As I have already noted, Emma was very kind and well-meaning. She practiced to the extent of her potential. The approach that she took and her perspective in this therapy situation is consistent with the theories that underpin and aims of the TAP (Gitlin et al. 2008). However, she seemed to struggle during the therapy process to communicate with Tom in a way that identified his perspective and needs in a situation in which I believed he would have been able to share his feelings. I wrote:

> *"Despite having requested information about [Tom], who he is and his well-being, listening to his wife and occupational therapist's descriptions of him, I was extremely surprised by how he was. I had anticipated a more difficult situation in which I would find it difficult to explain who I was. However, he appeared very well and was very happy to speak to me."*
>
> (Emma and Niamh 13/7/17)

It does not appear that the training that Emma received facilitated development of interpersonal skills required to truly understand what was going on for Tom. My choice to ask Emma if she had involved Tom in the conversation raised consciousness of my perspective which led to some discomfort in our conversations later on.

In Emma's work with Ellen and Tom, it also became evident that she found it difficult to take risks in her practice. For example, rather than adapting the physical environment in order for Tom to go outside to his shed she suggested bringing the tools in his shed into him.

> *"Emma: If there were rails he would go out more. Em, he seems to be the type of man who will be quite determined if was going out he was going out. If a carer's there, I think that they would maybe know what to do if he had fallen. But I think if his wife's there on her own I wonder what she would do because you want them to be able to do that as safely as possible. I would feel more comfortable knowing that there was something there that he could hold on to. Even on the way back in he put his hand on the hinges of the door and if that door had blown closed he'd have had his fingers trapped so I'm really not comfortable with him doing that."*
>
> (Emma and Niamh 13/7/17)

Paradoxically, despite Emma having identified that Tom enjoyed being outside and the solution to the problem; grab rails, she recommended a therapy plan that did not involve

activities outside. In this situation, although this is not explicit, I believe that Emma's decision was based on the boundaries that have been created related to taking risks based on a person's values in their care environment (McCormack and McCance 2017). This risk aversion is reflected in *Figure 19* where the line with fire on it represents the line that Emma has drawn related to risk taking in her practice.

The final observation that I made in Emma's practice with Ellen and Tom was related to her practice environment. I noticed in both Emma and Mary's practice that they were wary of how and what information they shared with the person(s) they worked with. Emma shed some light on my observation on numerous occasions, expressing that she experiences challenges with role clarity. For example, when she shared information with Ellen from the TAP information manual, she said:

> *Emma: …It's difficult I think with that to still know how much [information] to give somebody and how much not to give them-*
>
> *Niamh: I wonder- I'm sorry I interrupted you.*
>
> *Emma: The other thing is that you don't want to tread on the toes of a dementia link worker who also provides that kind of information. I don't know…*
>
> (Emma 20/7/17)

This transcript indicates that Emma does indeed critically reflect on and is flexible with the information that she uses from the TAP guidelines (Gitlin et al. 2008), but that her reflection does not extend beyond the confines of the programme. More concerning is the apparent challenge that Emma shared regarding her relationships with other professionals in the environment that she works in. It seems that Emma appreciates the role of other professionals but values them to the extent that she struggles to exercise her own power to share the information that she needs to (McCormack and McCance 2017), which creates another barrier to critical reflection in her practice.

The final issue that I identified here, challenges with the impact of staff relationships in the work environment, as well as Emma's openness to the study, helped me to further develop my understanding of her situation in relation to her immediate working context. I spent

brief periods of time with her between the visits to client's homes. During one of these moments Emma explained to me that she was having an issue related to a change that had been made with the referral system for their service. She explained that referrals for occupational therapy were now being made to a central point for screening before being passed on to the occupational therapist to work with. She explained that the purpose of this was to avoid the inappropriate referrals that are frequently made by colleagues to occupational therapists'. I reflected on this conversation:

> *"[Emma] was clearly frustrated with the referral process and unsure about whether the change was a good or bad thing. She described situations in which inappropriate referrals had been made to an occupational therapist and said that it was good news that this process would probably change that. However, she also spoke about losing relationships with team members if there was no need or way for them to discuss a client before they were referred. She also said that she suspected that this may result in fewer referrals to occupational therapy… it was clear that [Emma] did not see the exact issue but was aware of some of the reasons that it was happening… However, she did 'take her hand off' the situation by stating that it was not her role to deal with this kind of issue and the central referral system meant that somebody more senior was dealing with it."*

(Emma and Niamh 13/7/17)

This situation that Emma described is reflective of the points made previously about both Mary and Emma's openness in sharing their concerns about the impact on referrals to their service if they did not use named and research based programmes and guidelines such as the TAP (Gitlin et al. 2008) to promote occupational therapy. The same explanation is true for my interpretation of this situation. However, Emma offered an explanation for this concern. Emma did not have the power here to make decisions in her work environment, which removed the need for her to engage her critical thinking skills. The consequence of this is therapy situations such as those described in this study. Role clarity became challenging because Emma does not have the opportunity to explore and articulate her values and beliefs if somebody outwith her profession or in a more senior position than her is making these decisions. Essentially, this defines Emma's practice for her, thereby defining who she is as a practitioner, and perpetuates the compliance culture, making her a passive participant in her work environment.

By the time I had observed a few therapy situations and had reflective conversations with Emma it had become clear that her practice was not going to change and I was becoming frustrated with, what I believed was, a lack of critical reflection on Emma's part. This was clear in the way that I asked questions or made statements. For example, after observing a few therapy sessions that focused on Tom's wife and her needs and perceptions, I started to share my perspective of caregiver burden and the challenges that she had communicating with Tom. I said:

> *Niamh: I felt a bit- I've written confused, but I think it was actually uncomfortable with… the tailored activity programme information was obviously useful for his caregiver in that she saw that, you know, there's some explanations for the behaviours that she has seen but actually I felt a bit confused by that and uncomfortable with it because I sensed that that is actually making an assumption about what [Tom], you know-*
>
> *Emma: He's behaving this way because…*
>
> *Niamh: Yes…*
>
> (Emma and Niamh 20/7/17)

In this conversation, I was challenging Emma about her beliefs by sharing my own. She also seemed aware of why I was challenging this as she completed my point. I did this because I felt that she was open to reflective discussions in a way that Sharon and Mary were not. This belief emerged from my judgement on Emma's perspective when we first met- that she did not appear fearful of my presence. At the time I had not analysed this information and was not fully aware of her authenticity. This conversation also happened the same day that Emma, Mary and I had a conversation about the use of interventions like the Tailored Activity Programme (Gitlin et al. 2008), which seems to be another reason I felt comfortable challenging her. I reflected:

> *"After the visit, having had an open conversation about my reflections on the TAP, I felt comfortable and trusted enough to question why [Emma] used this information [from the TAP manual]"*
>
> (Emma and Niamh 20/7/17)

Emma did not actually respond to my challenge in a way that explained her perspective and I did not observe or write about any practice that indicated a change in her perspective.

This discussion was the point at which I lost the balance that I had found working with Mary. There is no evidence in my reflections on our conversations or in the transcripts of attentiveness to our relationship, openness to Emma's ways of being and perspective (a principle for creating the conditions of human flourishing) (Titchen and McCormack 2010, p. 540), or loving-kindness (McCormack and Titchen 2014) for Emma and the challenges that she faces in practice. I became concerned with the doing of the research over my being and was not authentic in my research practice.

The absence of these elements of human flourishing for myself, and consequently for Emma, resulted in a challenge and change in our relationship. The next time that I met Emma after this challenge I was wary and was beginning to think that it was time to end our work together, although I did not fully understand why I thought this. I did actually reflect on this at the time, writing:

> *"I was wary before the day began also as I had noticed that [Emma] did not seem keen to continue to participate much longer…"*
>
> (Emma and Niamh 10/8/17)

In essence, what appeared to happen was that I misjudged Emma's openness to the research due to her lack of fear and her authenticity and stepped ahead to challenge her without understanding that by doing so I was actually questioning who she is, her authenticity, in a space that did not support this and without support from me also. My gut feeling came into play here and I recognised the discomfort that Emma was feeling and her reluctance to engage in a conversation with me after this.

During our last day together my sensing was confirmed and I felt Emma's challenge but my focus on doing the research was once again evident. During this day, like Mary, Emma shared that she would continue to use interventions and approaches like the Tailored Activity Programme (Gitlin et al. 2008) and the Home Based Memory Rehabilitation Programme (Passmore and McGrath 2009), which did not surprise me. I chose not to continue to engage in a conversation about it, as I was now mindful that the purpose of the study was not to change her practice and I was aware that our conversation was not going to change her answers to my questions. I reflected:

"I did not engage much in this conversation and left it open to [Emma] to speak as I did not feel it was appropriate or worth asking her why she had done this [used the TAP]… I do not think that having this conversation again is going to change anything"

(Emma and Niamh 10/8/17)

This reflection emphasised the position that I felt that I was in. I felt that I could not change anything so I did not believe that it was valuable to continue our conversation. I made the decision to distance myself or disengage from the conversation about the TAP (Gitlin et al. 2008) and to complete the phase of research.

Finally, despite only seeing this situation for what it was during this analysis process- a consequence of inauthenticity[12] for me, and an unsupported challenge of authenticity for Emma, I was actually aware at the time of what I had done to Emma on some level. I wrote that I was aware of my own attitude towards her practice and my frustration with our conversations, which led me to this:

"I took the moral high ground"

(Emma and Niamh 10/8/17)

I knew that this was wrong and that it was not right to continue to do this but was not aware of the impact that doing this had had until writing this analysis. I was not open to Emma's way of being in the moments that I challenged her, which resulted in a 'prickliness' (*Figure 18*) in our relationship and difficulty in developing circles of connection and a shared understanding. This outcome is a powerful indicator of the importance of well-developed understanding of worldviews and contextual influences in research before attempting to change practice, as well as respect for, and kindness towards all worldviews.

Our work together ended with certainty that it was not the right thing to do to continue to try to have these conversations. To me, it did not feel like a bad or damaging end but was a mutually unspoken decision that felt right and safe. I reflected on this:

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[12] The term 'inauthenticity' is used here to refer to actions that do not match a person's espoused values and beliefs.

"[Emma] did not respond badly to them [my questions] but I got the impression she was irritated giving the same answer to the questions and wanted the conversation to end. I believe that this may be because we are seeing the same person [Tom] and the process or approach has not changed so I am constantly asking the same questions and getting the same answers. I think that this will probably be the case no matter how many participants we have and how many therapy processes we observe and discuss as there appear to be multiple pressures and social contexts that are influencing her decision to do therapy this way."

(Emma and Niamh 10/8/17).

A final addition to this, given my developed understanding of this situation. Emma did not know any other way of being and had not had the opportunity to know or develop any other way of being and doing.

Conclusion

This research story starts with a fear of reprisal on behalf of everybody involved in the early phase of the research process. It was evident in every part of the research in some way but we do not know where it came from or why it was there. Nonetheless, it was strong enough that I internalised the culture that I was observing. My reflections on this fear caused me to lose myself as opposed to developing and being aware of my authentic being. In my case, the way out of this was engagement in a relationship in which I could create psychological safety for myself with a person who could support me. This facilitated authenticity holding or support to know and live my values. Overcoming barriers to being an authentic researcher, such as the fear in this study, required risk-taking in order to build trust and develop a feeling of safety. This can facilitate development of an ecology of human flourishing and movement past feelings of fear and towards other-centredness.

The process of movement through and with fear facilitated a shift from doing to being in the research. This was vital in creating space in which both Mary and Emma could authentically engage with me. It enabled realisation of one of the real issues with their practice; that they feel have little power to make decisions related to how they practice. This, in turn, hinders development of critical reflection and articulation of values and beliefs that could enable development of professional artistry and identity in their practice. This

realisation led to an understanding of the concern Mary and Emma have with justifying their actions in practice. In this situation, the issue of decision-making by other person(s) has resulted in practice that is often compliance orientated and in which opportunity for critical reflection is limited.

Understanding this issue moved our work together forward with different research processes and outcomes for both Mary and Emma. Knowing that she was free to choose how to practice, Mary started to do everything she knew was available to her in her practice repertoire which led to two findings. Firstly, focusing on doing using practice tools without critical reflection on their purpose indicates a compliance approach to practice. Secondly, this approach to practice does not fit with Mary's values or who she wants to be as an occupational therapist. Nonetheless, being with Mary and supporting her to express herself in her practice resulted in a moment of human flourishing in which she embodied her potential to be authentic. The risk she took in doing this and the fear she felt created a challenge in capturing this moment. Nevertheless, it emphasised that moments like this are possible and should be supported, captured and understood. In order for this to happen, research culture and perceptions of research needed to be challenged and changed.

My work with Emma felt more comfortable and less pervaded by fear than my work with Mary. I understood this comfort to be a consequence of her recent education and understanding of research and my developing skills in being with in the research process but misjudged this situation and subsequently discovered it to be a result of her authenticity. However, Emma's ease with my presence enabled me to understand that, while her practice is absolutely authentic, it was almost entirely doing orientated and did not fit the needs of the person(s) she was working with. My observations and our critical dialogue emphasised contradictions between values and beliefs that Emma shared and embodied in her practice. For instance, Emma believed that she *should* be flexible in her practice but her training to implement practice tools seemed to oppose this belief and encourage linear practice. She did not have the skills to develop her potential to live these values and beliefs related to flexibility and person-centred practice. Thus, it was evident that Emma's current practice context does not facilitate development of these skills due to

hierarchical decision-making processes, lack of role clarity and emphasis on doing over being in practice.

Descriptions of my misjudgement of Emma's situation revealed evidence of the impact that inauthenticity and absence of openness to different ways of being has on relationships in research. Critical reflection and reflexivity on the researcher's behalf is imperative for understanding and being present for them and the person they are working with. It is clear from this data that laying the foundations for research by developing an ecology of research in which each person feels comfortable to share who they are, is a necessity to truly understand each other. Moving towards change without considering and developing an understanding of Emma's situation in this case resulted in a breakdown of our relationship and an uncertain conclusion to this phase of the research.

The end of this data collection and analysis process has emphasised the moral imperative of sharing this information. It is clear in the analysis that there are many complex and powerful influences on who Mary and Emma are as occupational therapists, and their ways of doing and knowing in practice. These influences often appear overpowering for them and challenging in a way that creates a socialised stuckness or lack of development in practice. While it is important to share the intricacies of this context, it is my responsibility as a researcher to share them in a way that is appropriate for the research philosophy and methodology. While it is evident that I struggled to do this during this phase of the research, I have developed a way of doing while writing this analysis. I aimed to write an account and interpretation of this research that balances a celebration of the goodness and potential of the occupational therapists' that I met with the challenging reality of their practice contexts.

Overall, this case study tells the story of a balancing act. As a researcher, I was concerned with balancing being and doing and lost that balance in my desire to change practice. As an occupational therapist, Mary was balancing her desire to be an authentic practitioner with the values and beliefs of her context. She found this balance in a moment of professional artistry that uncovered her potential. I did not observe Emma finding a balance between being and doing in occupational therapy. However, while all the balance

in this study was lost at some points or never found in some cases, it is now clear that it is important and possible to develop.

Chapter 5: A conceptual framework for authentic practice in occupational therapy

Introduction

In this chapter I present the conceptualisation of findings from this research. A conceptual framework presents variables and relationships that need to be explored in order to understand phenomena (Kitson et al. 2008; Ostrom 1986). It can represent and explore a whole collection of assumptions and techniques held by a community (like the profession of occupational therapy). However, it does not specify the direction of relationships, or present underpinning hypotheses, meaning that it needs to be explored by the community to make more logical, in-depth connections between concepts. However, presenting a conceptual framework offers opportunity to incorporate several theoretical perspectives, more consistent with the understanding of evidence-based practice outlined in this thesis in *Chapter 1*. It identifies the relationships between each of the phenomena identified in the case study (*Chapter 4)* and their significance in relation to existing theory. The challenges with facilitating reflective dialogue and the nature of the evidence identified in this case study meant that in-depth relationships could not be understood or defined.

This chapter will explore the themes identified in the previous chapter; a context of fear and anxiety, balancing being and doing or authentic consciousness with theories of occupation, and professional identity and self-actualisation. It explores contextual influences on creative practice and identifies the elements of an ecology of human flourishing that are necessary to develop practice contexts in which creative practice or professional artistry can be realised and articulated. It presents professional artistry, underpinned by principles of critical creativity as the way in which being and doing, theories of occupation, and authentic consciousness are blended in occupational therapy and research practice. The framework presents this process as the means through which professional identity and self-actualisation, and thus authentic practice is understood and realised.

Before this framework is presented, attention needs to be paid to the structure and style of this chapter. This chapter presents multiple, complex concepts that are interconnected and inseparable. For this reason, I have explored the connection between concepts rather than presenting each concept separately. The second note of importance is that there are parallel processes presented here that are relevant for, and expected of, the researcher and the occupational therapist for working with any person in their practice. For instance, the researcher must experience and embody human flourishing to facilitate it when working with the occupational therapist in the same way that the occupational therapist must when working with a person living with dementia. The distinction is not always made but is implicit throughout this work. This comes from the belief that we[13] cannot facilitate development of ecologies of human flourishing if we have not experienced it and embodied it ourselves. Finally, the writing of this chapter is particularly informed by Fay's (1987) critical perspective; that we understand theory by being in relation to it in an embodied and experiential way, rather than only learning about theory. Thus, consistent with the theory of critical creativity, I have used (and sometimes reused) creative expressions to articulate my embodied understanding of the concepts and the connections between them. These creative expressions connect the work with ancient spiritual traditions and wisdom in order to connect worldviews. This approach offers an alternative perspective that might enhance access to the meaning of this conceptualisation.

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[13] The term 'we' is used in recognition of the movement from the I in 'it' (confronting) to I in 'we' (collective creativity) relationship with myself, the collective and the universe. This relating results in a deeper awareness of the interconnections and interactions in the universe (Scharmer 2016).

Figure 25 Prana

The painting in *Figure 25* represents the idea that energy for practice, which facilitates professional identity, self-actualisation and human flourishing, emerges from the heart. This painting was created with Brendan, Duncan and Jane during a supervision meeting

following the first two stages of creative hermeneutic analysis (the expressions of my individual process and my exploration of the themes with Brendan are presented in *Chapter 5*). The intention of the session was to move from the parts (the study data) to the whole (study data in the context of existing theory) and to bring to question the conclusions drawn and assumptions made during the analysis process. The process of creating it included five steps. Firstly, I shared the story of the data and the main themes I had identified using objects, data, papers and music. We each took time to reflect individually on the story. We then started to paint together. We then looked at the painting and shared what we saw, felt and imagined (Dewing et al. 2014) in it. Finally, we engaged in a reflective dialogue about our observations of it. The main theme of this process was spirit and energy. That is, that creativity, balance and openness in practice and research can create a connectedness between different types of energies that facilitates moral practice. It was used to shape the discussion that follows below. This is a description of the meaning of the painting:

> *The seven colourful circles that move from the centre to the top of the painting represent seven chakras or wheels of energy. The idea of chakras comes from Sanskrit letters and originated from a Hindu tradition, although it has been widely used and developed in various spiritual doctrines since (Mercier 2017). I believe each person holds these seven chakras around and within their body and that they must each be in balance in order for prana, life-force, chi or vitality to emerge. Each of these terms means positive or healthy energy that engages a person's potential. I use the terms prana hereafter as it is most consistent with the Hindu tradition that I believe in. There are three lower chakras that are concerned with balance, grounding and survival. There are three higher chakras that are concerned with mindfulness, intuition and enlightenment. The chakra in the middle called anahata or heart chakra (Mercier 2017), is the energy wheel that connects the lower and upper chakras, connecting the body and mind, light and darkness, doing and being, science and art. Care must be given to the anahata in order for balance to be found and prana to emerge. I use the metaphor of prana from the heart chakra to move us through a dialogue about the concepts within the*

following framework. It is an indication of the direction that we are moving in. That is, a movement towards balance of all kinds of energy (symbolised by the black semi-circle holding all of the energies and elements of the painting in Figure 25*), connection between energies, and care for our heart, body and mind, that facilitates practice from the heart.*

The aforementioned process was repeated with two more groups of people- with the SICoP (April 2018) and with a small group of people in a creative workshop space at a conference (August 2018). Each group included perspectives from various healthcare professions including occupational therapists, nurses, art psychotherapists and healthcare historians. The creative expressions and themes from the reflective dialogue are presented in *Appendix 5*. In the first instance, dialogue focused mainly on the need for balance between the perspectives and energies in this research specifically. It also explored the imbalance between, and oppression of, perspectives caused by the recent professionalisation agenda in healthcare. In the second instance, the dialogue focused primarily on the value of my own (the researcher's) reflexivity during the research process. It was proposed that exploration of this reflexivity has the potential to emphasise hope, and create balance between energies, for the purpose of raising consciousness about the challenges with professional artistry and context that were apparent to me in this research. Each of these dialogues were facilitated during the process of developing this conceptual framework. The framework was revised following each one to reflect the concerns of each group of people involved. The ideas of prana, balance, researcher's reflexivity and hope are reflected in the framework that follows.

A conceptual framework for authentic practice in occupational therapy

Figure 26 Conceptual framework for authentic practice

The conceptual framework in *Figure 26* incorporates and blends all of the concepts identified above in the introduction to this chapter. The background of trees and light denotes an ecology of human flourishing. Such an ecology is required in order for culture to change and context to be supportive of evidence-based, person-centred practice. Elements of an ecology of human flourishing will be explored in more detail in the next section of this chapter. They will be discussed comparatively to the concept of an ecology of fear and anxiety. The concepts of occupation or doing and authentic consciousness or being are blended through the engagement of professional artistry or creative practice. The concept of occupation in this framework intends to encompass all knowledge about,

and theories and models of occupation or doing, and is represented by one spiral. It will be explored in the third section of this chapter. The concept of authentic consciousness reflects the components of practice related to being that should be blended with doing and is represented by a second spiral. It will be explored in the third section in this chapter also. The yellow dot in the middle of the painting represents the intended outcome of the blending of occupation (knowing and doing) and authentic consciousness (being) through professional artistry in a facilitative context- professional identity or self-actualisation and human flourishing for the occupational therapist and the researcher (becoming). Additionally, the concept of human flourishing as the intended outcome or end of such practice for the person living with dementia will be explored. This will be explored in the final section of this chapter.

An ecology of fear and anxiety

The background of the conceptual framework represents an ecology of human flourishing (McCormack and Titchen 2014). Ecology in this sense is taken to mean an expanded study of the interconnectedness of ecosystems, which contain flow of energy and matter between both the natural world and the human interactions within that world. An ecology of human flourishing expands to study the interconnection between the different states or elements of human flourishing and their connection with nature and creative traditions as well as human interactions. Dewing and McCormack (2017) suggest that emotional competence, psychological safety and connection between team members' personal and professional values and goals, and organisational values and goals, are hallmarks of ecologies of human flourishing in a workplace. They also identify five strategies that Cameron (2010) believed would be evident in a flourishing ecology. These include: capitalising on an inclination towards positive energy; virtuous management of economic challenges; focus on abundance gaps; creation of positive energy during challenges; and use of positive practices even when they are not valued. The elements of the ecology require conditions (Titchen and McCormack 2010), ways of being, knowing and doing, that create space for human flourishing to emerge. McCormack and Titchen (2014) offer a definition of human flourishing that aligns with such perspectives on development of ecologies within the workplace. They say:

"Human flourishing occurs when we bound and frame naturally co-existing energies, when we embrace the known and yet to be known, when we embody contrasts and when we achieve stillness and harmony. When we flourish we give and receive loving-kindness."
(McCormack and Titchen 2014, p. 19)

Creation of space for such experiences in a context that is deficient in flow and prana is considered in this section. My own experiences and actions as a researcher inform an understanding of the conditions that are required to facilitate moments of human flourishing through realisation of professional artistry for occupational therapists.

The representation of an ecology of fear and anxiety in *Figure 27* is the place that I will begin the discussion about human flourishing because the elements of context that were observed in this study appear to be barriers to the experience of human flourishing for the occupational therapist. The painting below holds and juxtaposes different energies that are present in the practice and research context that I have been part of, and observed, during this research and during my education. This painting compares with the picture of an ecology of human flourishing that is represented in the conceptual framework (background of *Figure 26*) and that underpins all practice. The black and purple wave overcoming the colourful fireworks in the painting represents a sense of fear and anxiety that freezes and overwhelms goodness, complexity, diversity and joy in practice or a flourishing context. The purple and black 'blob' (top left side) represents the practitioner and researcher within this ecology who is floating between the wave of fear and 'unfeeling' or numbness and the authentic, joyful, complex practice. Therefore, this discussion begins in an ecology that is not conducive to human flourishing.

Figure 27 Ecology of fear and anxiety

Writing this section of the discussion about the ecology of fear and anxiety strongly affected my prana and has brought me to believe that I embody the energy and essence of the thing that I am writing about. I associate the energy of this process with the third of Roth's five rhythms of life, the rhythm of chaos (Roth 1990), which is characterised by feelings of sadness, a process of release, surrender and knowing through body. I felt at odds and in conflict with a lot of the work related to the ecology that I paused to reflect on and discuss in this section. Living with and working to make sense of the conflicting energies in this painting and in the data that I have shared and analysed created an anxiety about conceptual connections in this research. I finally surrendered to the energies by engaging with creative expressions such as the one above that I had made and by using the idea of energy to structure the following work. Titchen and McCormack (2010) believe chaos is a useful rhythm that is necessary for putting words to our feelings, and understanding fear and anxiety in order to shape our future actions. This is the first condition of human flourishing (McCormack and Titchen 2014), to be still in order to look at the whole of our experience. Being still can cause turbulence- in whatever form that takes for a person, which is what I describe here. It is also necessary if we are to

understand the connection between fear and the actions that occupational therapists take in their practice.

Fear and compliance

The wave of fear and anxiety that has created a conflict in energies in *Figure 27* has emerged for a number of reasons that are all interconnected and inseparable. The first reason relates to the conceptualisation of evidence-based practice as implementation of research evidence. Greenhalgh et al. (2004) have explored the diffusion of innovations and suggest that strategic directives that occur at an early stage of implementation can influence diffusion positively and negatively. They refer to the potential for fear of a mandate to detract from locally generated ideas and priorities. Detraction from the real issue; understanding challenges with occupation that a person living with dementia is having. This detraction was clear in occupational therapists' choice to do assessments and go through processes that were often not connected with the needs of the person they were working with. For example, Mary's decision to the Rookwood driving assessment despite knowledge that the person she was working with was not experiencing challenges with driving. The idea of diffusion using the evidence 'roll-out'[14] in which health care professionals are expected to implement research evidence with minimal training based on such mandates has been challenged in more recent literature (Dewing 2016). This approach to evidence-based practice is understood to overlook the potential of the healthcare professional, lead to a misunderstanding of the complexity of evidence implementation, and to underestimate the influence of workplace culture on implementation (Dewing 2016; Dewing and McCormack 2017).

In their Compliance, Service Improvement and Innovation Model (CoSII), Dewing and McCormack (2017) present a vision for developing healthcare contexts where a flourishing organisation is the aim, or human flourishing is experienced frequently and by many. Prana and absorptive capacity are vital here in moving away from compliance and surviving or having person-centred moments as opposed to a culture of person-centred practice and human flourishing. Absorptive capacity refers to "an organisation's ability to

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[14] A term used to describe the direct implementation of research evidence in practice with no change to protocol.

identify, assimilate, transform and apply external knowledge it considers valuable"
(Dewing and McCormack 2017, p. 154). A move away from formal education and training
programmes and towards facilitation of active and continuous participation in knowledge
mobilisation practices by persons expected to mobilise knowledge should increase
absorptive capacity. It is suggested that change can be achieved by focusing on high
order, generic capabilities as opposed to project-specific capabilities. Knowledge
mobilisation is referred to in order to shift focus from a conceptualisation of evidence-
based practice as 'knowledge consumption' to spaces in which people can develop
understanding of themselves in relation to research knowledge (Fay 1987) and apply
their understanding by making shared decisions about it. The strategic drive towards
training for programme specific capabilities, alongside the inflexibility observed in
practice, serves to impede absorptive capacity for knowledge mobilisation.

In the CoSII model (Dewing and McCormack 2017) prana is considered to be a certain
type of physical and mental energy that provides a sufficient level of vigour and positive
emotions to enable flourishing. This energy can be used to motivate intentional and
purposeful action (praxis) such that knowledge mobilisation can occur. Energies such as
fear and anxiety are considered negative energies that diminish prana. I referred to
positive energy or prana in this study, which emerged during a moment of human
flourishing when Mary embodied professional artistry. Human flourishing is understood
to emerge when energy is given and received in a healthful relationship (McCormack and
Titchen 2014). That fact that I felt energy and a moment of human flourishing only once'
when Mary embodied professional artistry, over numerous observations of practice
suggests that attention should be paid to occupational therapists' potential to develop
both prana and absorptive capacity in occupational therapy. This development should
pay particular attention to transforming negative energies, exploring and developing
capacity for knowledge mobilisation and building workplace relationships from which
prana emerges. The principles within the CoSII model also suggests that facilitation of
masterclasses removed from the workplace context are not sufficient to successfully
mobilise knowledge in practice. Thus, masterclasses such as those referred to in an
evaluation report of support for evidence-based practice (Gordon and Griesbach 2016)
are likely to be insufficient to facilitate effective practice that transforms negative energies
to prana.

Compliance is understood as a technical-rational approach to practice. A dialogue about the prominence of technical-rational perspectives and approaches has fluctuated over the recent history of occupational therapy. There are diverging perspectives on the value of encouraging occupational therapists to adhere to models of practice and protocols for practice has. Thomas and Menage (2016) refer to this adherence as a consequence of the competition for resource and recognition for occupational therapy in working environments across health care systems. They associate this kind of practice with a culture of blame and believe that the culture suppresses occupational therapists' ability to be compassionate, live their professional values and create human connections through practice that focuses on interaction between the therapist and the person(s) they are working with. This certainly seems the case when we compare the values that Mary shares in the moments between her practices with the values that often emerged in her actions. Her espoused values always related to connection and focus on relationships whereas her actions did not seem to hold the same purpose, and often related to somebody else's wants and needs. For example, the consultant psychiatrist's request for a study related to driving assessments.

Fish and Boniface (2012) understand compliance with protocol and theories and/or models of practice that are used as dogma or truth as reflective of a technical-rational perspective of practice. Such a perspective is believed to be unsupportive of morally committed action, which is expected of a healthcare professional. Morally committed action is concerned with *phronesis* or a tendency to do what is best in individual situations. Fish and Boniface (2012) suggest that a technical-rational perspective of practice is reinforced by lower order training for approaches to practice, for instance training for a protocolised approach to therapy like the TAP (Gitlin et al. 2008), and does not support morally committed action. McCormack and McCance (2017) question the extent to which practice can be person-centred if it cannot respond to individual needs, and continues to focus on task-orientated practice. They liken this kind of practice to Aristotle's *techne*, which is practice that is governed by rules and instrumental action. Titchen and McCormack (2010) suggest that the energy that this kind of practice creates is filled with fear of moving into different ways of knowing, being and doing. Furthermore, all practitioners require skilled facilitation to achieve reflective stillness in their practice in

order to embrace this fear and create an energy flow, which training programmes that are removed from practice context cannot support.

Fish and Boniface (2012) propose that this challenge with technical-rationality and person-centred practice has emerged as a result of the changes in our understanding of professionalism and the meaning of being a professional. They understand a professional practitioner to be a person that works in a practical setting with members of society or communities that require support that is specific to their ever changing and complex life situations. The complexity of these situations requires in the moment judgements to be made that carry moral and social expectations to be, and do, good for and with persons they are working with. This requires that professionals are aware of their own values as well as those the persons they are working with. However, Fish and Boniface (2012) refer to subtle differences evident between professional standards, competencies and quality assurance activities that set expectations for professional behaviour of the occupational therapist, but in which tensions are evident. In this case a tension can be seen between compliance-orientated understandings of evidence-based practice such as that of Emma's practice, and the strategic mandate to tailor and personalise therapy and to be person-centred in her practice. Furthermore, the strategic mandate from which the TAP (Gitlin et al. 2008) emerged (Alzheimer Scotland 2012) declares the coherency of such interventions with occupational therapists' values, which appears to have created a barrier to reflection on values and *phronesis*. This is seen in the protocolised approach that Mary takes to practice despite her espoused values.

The professional standards of proficiency (HCPC 2013) and the code of professional conduct (COT 2015) that occupational therapists are required to adhere to in the United Kingdom all refer to evidence-based practice and critical evaluation of, and reflection on, practice as demonstrative of professional behaviour. Nonetheless, there is no reference made in these standards to the complexity inherent in each of these practices. The Royal College of Occupational Therapists (COT 2015) state that occupational therapists should demonstrate behaviours that "promote and protect the well-being of service users and their carers, the wider public, the reputation of… employers and the profession" (COT 2015, p. 3). They claim that this is the purpose of their code of ethics and professional conduct. Despite no clarification, the emphasis on compliance with certain behaviours

and maintaining the safety of the persons we work with implies a technical-rational approach. While a certain level of compliance is necessary to achieve minimum safety standards, it is not enough to initiate change and development in practice (Dewing 2015). It is worth noting here that avoidance of risk and emphasis on safety in practice is understood to be fear inducing and counterproductive for the safety of persons we work with and for improvement (Berwick 2013).

Fear and leadership

In the preceding section I referred to fear of mandates as potentially underpinning the lack of prana that emerged in this research. However, these mandates and strategies have been influenced by persons at macro-context of practice (level of practice in which persons are working at systems or policy level), who are considered leaders in their practice. Leadership is understood to have a strong influence on feelings of fear and anxiety related to a person's ability to share their thoughts, and to do evidence-based practice (Brown and McCormack 2011). Psychologically critical and communicative spaces are considered a prerequisite of authentic engagement in dialogue that aims to understand and make interpretations of observed reality (Titchen et al. 2017). It is proposed that if a person fears reprisal for what they share in communal spaces, such as in research spaces, they are unlikely to engage in dialogue robustly or honestly and may distance themselves from dialogue (Scharmer 2016; Titchen et al. 2017). Brown and McCormack (2011) explored the concept of psychologically safe spaces in an emancipatory action research project. They found that nurses needed an environment in which they felt supported and trusted by leaders to explore and share their practice and policy without recrimination for their words and thoughts. The sense of fear that emerged in this study as we began reflective dialogue on observations of practice suggested that a psychologically safe space did not exist in the practice context that we were hoping to explore. This is supported by a study by di Bona et al. (2017) who noted the fear that occupational therapists reported feeling when being observed implementing the COTiD (a personalised occupational therapy intervention) for a research project. They referred specifically to the fear an occupational therapist felt of applying the protocol incorrectly when they were being observed during a research project.

Safety related to leadership did not emerge as an explicit sub-theme in this research. However, given occupational therapists' hesitance to share their thoughts, it is possible that they did not feel they had sufficient power and support to explore or share their practice or felt they were being silenced. An evaluation intended to identify the impact of the AHP Dementia Consultants' role (strategic leaders at macro level) offers some support for this suggestion (Gordon and Griesbach 2016). Part of their role is outlined as planning and delivering training to AHPs working with persons living with dementia, which included training for the TAP (Gitlin et al. 2008). The evaluation suggested that there were contrasting perspectives on the support that leadership for evidence-based and person-centred practice offered. While many AHPs believed that the training and support from the leadership role was positive and facilitative of change, one occupational therapist disagreed. They believed that leadership in this context is mainly strategic and they had hoped for more engagement in dialogue and support from leaders when strategic expectations for practice were created. This perspective did not appear to be considered further in the evaluation and was balanced with positive perspectives about leadership in this context. Whilst this reflects only one conflicting perspective, the fact that the dissatisfaction does not appear to have been explored may offer an explanation for occupational therapists' fear and wariness of engaging in reflective dialogue. That is, that occupational therapists do not feel prepared to share their perspective as it was not explored in more detail in the past.

The silence that emerged at the beginning of this study suggests that perspectives that may be divergent or different from leaders' perspectives are not acknowledged. Scharmer (2016) explores the reasons that dialogue does not happen sometimes. He notes that silencing of alternative or divergent views by leaders or people with most influence in an organisation discourages honest conversation. This silencing is the beginning of a cycle that Scharmer (2016) calls communicative absencing, where we shut down our capacity to relate to, or connect with, the future and to our potential through dialogue. The consequent actions in such a cycle of absencing is a disconnection from authentic self, in which ego and past problems become more consuming than becoming the persons we want to be, and following of collective purpose. The disconnection with authentic self was apparent in much of this research, particularly for Mary who was the occupational therapist who appeared to feel fear the most profoundly at the beginning of the research.

Following their development of the concept of psychologically safe spaces, Brown and McCormack (2011) referred to the need to encourage dialogue, engage with and acknowledge challenging perspectives in order for change in culture and development of evidence-based practice to emerge.

Leadership that facilitates a balance between perspectives and concerns of persons working at all levels of an organisation is required to develop psychologically safe spaces. In person-centred leadership, Eide and Cardiff (2017) refer to a process of balancing in which the concerns and needs of *all* persons involved in research and practice are acknowledged equally by morally weighing competing needs of stakeholders. This implies that all persons are listened to, and that authentic dialogue emerges, so that all persons can participate in decision-making about practice to the extent that they choose to. Balancing is one of five processes that develops relational-connectedness between a leader and their associates (Eide and Cardiff 2017). It would be a useful principle to consider in developing evidence-based practice in the future given the different perspectives on evidence-based, person-centred practice that have emerged. For instance, there seems to be a tension between occupational therapists' perception that the macro-context requires that they follow a guideline for practice in order for evaluation that measures effectiveness, and the micro-contextual perspective that following a guideline contradicts occupational therapists' assumptions about person-centred practice. For the principle of balance to be engaged in movement towards an ecology of human flourishing, the element of co-existence is necessary (McCormack and Titchen 2014, p. 8). This is the ability to acknowledge and see the potential of such negative, fearful or anxious energies about conflicting and contradictory perspectives such as these. Offering lovingkindness towards them is believed to help transcend a divide between macro and micro perspectives and give voice to the silenced (McCormack and Titchen 2014).

Meso-level leaders are the persons at the top of healthcare organisations that support practitioners that are providing care and are positioned in the space between macro and micro level. Meso-level leadership and facilitation emerged in this research in a discussion with Emma, in which she shared the structure of decision-making processes in her practice. This included the decision that meso-level leaders make about the

suitability of an occupational therapy intervention for a person living with dementia based on referral information provided by other healthcare professionals, and the kind of approach the occupational therapist should take to therapy. It is understood that meso level leaders of an organisation also have a strong influence on change in context and culture (Brown and McCormack 2011; Eide and Cardiff 2017) and this situation emphasised this influence. An imbalance in decision-making powers between the meso and micro-levels of context was evident, in which the power to make decisions remained with the meso-level leaders, and so practitioners' perspectives and judgements about their own practice was not balanced with other persons' perspectives. This conversation reflected the extent of the imbalance in and an influence on the separation from authentic self.

Effective leadership is a hallmark of a practice context that is receptive to change and implementation of research evidence (Kitson et al. 1998). Harvey and Kitson (2016) propose that holistic facilitation is required to enable complex changes and that leaders at all levels of an organisation require holistic facilitation skills to support change and movement towards person-centred, evidence-based practice. Thus, leaders in the macro and meso context require psychologically safe spaces to explore and develop their own leadership skills. Support and facilitation for macro-level leaders was not referred to in any information or evidence related to this context (Gordon and Griesbach 2016), which emphasises the attention that needs to be paid to leadership for person-centred, evidence-based practice for persons living with dementia in the future. This in turn could facilitate autonomy in decision-making and exploration of practice by occupational therapists working at the micro-level of practice.

Fear and professional identity

Fear related to professional identity was the most obvious and recurring theme in this study. It appeared to be rooted in two different issues, both of which will be explored here. The first issue was the fear and anxiety that occupational therapists seemed to feel about their power to make decisions and their position in relation to sharing information. For instance, both Mary and Emma were worried about 'stepping on the toes' of the dementia care coordinator and sharing information that somebody else had already shared. There

was an issue here with role clarity. Fish and Boniface (2012) warn that the danger with supporting technical-rational practice in a healthcare profession is that any person who can learn a technical skill can be considered a professional. They qualify that this point is not made in order to demean persons who are not healthcare professionals but is necessary to emphasise that roles become unclear when any person can learn how to do a technical skill, for example sharing information. Emma and Mary became fearful for their identity because there were other persons taking over the technical skills they believed belonged to them and to their profession. However, the perspective that Fish and Boniface (2012) hold suggests that their challenge with identity is related to the contextual challenges that they experience in developing and articulating professional artistry, which would emphasise the skill and wisdom they have in making moral judgements in their practice, which goes beyond technical-rational approaches to decision-making. In doing so, the uniqueness in their practice would be articulated, in a way that it cannot be when practice from a technical rational perspective is observed.

The second issue relating to professional identity appeared to be rooted in a fear that Emma and Mary had that changing their practice from that which complied with the TAP protocol (Gitlin et al. 2008) would affect other healthcare professionals' understanding of their identity. Theories of organisational change (Scharmer 2016; Schein 2010) suggest that proposed changes to practice that have the potential to affect identity cause fear and anxiety. Training for practice programmes or interventions underpinned by research evidence like the TAP (Gitlin et al. 2008) was considered part of a movement towards change in health and social care services and systems for persons living with dementia. When change is initiated, two kinds of anxiety are likely to emerge, survival anxiety and learning anxiety (Schein 2010). Survival anxiety is a concern that unless change occurs something bad will happen. Learning anxiety is a state in which learning new ways of being, knowing and doing causes worry. Both of these energies of anxiety are possibilities in this case, in which change was expected of occupational therapists. Change had already been initiated and encouraged at a strategic level or in the macro-context, so it follows that a sense of survival anxiety could have developed for occupational therapists at this point. However, there is no evidence to confirm this in the research data. Learning anxiety occurs as a result of survival anxiety. It relates to a fear about moving towards new ways of being and doing and occurs for many reasons (Schein 2010). The use of

protocolised interventions by occupational therapists for the purpose of justifying and defining their practice, thereby supporting referral to occupational therapy, suggests that fear could have emerged for two reasons. The first reason is as a result of temporary incompetence or not knowing what to do if protocolised or interventions that have an evidence base are not used. The second reason is for fear of losing membership of a group of healthcare professionals, as the assumptions of occupational therapy practice would change. These assumptions may be rejected or ostracised by professionals that refer persons living with dementia to occupational therapy.

Both of the preceding causes of fear are evident in occupational therapists' response to our discussions. Evidence of the first cause, occupational therapists' context influenced their ability to articulate their uniqueness, emerged in Mary and Emma's concerns about not receiving referrals to occupational therapy if they do not promote it using the names TAP (Gitlin et al. 2008) or HBMR (McGrath and Passmore 2009) and so on. Thus, these anxieties contributed to a technical approach to practice. The outcome of such learning anxiety is practice that is often inflexible, as in some of the observations made and dialogue in this study. The second cause, learning anxiety, was evident when both Mary and Emma continue 'throwing paint at a wall' or using all of the assessment and practice protocols available to them after our discussion about reflective and usual practice. It is particularly pertinent in Emma's case as it was clear that she needed to develop interpersonal skills to move beyond technical practice (McCormack and McCance 2017). However, this practice remains unchallenged due to its compliance with professional standards, codes of ethics for practice, and research evidence protocols. The consequence of this is a constant state of both survival and learning anxiety and escalation of commitment (Sleesman et al. 2012) to decontextualised, low-order capability development. In other words, short term training programmes that happen outside of the practice context. This is reflected in *Figure 27* where the person floats, seeming to just survive.

Schein (2010) believes that survival anxiety is not enough to motivate change as persons can rationalise their actions and deny the relevance of the information that is presented. This appears to be the case in this study, as Mary referred to in her intention to continue to do the TAP despite momentary agreement that TAP in its protocolised form does not

exist. Senge et al. (2005) use Plato's allegory of the cave to describe such situations-going outside and seeing the whole world after living in a cave for so long can be so blinding and painful that it is safer to stay in the cave. They also refer to the persons who are told that there is a whole world outside the cave (which was told by me in this case) but choose not to go out because it is safer to stay in. They refer to this situation as being 'in-between stories'. This betweenness is represented by the black and purple blob in *Figure 27* that is floating between the wave of compliance and silence and colourful, complex, moral practice. In essence, fear emerges when we start to see that we have choices and that we are instruments of unhelpful tradition or change (Senge et al. 2005). We have a choice to make in this case about who we want to be and the purpose of our actions in practice but this choice can only be made in contexts in which there is psychological safety (Schein 2010). When a cycle of fear of learning new ways of being, doing and knowing continues we eventually lose our ability to sense and feel, abilities that are required to connect with our whole self and the persons with whom we are working. This culminates in a tendency towards compliance as opposed to *phronesis* and *poeisis* (Fish and Boniface 2014) and might eventually lead to death of the profession.

An ecology that facilitates human flourishing

This exploration of contextual influences indicate that there are components of context that facilitates creation of an ecology in which occupational therapists can experience human flourishing. Human flourishing is understood here to be the experience that emerges when a person (in this case, an occupational therapist and a researcher) engages their potential, embodies their future self or becomes the person they want to become (McCormack and Titchen 2014). In this study, concern is with the elements of context that create spaces in which an occupational therapist can move beyond technical and compliant practice and towards right action or moral practice. The components of context that may have created barriers to such practice and the experience of human flourishing have been explored in the previous sub-sections. However, there are also elements of a facilitative ecology and processes that were evident in this research that may have influenced the experience of human flourishing that was observed in Mary's practice. This was identified during a moment in which articulation of self in practice, through expression of professional artistry, was experienced.

The fear that I felt as a researcher about sharing the challenges of facilitating engagement in the research, and of getting to the bottom of the real issues with engagement, was evident. Feeling, understanding and transforming this fear to prana required facilitation in a psychologically safe space (Brown and McCormack 2011) and a connected relationship with Brendan that I described as authenticity holding (McCormack and McCance 2010), in which he stepped forward to hold my values and support me to make a decision about the kind of researcher I wanted to be. Scharmer (2016) describes such a process as holding space, a skill that is required in order for transformation in ways of being, knowing and doing to happen for any person or organisation. This enabled a balance to be found between my concern with doing the research and being a person and researcher who was open to the uncertainty and mystery that is inherent in any moral research, evaluation and healthcare practice (Kushner 2000; Fish and Boniface 2012; Coles 2013). My ensuing focus on being present with Mary during the research indicates that researchers that intend to create spaces in which practitioners can be creative and explore their practice also require connected, facilitative relationships. This creates an element of an ecology of human flourishing that can transform an energy of fear to mystery and beauty-embracing the known and yet to be known (McCormack and Titchen 2014).

There were strategies evident within the creation of the ecology of human flourishing that I undertook. These appeared to enable moments of human flourishing through expression of creativity and professional artistry in an occupational therapists' practice. They included acknowledgement and engagement of my virtues and strengths, and intentional self-reflection in preparation for dialogue. In particular, this research referred to the need for courage and prana in engaging, and transforming, emotions that we do not often use as researchers or practitioners when we are engaged in practice that is primarily technical. Titchen et al. (2007) refers to such qualities and strategies as necessary in developing research praxis and artistry. They also believe they are a means to developing human flourishing for the researcher, which is in turn a means to creating an ecology of human flourishing in research (Titchen et al. 2007). These processes relate particularly to two elements of the ecology that were developed in this research- being still (McCormack and Titchen 2014, p. 14) and co-existence (McCormack and Titchen 2014, p. 8). Being still refers to the need to take space to balance doing and being and

to engage our full potential. Co-existence refers to moving beyond ourselves and acknowledging the strength in connections between different kinds of energies. This can facilitate intentional use of energies such as fear, stuckness and prana. Indeed, Mary even referred to the usefulness and normality of a chaotic energy in therapy situations in her practice.

The research process with Emma emphasised the impact of research and facilitation that is lacking in a particular element of an ecology of human flourishing; lovingkindness. Tasker and Titchen (2016) describe lovingkindness as a relational quality that enables trust between persons. It is a quality that enables an openness to the ways of being, doing, and values that another person holds. In the absence of lovingkindness false divides between people cannot be transcended and the wholeness of a person appreciated (McCormack and Titchen 2014). The impact of the absence of this element was clear in the moments that I made assumptions and judgements about Emma's authenticity in her practice. Disengagement in relationships, and mistrust, ensues when lovingkindness is not developed in research relationships and in situations in which an occupational therapist is expected to share their "hidden gems" (McCormack and Titchen 2014, p. 11) or the essence of their being, through creativity and moral practice. In other words, expression and understanding of professional identity is not possible without relationships in which there is trust between the researcher and the practitioner.

This study intended to use creative expression as a way to facilitate dialogue about occupational therapists' ways of being in practice. However, finding space to be creative with Mary and Emma, in order to facilitate authentic dialogue, was challenged by the fear and anxiety that emerged in the practice context. This experience refutes the idea that creative strategies can be used as a way to bypass fear of reprimand and withholding of information in research (van Lieshout and Cardiff 2011). In fact, it appears that in contexts that are not conducive to human flourishing, moments of human flourishing actually create space for creative expression in practice. In their exploration of the elements of an ecology of human flourishing, McCormack and Titchen (2014) note that creative strategies derived from numerous touchstones, traditions and theories have use in developing ecologies in which persons can realise their potential in practice. Connection with nature and surroundings through dialogue emerged naturally as a strategy that I

used in this research, which facilitated space to develop a relationship with Mary in which she felt safe to be creative in her practice. This approach has particular parallels with organisational change theory and Theory U (Scharmer 2016), which proposes presencing as an enabling principle in critical creative practice. The use and connection with nature in the development of this theory is defined most clearly by Senge et al. (2005), in which the authors moved from a disconnection between self and universe to unity by connecting with nature. Thus, I believe that the researcher must pay attention to presencing through creative strategies, in order to create spaces (in context) in which fearful energy is transformed, and for an ecology of human flourishing to emerge. These spaces are where critical creative practice takes place.

Blending authentic consciousness and occupation

Authentic consciousness

The painting in *Figure 28* symbolises the impact of an ecology of fear and anxiety on occupational therapy practice. The concept of occupation (the yellow fiery jewel on the right) is separated from the person who has infinite potential (the red circle with a blue core) and from the process of moral intentional action or praxis (the green and blue spiral). The black root that separates each of these concepts represents the dull, painful energy that emerges from imbalance of power in leadership, perspectives of evidence-based practice as compliance, and absence of choice about task-orientated or moral practice. It impedes a movement towards connecting each of these concepts to facilitate consideration of the whole person, relating to the occupational therapist and the person that they work with. This section aims to explore the influence of this energy in more detail and the movement towards connection of each of these concepts through development of praxis and professional artistry.

Figure 28 Separation of occupation, person and praxis

Authentic consciousness is "consideration of the person's life as a whole in order to sustain meaning in life" (McCormack 2003, p. 204). It is an ability to clarify values that in turn enables decision-making that is truly one's own and consequently, a process that maximises a person's potential for growth towards human flourishing. An example of authentic consciousness was Brendan's holding of my values to facilitate decision-making about the research process. However, authentic consciousness was absent from much of the practice observed in this research. An example of its absence is Emma's occupational therapy intervention to encourage use of a memory book to facilitate independence and memory rehabilitation despite the knowledge that the person she was working with was comfortable depending on family for reminders of tasks as he had done his whole life. McCormack (2003) notes that such practice emerges when compliant and ritualised practice dominates, as is the case in this study. When authentic consciousness is absent, decisions that are made by the persons we work with are not truly their own.

In other words, they do not belong to themselves, and thus, cannot facilitate authentic decision-making for the person they are working with. Thus, focusing on the things that a person needs to do to maintain their memory and develop independence becomes meaningless for them as it separates a person's doing from their values and beliefs that emerge from life experiences and that guide decisions they make for their future.

Being concerned with what a person does without attention to who they are does not facilitate authentic occupational therapy. Authentic occupational therapy was explored by Elizabeth Yerxa (1967) at a time when the knowledge base of occupational therapy began to grow and the scientific attitude was being encouraged. Yerxa (1967) reminded us of Heidegger's principle of authentic being (Heidegger 1927); that a human being becomes a person when they come to know and use their potential and engage in the possibilities of their life. Heidegger believed that inauthentic existence[15] arises when a human being is solely concerned with what they do or do not do. Yerxa (1967) notes that doing flows from knowledge of a person's being. However, McCormack (2003) holds that this does not mean that knowing a person's values and beliefs guides us towards particular actions. Instead, he suggests that it can help us to orientate to particular ways of being in order to build healthful relationships that facilitate moral intentional doing (praxis). This concept of authentic consciousness to facilitate authentic being maintains a connection with the fundamental philosophy of the profession that Yerxa (1967) outlined; that the purpose of occupational therapy is to enable a person to come into their own through understanding of who they are in respect of their whole life. This is achieved by building relationships in which we can engage the whole of their being through occupation.

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[15] I use the term 'inauthentic existence' here to represent the idea that if we are concerned with doing only we *only* exist and do not become the person we want to be.

Person-centred and occupation-focused practice

I do, do, do,
Forgetting myself and why.
Wait. Silence. Being.

I wrote the haiku[16] above during the analysis of this work. A haiku is intended to capture the essence of a phenomenon or experience. I believe that this haiku expresses the result of a focus on doing and the movement towards authentic consciousness for a researcher and an occupational therapist.

Authentic consciousness was not evident in much of the data in this study, with more emphasis on doing than being for the person living with dementia. The concept of authentic consciousness as a way of engaging Heidegger's principle of authentic being (Heidegger 1927) progresses our understanding of person-centred practice. Authentic consciousness (McCormack 2003) is understood to be the process that underpins and represents person-centred practice. In occupational therapy theory, person-centred practice is commonly referred to as client-centred practice. The client-centred perspective (Law and Mills 1998) is consistent with the person-centred practice framework (McCance and McCormack 2017), in which "knowing self" and "clarity of values and beliefs" or an occupational therapist's understanding of their own values and beliefs through self-reflection and consistent self-awareness, is a prerequisite of facilitating authentic consciousness for the persons we work with. In occupational therapy, this perspective is most strongly influenced by Carl Rogers (1951) work. However, the purpose of these principles differ, as well as the places and the way they are used, which offers an explanation for the focus on occupation and the separation between being and doing we see in occupational therapists practice. I will explore this purpose and the challenges with this in more detail here.

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[16] A haiku is a Japanese poem that consists of three lines. The first and last line have five syllables each and the middle line has seven. It is intended to express the essence of a situation or story.

The most influential definition of client-centred occupational therapy outlined the purpose of client-centredness as enabling participation in occupation (Law and Mills 1998). This is the definition that occupational therapy theories and models refer to when outlining the theoretical connection with client-centredness. For example, the most recent iteration of the MOHO (Taylor 2017) refers to the implicit client-centredness of the model. It is considered client-centred in its acknowledgement of the need to work with the uniqueness of the clients' values in relation to their performance of occupation and from the conceptualisation of occupation around a client's doing, and their thinking and feeling about their doing (Taylor and Kielhofner 2017). Similarly, the Person-Environment-Occupation model (PEO) (Law et al. 1996), and the Canadian Model of Occupational Performance and Engagement (CMOP-E) (Townsend and Polatajko 2013), refer to the client-centredness inherent in the models. Client-centredness is assumed to emerge from a concern with developing goals in partnership with a client to facilitate engagement in, and optimal performance of, occupations that are important to the client. The commonality is clear; theories and models of occupation work from the assumption that using a person's values and interests to enhance engagement in and performance of occupation in a particular way is client-centred practice. These understandings make an assumption that increased engagement in and performance of occupation results in well-being. They also suggest that understanding a person's values in light of their occupations is a sufficient basis to facilitate engagement in occupation that will result in realisation of a person's potential. However, there are two challenges with these understandings. Firstly, as Hayward and Taylor (2011) remind us, restriction to or challenge in engagement or performance of occupation does not necessarily result in negative perceptions of well-being always. Thus, consideration of the challenges that a person is having beyond engagement and performance may be necessary. Secondly, understanding a person's values (their being) in light of their occupations only limits the extent to which we can understand who they are and who they want to be. Thus, both of these assumptions, without incorporating understanding of and attention to authentic consciousness, have the potential to disconnect the elements of practice necessary for professional artistry and identity to emerge (*Figure 28*). This also raises a question about the proposed inherent client-centred nature of models for occupational therapy.

There is a challenge with embedding the principles of client-centred practice in models of occupation and encouraging practice that works from the assumption that particular theories and models of occupation are inherently client-centred by virtue of the fact that occupations are chosen based on a person's values and interests. This assumption results in an orientation towards particular ways of doing, rather than on particular ways of being and appropriate approaches for action. McCormack and McCance (2010) make this distinction very clear and suggest that we cannot guide a person towards authenticity or decision-making that engages their potential if we do not recognise this. This perspective and process is evident in the macro-contextual assumptions made in this study. That is, when particular models of practice such as the Tailored Activity Programme (Gitlin et al. 2008) are encouraged by virtue of this fact, we see inauthenticity and defective solicitude emerge, where one person becomes dependent on the other, and a hierarchy ensues. This was apparent in the outcome of the therapy process Emma went through with Tom and Ellen. Emma made a decision to facilitate engagement in Tom's past interests but brought them inside in a reminiscence box rather than creating opportunity for him to go outside by arranging grab rails. This rendered Tom dependent on Emma and his wife, Ellen, to make decisions about his occupations based on their values which seemed to be informed more heavily by the TAP information and protocol than by consciousness of his whole life and values. Additionally, this is true for the occupational therapist who depends on leaders to make decisions about ways of being and doing, and for the persons they are working with who depend on the therapist to choose ways of doing. The occupational therapist does not critically reflect on their own values and beliefs or know themselves, and the person they are working with is prescribed activities that do not fit with their life because the occupational therapist is orientated towards particular ways of doing rather than being.

Dewing and McCormack (2016) caution that assumptions made about person-centred practice such as those explored here have the potential to create a collective false consciousness about having achieved person-centred practice. Collective false consciousness refers to understandings of ourselves that are false or incoherent (Fay 1987). Again, this false consciousness is evident in occupational therapists' understanding about the flexible and person-centred nature of their practice that was identified in the context study in *Chapter 2*, compared with the challenges with flexibility

and defective solicitude that emerged during observations and critical dialogue about practice. Dewing and McCormack (2016) suggest that such false consciousness emerges for many other reasons, which are also pertinent here. Namely, that it emerges as a result of the oversimplified definitions of person-centred practice that do not recognise that such practice is inextricably connected with context and culture. The ecology of fear and anxiety explored in this chapter exemplifies the role that context plays in the decisions that healthcare professionals make about their practice, and the extent to which they can realise person-centredness. They critique the conceptualisations and definitions of person-centred practice that Carl Rogers (1951) and Tom Kitwood (1997) developed for lacking theoretical underpinning. They believe that use of such definitions in practice without critical engagement influences such false consciousness. Ironically, both of these perspectives have strongly influenced occupational therapy practice both broadly, and in relation to, the implementation of the TAP (Alzheimer Scotland 2012; Gitlin et al. 2009). The influences on development of such false consciousness provoke questions about how we move towards authentic consciousness that facilitates person-centred practice in occupational therapy.

In the conceptual framework presented in *Figure 26* authentic consciousness and knowledge of occupation (theories and models of occupation) are blended to reflect the balance that is needed between a focus on occupation-centred and person-centred practice. Whereas there seems to be confusion about what kind of practice we should be doing in standards of practice, codes of ethics, strategic mandates and research literature (*Chapter 2*), this study exemplifies the need for occupational therapists to develop authentic consciousness that enables guidance towards right action or doing for the person they are working with. The decision to take this appropriate action is negotiated through a reciprocal "freedom gaining" relationship (Barker 1991, p. 191) in which authenticity is realised by considering the being in the world of the person we work with and their life plans (Meyers 1989). A theory or model of occupation is engaged either implicitly or explicitly based on this knowledge. The conceptual framework here proposes that authentic consciousness is blended with theories and models of occupation that are situationally appropriate in order to facilitate occupation that engages a person's potential. Thus, this framework proposes that occupational therapy should not choose between occupation-focused and person-centred practice as this results in defective

solicitude, focus on doing (performance and engagement in occupation) and will not facilitate engagement of a person's potential. We have a clear example in this study of a situation in which negotiation about authenticity and occupation was absent when Emma did not proceed with therapy processes, as the person that she was working with did not engage in the chosen occupation- the memory book. Choosing to join both perspectives would move the jewel of occupation and the person with infinite potential in *Figure 28* together to create prana for occupational therapy practice.

In the original critical creativity framework (Titchen and McCormack 2010, p. 538), which has informed the conceptualisation of this research, the two spirals that blend together represent emancipatory praxis and hermeneutic praxis (McCormack and Titchen 2006). The hermeneutic spiral reflects the process of reflexivity and understanding of the whole situation that is required working with a person, team, organisation or community towards change or transformation. The emancipatory spiral reflects the intentional moral action that is taken to free a person from the internal and external barriers that affect their potential to become the person they want to be, such as the barriers created to occupation by the onset of dementia. The blending of these spirals facilitates action that is based on the being in the world of a person, team, organisation or community and that is appropriate for overcoming such barriers. These representations from the critical creativity framework are relevant here in relation to the concepts that occupational therapists are expected to blend in order to facilitate movement beyond barriers to occupation for the person living with dementia. In this framework, the doing spiral more clearly represents the position of theories and models of occupation, and their relationship to authentic consciousness and person-centred practice- they are only one part of the picture. Similarly, the blending of doing and being or emancipatory and hermeneutic praxis is necessary for the researcher who is hoping to facilitate movement beyond barriers to authentic practice for the occupational therapist. However, this was not a consideration in this study, with emphasis placed primarily on hermeneutic praxis (see *Chapter 4*). The framework for critical creativity is presented in *Figure 29* with permission for the purpose of illuminating the connections and parallels between the concepts within each framework.
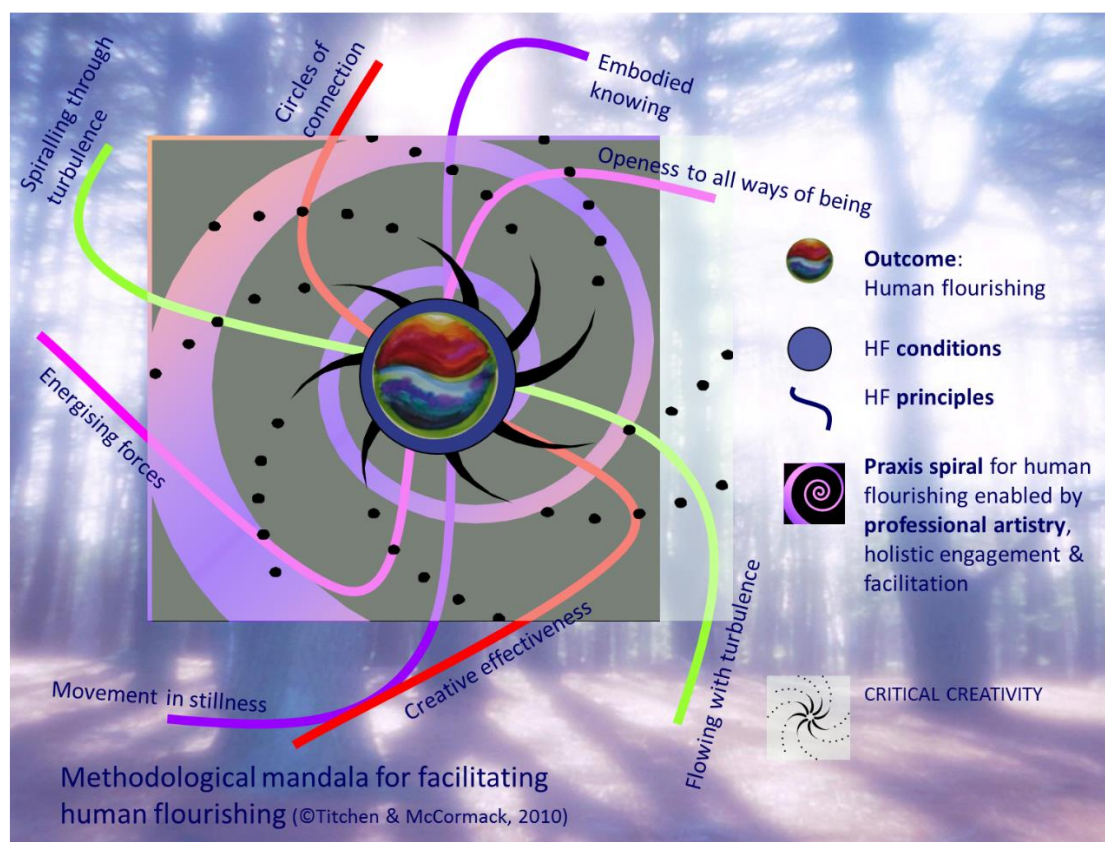
Figure 29 Critical creativity framework for creating conditions of human flourishing

Professional identity emerges from authentic consciousness

I have already discussed the idea that person-centred practice requires clarity of values and beliefs, as well as self-awareness on behalf of the occupational therapist, and have explored the consequence of overlooking this for the persons we are working with. However, the consequence of this for the occupational therapist was also evident in Mary and Emma's struggle with their own identity. The movement towards occupation-focused practice has resulted in a move away from the philosophical underpinnings of our profession. This has influenced the extent to which we are able to justify and defend our profession and our own ability to be authentic, or to own our own decisions, in our practice. We saw the symptoms or result of this, a crisis of professional identity when Mary and Emma expressed their need to use the TAP (Gitlin et al. 2008) and other

interventions to promote occupational therapy, and when Mary's values in practice differed from her values in reflection. Indeed, this issue with professional identity seems to be shared among occupational therapists using guidelines for personalised interventions with Döpp et al. (2011) noting that occupational therapists also use the COTiD programme guidelines (another occupational therapy intervention) to promote referral to occupational therapy.

Professional identity has been an ongoing issue in occupational therapy. The existing research and literature that offers solutions to the problem do not seem to have been effective given the challenges with professional identity that emerged in this study. Molineux (2004) suggests that practicing therapy as a reaction to the needs of other persons and professions results in a disconnection with our past experiences and knowledge. Molineux refers to this as "paradigm independent" practice (Molineux 2004, p. 6). This is not necessarily paradigm independent because it is informed by paradigmatic assumptions that are more congruent with biomedical practice. However, it is not consistent with a perspective in which existential philosophy and authentic consciousness underpins occupational therapy. Scharmer (2016) refers to a reaction to this crisis that offers solutions to a problem as the first level on his dimensions of an approach to change. It is an approach that responds by operating on existing norms and habits rather than understanding the root of the issue.

The existing habit in our response to the professional identity crisis is choosing to define our profession with the belief that our uniqueness is an understanding of occupation, and an understanding of the person as an occupational being. It has been suggested that this belief gained credence because the doing of occupation can often be observed and understood easily as it does not vary greatly from person to person, whereas being cannot (Hayward and Taylor 2011). I agree with this perspective to the extent that focusing on the doing component of occupational therapy is more amenable to generalized approaches to practice that fit with compliance-orientated conceptualisations of evidence-based practice (evidence-based practice as implementation or application of research evidence). This focus meets the needs and pressures of a context that is increasingly dominated by energies of fear and anxiety about economic survival and patient safety (Berwick 2013). However, this perspective of doing has also been

challenged by Hitch et al. (2014), who stress that there is research (Heigl et al. 2011) to suggest that ways of doing are culturally determined, thus making Hayward and Taylor's (2011) suggestion more complex than meets the eye. The point here is that when a choice is made to respond to our professional identity crisis by continuing to examine the complexity of doing, and choosing one method of evaluation or occupational therapy practice over another, some complexities of a concept or theory are being emphasised at the expense of others (Broer et al. 2017). In this case, by using intervention guidelines or evidence-based programmes to maintain referral to occupational therapy one worldview is chosen over another and the complexity that is emphasised is that of doing. Thus, by continuing to respond to our professional identity crisis with the same perspective- stressing our expertise in knowledge of occupation and focusing on examination of this expertise from a technical-rational perspective only, we are only capturing and articulating one component of the complexity of occupational therapy.

When problems of professional identity are discussed and the uniqueness of the profession is viewed as an *understanding of occupation* we are literally depersonalising our profession. We are focusing on a thing (occupation) that defines the doing of therapy as opposed to focusing on the reason (purpose) that we need to use and understand occupation- as a way to facilitate nurturing and engagement of a person's potential. The principle of authentic consciousness shifts the focus to our own values, beliefs and experiences that are developed from a shared professional history. One perspective on the crisis with professional identity strongly reflects this depersonalisation. Inspired by Wilcock, Molineux (2004) suggests that to reclaim our identity, we need to remember that we are *occupational* therapists, that our knowledge and understanding of occupation is what makes us unique. This reflects perpetuation of the existing habit of justifying the profession based on only one component of its complexity. How can we reclaim or develop identity by focusing on what we do when identity is inextricably linked to being, who we are and the sense of meaning that guides our doing?

The term authentic practice seems to have been misinterpreted as meaning that we place emphasis on the media that defines us as opposed to the values, beliefs and experiences from which our doing flows. What I understand of Yerxa's "authentic occupational therapy" (Yerxa 1967, p. 1) is that in order to maintain our strong identity as a profession

we need to remember that we are occupational *therapists.* Professional identity is not defined by what we do, use our understanding of the complexity and components of occupation to facilitate occupational engagement and performance. It is defined by the purpose for our use of occupation and our unique potential and skills as therapists to develop an understanding of that purpose through authentic consciousness (McCormack 2003). Authentic consciousness is described as "a consideration of the person's life as a whole in order to help sustain meaning in life" (McCormack 2003, p. 204). It is a process of clarifying values and beliefs in order to orientate towards particular ways of being. The way in which knowledge about occupation is used or implemented flows from this process. Occupation is only the medium through which we and others become who they want to be. This unique potential is individual to each therapist because they will each have had and used different experiences to shape the way they understand and use the medium of occupation or doing with different person(s) that they work with.

The crisis with professional identity may be partially rooted in our learning contexts in which occupational therapists are prepared for, and develop, their practice. My reflections in *Chapter 1* on my own learning also suggest that this may be the case. The response to the professional identity crisis in learning contexts seems to have been a level one and level two type response (Scharmer 2016). A level one type response is to continue to operate using existing assumptions and practice. A level two type response is to redesign or change the structure of a process. Scharmer (2016) suggests that it is also a reaction that does not facilitate questioning of the underlying assumptions that influence a crisis, such as the crisis of professional identity in occupational therapy. These responses are indicative of learning that Schön (1987) would have referred to as single-loop learning. That is learning that does not facilitate questioning of assumptions underpinning practice and knowledge about occupation. A literature review and content analysis pertaining to research about professional identity in occupational therapy reflects this response (Turner and Knight 2015). The review identified numerous challenges that occupational therapists face in development of professional identity. These challenges included articulation of unique philosophy and theories of occupation and remaining true to an occupation-focused perspective in practice contexts that are underpinned by a bio-medical perspective. The findings of the review suggest that there is a general trend in ideas about identity development towards nurturing of occupation-focused practice and

learning. This suggestion was heavily influenced by Molineux's (2011) idea that a practice perspective that focuses on occupation is congruent with the philosophy of occupational therapy. My critique of a focus on occupation as the defining feature of the profession remains pertinent here. However, the most thought-provoking element of this review (Turner and Knight 2015) in relation to learning is its suggestion that the most important message about, and suggestion for, development of professional identity is that we need to share information clearly to our peers and colleagues about concepts of occupation. It only briefly alludes to reflection as useful in development of professional identity. Additionally, it does not refer to articulation of a practitioner's *own* assumptions as significant or necessary. In essence, these conclusions do not support a response to the crisis of professional identity that explores the underlying assumptions of the issue and of our practice.

The exploration of the challenge with professional identity that emerged in this study stresses the importance of facilitating awareness of self, and clarity of values and beliefs, with the occupational therapist. In essence, this is developing a concern with, and awareness of ontology, or the shared collective identity of the profession. This awareness could enable connection of the concepts of authentic consciousness and knowledge related to occupation from various epistemological perspectives for occupational therapists. Once again, in the framework being proposed in *Figure 26* the spirals of authentic consciousness and occupation represent similar ideas as in the critical creativity framework (Titchen and McCormack 2010, p. 538). For the occupational therapist developing professional identity, the hermeneutic spiral represents a process of developing authentic consciousness in order to understanding self and clarify values and beliefs. The emancipatory spiral represents the actions that the occupational therapist takes in relation to their practice that frees them from the barriers to authentic consciousness and transformation of the energy of fear and anxiety. These barriers include power and tradition at play in research, education and practice contexts in reaction to the crisis of professional identity. We have seen that continuing to focus on development of research, education and practice that focuses on the occupational being, and doing of occupation as the thing that defines us, has not helped, as the philosophical connection with the professions' underpinnings in existential philosophy and the ontological nature of identity have not been made.

Blending being and doing through professional artistry

This section explores the idea that professional artistry and practice wisdom facilitate a blending of the concepts of authentic consciousness and occupation. This section embeds the concepts more explicitly in a critical creativity worldview (McCormack and Titchen 2006) and explores the underpinnings of the framework in critical theory. It offers the idea that being creative is required in order for professional artistry, and thus professional identity, to be realised in practice. It proposes the use of a theoretical framework that moves beyond the ontological assumptions of existing critical theory, in particular beyond Fay's (1987) eight theories of being critical. Finally, some of the challenges were are encountered in this context in moving towards blending of being and doing through professional artistry are explored.

Figure 30 Symbols of professional artistry

I use the objects pictured in *Figure 30* as symbols of my own style or artistry in research practice. The cup of tea represents the way in which I feel most comfortable getting to know and 'being with' persons I meet and work with. The bottom picture is a yoga mat that I use daily when I practice yin yoga. It symbolises the necessity of stretching into parts of ourselves we are uncomfortable with in order to notice and feel our energies, no

matter how negative or challenging they are. Being supported to sit in this discomfort until it is understood creates a readiness to move into new spaces and ways of being. This process requires use of our virtues (our hidden gems) and is how growth, becoming and transformation happens. It also emphasises a holistic perspective of the person in which we can learn about ourselves through our body as well as our minds. The top right hand object is a rose quartz that I carry around with me most of the time. Rose quartz is believed to open the heart chakra and encourage relationships and unconditional love, which I use as a reminder and support to practice from my heart. Each of these symbols represents one or more of the metaphors for creating conditions of human flourishing. The use of these symbols for creative expression of artistry is underpinned by the theoretical assumption in critical creativity of connecting worldviews (McCormack and Titchen 2006). It holds that archetypal wisdom that emerges from the energy and yogic wisdoms referred to here can connect complex ideas between traditions. In this case I am referring to connection between traditional, scientific practice and existential philosophy.

Critical creative reflection underpins and cultivates professional artistry

The previous sections in this chapter allude to the need to blend different ways of knowing, being and doing and balance them in order for praxis to be realised. Titchen and McCormack (2010) suggest that such blending requires not only a facilitative ecology, holistic facilitation and engagement in dialogue, but also development of professional artistry on behalf of the occupational therapist. Professional artistry is the combination of processes that come together to blend different ways of knowing (about occupation in this case), being and doing. This blending occurs through the use of a practitioners artistic qualities, different forms of knowledge, multiple intelligences, creative imagination and multiple discourses (Titchen and McCormack 2010). However, these processes require a practitioner to constantly question their practices. This questioning is underpinned by reflection (Titchen and McCormack 2010). Similarly, expressing professional artistry in order to evaluate practice, as was the intention in this study, is underpinned by reflection. This study indicated the extent to which context influences the reflective processes that occupational therapists engage in, and the limitations of such processes in this case. For instance, Emma's reflection and developing

awareness of the expectation for flexibility in her practice during our dialogue did not actually result in this outcome in later practice. Thus, attention needs to be paid to the reflective processes required for occupational therapists to develop professional artistry in their practice.

Throughout this research process and the writing of this thesis (and particularly towards the end) I have used creative reflection to develop an understanding of my experience of practice and research in terms of theory. This has enabled me to develop an understanding of theory through my own embodiment of it, which Fay (1987) argues is necessary for transformation of a situation, context or perspective. If theory is learned and disconnected from experience, then it is unlikely that understanding and transformation of self will follow. The training and compliance culture from which interventions like the TAP (Gitlin et al. 2008) and the Home Based Memory Rehabilitation programme (McGrath and Passmore 2009) emerged encourages learning *about* theory and implementation of theory that is separate from self. Reflection on what is done or what actions have been taken to implement theory is evidently not sufficient to develop professional identity. However, whilst Fay (1987) suggests that reflection is necessary in order to understand our ways of being, who we are, or our professional identity, McCormack and Titchen (2006) argue that Fay's (1987) theory of the body does not provide adequate support for such reflection. McCormack and Titchen (2006) developed a theory of critical creativity based on this critique, adding the idea that creative imagination and expression are necessary for the assumptions of theories of doing *and* being to be blended, and for this knowledge to be transformed to language, so that it can be used to inform practice, research and evaluation.

The theory of critical creativity (McCormack and Titchen 2006) assumes that professional identity (named 'human becoming' in critical creativity literature) develops when professional artistry is achieved and ways of being, knowing and doing are blended. However, professional artistry and professional identity are not linear developments in this conceptual framework. The incorporation of the concept of authentic consciousness implies that *understanding* of self is necessary for professional artistry to emerge (McCormack and McCance 2017). This can be achieved through creative reflection. Thus, professional identity is both the means and the end of this framework for authentic

practice. The use of creativity is proposed as the means through which the occupational therapist begins the process of developing professional identity. By doing so they can incorporate, not only their cognitive knowing about theory in their practice, but also their embodied knowing that emerges from their whole life experience, as well as forms of evidence that are not solely derived from research. The symbols of professional artistry that I described in *Figure 30* indicate the way that creative expression can incorporate the whole of a person's being (in this case the researcher's) such that they can develop an understanding of theory, thereby creating practices that are unique.

The theory of critical creativity suggests that the moral intent of praxis, that blends being and doing through professional artistry, is human flourishing (McCormack and Titchen 2006; Titchen and McCormack 2010). However, the exploration of concepts within this conceptual framework suggest that the moral intent of the praxis spirals for occupational therapy practice can only be clarified when professional identity is articulated. In this sense, the theory of critical creativity becomes useful again due to its assumption that professional identity can be developed, and articulated, through observation of, and dialogue about, professional artistry. Creative expression is necessary for this understanding to emerge, and thus for the intent of artistry to be articulated. Existing research into professional artistry and praxis does not appear to incorporate creativity in its theories or methodologies (Kronenberg 2013; Paterson et al. 2006; Paterson et al. 2012; Wilding and Whiteford 2009), which offers an explanation for the ambiguity about the moral intent of practice. Similarly, the contextual challenges that influenced occupational therapists' ability to engage in creativity in this research meant that intent remained ambiguous. Thus, future research and development of professional artistry, for the purpose of developing and articulating professional identity, must create conditions in which occupational therapists feel safe to engage in creative expression and practices.

Engagement in critical creativity (McCormack and Titchen 2006; Titchen and McCormack 2010) through the use of creative expression, to support critical creative dialogue and creative hermeneutic analysis (Boomer and McCormack 2010), facilitated development of my own identity as a researcher. An example of the impact of developing learning in relation to theory through critical creative dialogue is evident in my conversation with Brendan about the kind of researcher I wanted to be. This example indicates the kind of

context that is required for such dialogue to happen as well as the ability for a researcher or facilitator to hold space for an occupational therapist to share their authentic self through creative expression and creative practice. Additionally, it indicates that consideration of who we are (awareness of professional identity), and becoming who we want to be (developing professional identity), requires authenticity holding. Once again, awareness and development of my own professional identity emerged in the development of my understanding of theory through the use of ancient wisdom and traditional practices that I engage in.

Overall, reflection on practice is not easily transformed to right or moral action, not least because the purpose or intent (morality) of occupational therapists' actions are currently uncertain. Engagement of assumptions from the theory of critical creativity (McCormack and Titchen 2006; Titchen and McCormack 2010) is proposed as a way of raising consciousness of and developing identity for the occupational therapist. In particular, creative imagination and expression are believed to facilitate reflection and dialogue that engages the essence of the occupational therapist (who they truly are). This raises consciousness of the decisions that are morally right for them in their practice. Consciousness of morality thereby enables transformation of knowledge about a situation to action through professional artistry, which also requires that the occupational therapist *be* creative. This understanding makes the assumption that creativity in practice is a way of being in which the occupational therapists actions flow from knowledge of their being towards actions that are unique to their practice. Thus, provided that context is facilitative of such creativity, the occupational therapist is free to be and create themselves through their practice (Sartre 1946).

Human flourishing as the purpose of practice

"Participating joyfully in the sorrows of the world" (Campbell 2008)

The previous section in this chapter (*critical creative reflection underpins and cultivates professional artistry)* recognises the challenges that were faced in identifying the moral intent of occupational therapists' practice. Nonetheless, a number of assumptions and

beliefs about the purpose of occupational therapy practice have emerged throughout this exploration and discussion of practice context. Firstly, it has already been noted (p. 165) that the reason we need to understand a person's doing and use occupation as a medium for therapy is to facilitate engagement in, and nurturing of, a person's potential. Additionally, the opening section of this discussion recognised that an ecology of human flourishing is a desirable outcome or end of practice for the occupational therapist who develops and embodies professional artistry. The definition of human flourishing that McCormack and Titchen (2014, p. 19) developed outlines human flourishing as an experience that emerges in particular contextual conditions, which occupational therapists need to experience in order to facilitate it for the persons they work with. They hold that these experiences emerge when a person's potential is engaged through use of natural energies in their environment, embodiment of stillness and presence (reflection), and receiving loving-kindness. Notably, these conditions do not require particular actions but instead relate to ways of being. Both of the beliefs about the purpose of occupational therapy assume a particular philosophy of well-being and focus in practice that requires further critical dialogue.

In this study, there is little evidence from occupational therapists' practice to support the assumption that human flourishing is the intended outcome of their practice. I conceptualised some of Mary's statements about the purpose of her actions as being orientated towards engaging a person's potential. However, on reflection, it is apparent that occupational therapists that participated in this study conceptualise the purpose of their practice differently. For instance, Mary identified that helping somebody "settle down" and avoid worrying about occupational issues was important. I interpreted this approach to practice as enabling a person to fulfil their potential when, upon exploration, it appears to be a hedonic perspective of well-being. Kahneman et al. (1999) identify this tradition or perspective as being concerned the pursuit of the experience of happiness, or satisfaction, and avoidance of pain in the face of challenges to well-being. This tradition is clear in Mary's recommendation to use engagement in the occupation of watching television to avoid worry about dementia. Hayward and Taylor (2011) question this perspective, proposing that eudaimonic well-being (which equates with the experience of human flourishing) is dependent on engagement in doing that holds meaning even if this means engaging with pain or worry and if it does not immediately engender happiness.

Aristotle believed that this is virtuous doing or doing what is worth doing *despite* the occupational challenges that come with an illness or disease like dementia, and "feeling stretched in one's abilities and skills" (Hayward and Taylor 2011, p. 136). This kind of occupational well-being, Hayward and Taylor (2011) propose, is associated with a sense of authentic existence as it is aimed at becoming (self-actualisation) through doing that is connected with a person's values and beliefs. Thus, this perspective of well-being is most congruent with the existential philosophy that informs the conceptual framework proposed, though does not appear to be embodied by occupational therapists in this study.

A eudaimonic perspective of well-being is contextually relevant, in its acceptance of challenge and pain as a normal, and even important, part of living well. In the reality of this healthcare context, a healthcare professional meets people during their challenge and/or pain in experiencing dementia. Although the congruence of a eudaimonic perspective of well-being has been identified in this study, and by some researchers (Hayward and Taylor 2011; Robinson et al. 2012), the dialogue about eudaimonia and human flourishing is not sufficiently detailed in occupational therapy literature. A focus on human flourishing as the intent of practice has been identified by a numerous researchers and practitioners (Lambert et al. 2014; Robinson et al. 2012; Watson and Duncan 2010; Wilcock 2001; Wilcock 2006; Wilcock and Hocking 2015) and professional bodies (WFOT 2006) over the past two decades. However, much of this dialogue is relatively superficial, offering information about the main premise of human flourishing as a purpose but overlooking the complexities of realising such an intent. For instance, the World Federation of Occupational Therapists (WFOT 2006, p. 1) say that "people have the right to participate in a range of occupations that enable them to flourish, fulfil their potential and experience satisfaction". However, there is little reference to how these rights are operationalised. Wilcock (1999) offered some conceptualisation of human flourishing in her initial exploration of 'an occupational perspective of health', stating:

> *"Governments will require help to understand the importance of the human need for occupation in such a way that will maintain natural environments yet provide sufficient challenge to people's capacities and potential so that individuals and communities can flourish as an integrated part of the ecology"*
> (Wilcock 1999, p. 8)

This statement specifies human flourishing as the intended outcome of occupational therapy but it also describes the way in which it can be achieved- by providing challenge in occupation that matches a person's capabilities. There does not appear to be sufficient theorisation of the concept of human flourishing in occupational therapy which could inform development of this moral intent.

Given the lack of theorisation, and exploration, of the concept of human flourishing, it follows that there have been challenges in both facilitating human flourishing, and identifying it as the intent of practice for persons living with dementia. Although neither occupational therapists in this study defined human flourishing as the intent of their practice, they did demonstrate practice processes through which they understood the remaining capacities of the person living with dementia, that is, using a driving assessment and doing a home assessment, suggesting that they are somewhat aware of the need to engage a person's potential through matching of capability to their valued activities. In this study, the component of a practice that would facilitate human flourishing that was often not evident was the awareness of the values and beliefs that a person held and the occupational therapists' ability to engage an occupation that matched that capability level. As explored in the first section (fear and compliance) of this chapter, the challenges with making this connection may have been a consequence of a compliance-orientated conceptualisation of evidence-based practice (Dewing 2016) and of the impact of workplace culture on the way that occupational therapists *do* practice (Dewing and McCormack 2017). This challenge makes the facilitation of human flourishing for the person living with dementia more complex than it is currently conveyed in occupational therapy literature (Wilcock 1999).

Critical creativity (Titchen and McCormack 2010) offers a methodology for human flourishing in which the metaphor of *spiralling through turbulence* is used to represent the process of authentic facilitation that is required to help a person grow and transform (self-actualise) through challenges that they face. This framework is intended to support healthcare professionals to realise human flourishing in their practice, such that they can facilitate well-being for the persons that they work with. The framework (Titchen and McCormack 2010) proposes that helping persons to engage with crisis or challenge is a

vital step in achieving change, transformation or, in this case, self-actualisation. This principle is congruent with the conceptualisations of human flourishing offered in occupational therapy literature and could be valuable in any context in which human flourishing is the intent of practice. However, like the development of professional identity for the occupational therapist, it is also clear that there are prerequisite processes to development of human flourishing. McCormack and Titchen (2006) propose that when healthcare professionals, including occupational therapists, are facilitated to develop and articulate professional artistry through critical and creative reflection *in facilitative practice contexts* (see section *an ecology of fear and anxiety*), they can become competent in facilitating human flourishing for the persons they are working with. This implies that human flourishing, as well as professional identity, becomes the means through which well-being for the person living with dementia is realised.

In this study it is clear that human flourishing, realised through expression of professional artistry, appeared to be the means through which occupational engagement was achieved for the person living with dementia. This was particularly clear in Mary's case, during which she appeared to express positive emotions and achievement of a practice goal after a 'letting go' of constraints in her practice. Seligman (2011) believes that both of these elements are conditions that are necessary to achieve flourishing. Although Mary appeared to develop these conditions as a means to realising a good outcome for the person living with dementia, it was not clear in her practice whether she intended to facilitate human flourishing. Additionally, my own experience of human flourishing (expressed in *Chapter 2*) appeared to become a means to achieving transformation in my own ways of being, knowing and doing as a researcher. Overall, it was not clear, due to contextual challenges experienced during this research, whether human flourishing for the person living with dementia is the intent of practice. This exploration suggests that the concept of human flourishing (Titchen and McCormack; Wilcock 1999; Hayward and Taylor 2011; Seligman 2011) is congruent with the existential philosophy that underpins occupational therapy practice and that deeper exploration of the moral intent, and realisation of this intent, is required. This could enable understanding of the purpose or end of practice with persons living with dementia and its congruence with an existential and transformational practice perspective.

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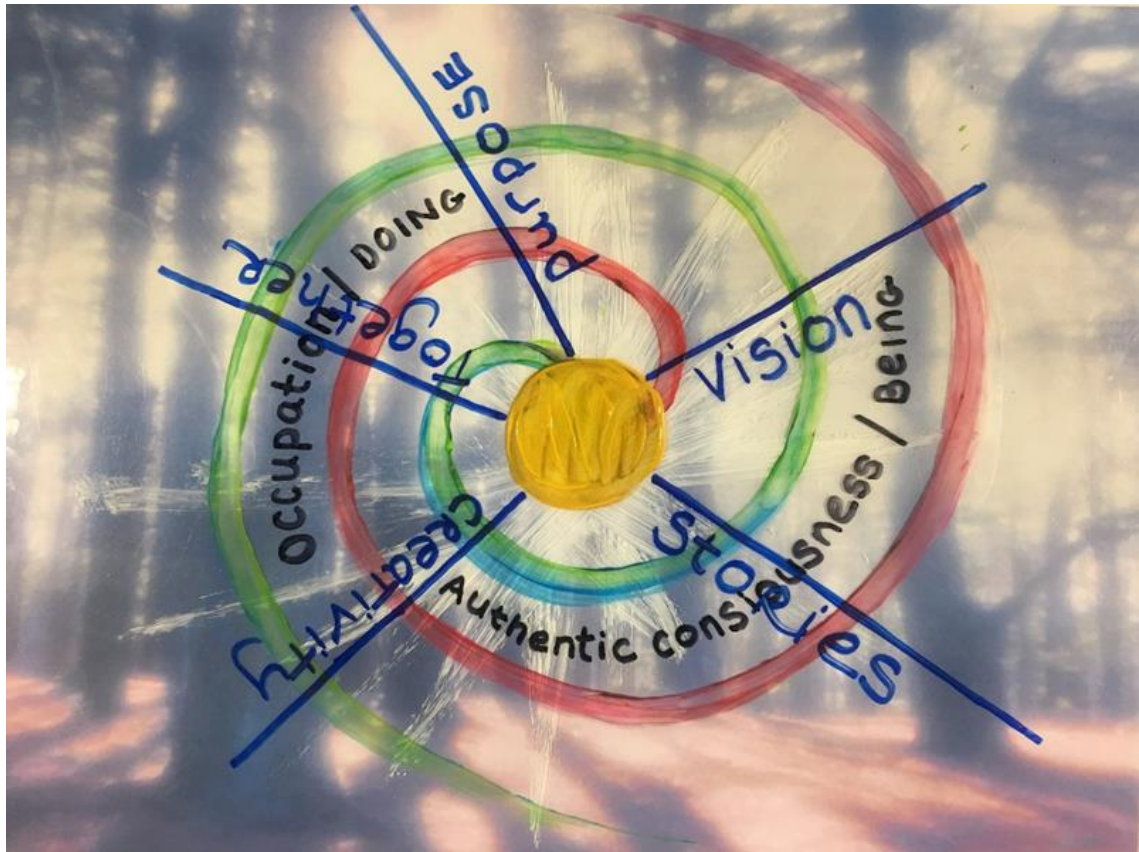
Figure 31 Conceptual framework for authentic practice in occupational therapy

The conceptual framework is re-presented in this conclusion in *Figure 31,* with the addition of five assumptions underpinning the research. There are four elements of the framework that require discussion in relation the principle of critical creative reflection. Firstly, the white light (a white star shape underneath the yellow centre) that underpins the praxis spirals represents the enlightenment or consciousness raising about the self of the occupational therapist that is required for moral practice or praxis to emerge. This is facilitated through incorporation of the principle of creativity into research and facilitation practices. The second component of the framework that requires emphasis is professional identity (represented by the yellow circle in the middle of the framework).

Professional identity can only emerge from awareness or consciousness about self (or from the white light) but it is also necessary to develop praxis. In other words, it is the means and end of realising authentic practice. Thus, the professional identity (the yellow circle) both underpins and overlays the praxis spirals. Thirdly, the yellow dot in the centre of this framework represents the moral intent or end of human flourishing that was identified as a conceptualisation of well-being that is congruent with the philosophy of practice defined in this framework. This moral intent requires further exploration and development with occupational therapists working with persons living with dementia. Finally, the assumptions that underpinned this research, which were identified during the creative reflection presented in *Chapter 2,* are incorporated into the spiral here to reflect my progressive embodiment of them through engagement with critical creative reflection and realisation of praxis in a context conducive to human flourishing. This final iteration of the framework suggests that a process underpinned by embodiment of such assumptions has the potential to facilitate awareness about, and development of, professional identity for occupational therapists. This progressive embodiment symbolises a move from espoused values towards authentic practice, in which identity is strong and well-defined, and human flourishing realised.

Conclusion

Occupational therapists in this study appear to be practicing in a context that is often not conducive to authentic practice. This influences their capacity to develop professional artistry, articulate their expertise and identify the purpose of their practice. These challenges have resulted in an emergence of hierarchical decision-making and compliance or task-orientated practice which hinders development of professional identity, creating a cycle of negative energy in practice. These particular contextual challenges appear to have emerged as a result of numerous contextual issues that create a fear about transforming or even acknowledging such issues. The first contextual issue is the perceived expectation that occupational therapists feel to implement research evidence, and particular programmes, theories and models in practice, in order to maintain a culture of compliance-orientated evidence-based practice and professionalism. Limited facilitation of reflection and short-term training programmes can reinforce this perceived cultural expectation. The second issue is leaders' ability to

facilitate development of creative and free practice, their ability to create spaces in which practitioners feel safe to share their needs and thoughts, as well as the support that leaders receive to facilitate such practice and dialogue. The final issue seems to emerge from the expectations for expertise and development in practice derived from other person's needs and desires. For instance, from strategic directives. This can threaten an occupational therapists identity and compel them to change who they are, creating a freezing or difficulty in making decisions that are authentic.

Movement towards change in context and ecologies of human flourishing require that such contextual factors be addressed in particular ways. Researchers, leaders and occupational therapists require psychologically safe spaces to share their thoughts, observations and expertise in, and about, their practice. Additionally, they need to develop the ability to facilitate such spaces for other persons in their work. Each person should reflect on and use their own wisdom, virtues and strengths and have an appreciation of those of other persons so that emotional engagement in dialogue about the challenges of context and culture can be encouraged. This can be achieved by a researcher or facilitator who has the ability to presence or to connect with what is emerging in dialogue, and occupational therapy practice, through creative practices and facilitative ways of being, knowing and doing.

It appears that when a context of fear and anxiety emerge a person's decisions do not match their values and beliefs or their authentic self. Consequently, development of person-centred practice in which occupation for a person living with dementia is realised becomes challenging. A person can become concerned with what they, and persons living with dementia, do, losing touch with both their own and other's being, essence and purpose. In this case, this has meant that therapy decisions are made by other healthcare professionals. To rebalance the emphasis on being in occupational therapy, an occupational therapist and researcher should develop authentic consciousness or awareness of both their own values and beliefs and those of the persons they are working with. To do so, they must come to understand the whole life and future hopes of the person they are working with, as well as their past and present. Moral doing or praxis can flow from such understanding. This principle challenges the assumption that any occupational therapy intervention (practice process), model or theory is person-centred,

and requires that the concept of being is blended with the concept of doing (in its broadest sense) to incorporate all knowledge, models and theories about occupation. Blending of these concepts supports a movement away from compliance with, and implementation of, particular ways of doing, and refutes the idea that there is a right way of doing practice. This principles moves us towards moral practice that is equally person-centred and occupation-focused.

Blending the concepts of authentic consciousness and occupation could facilitate a connection with the existential roots of occupational therapy, thereby facilitating development of professional identity. The way in which we respond to the crisis of professional identity in practice, research and education has traditionally focused on doing and occupation, with little recognition of the fact that the concept of identity is actually related to being or who a person (or a group of persons) is. Additionally, our learning contexts do not seem to facilitate learning that articulates or questions the assumptions underpinning our knowledge and practice.

The disconnection between the concepts of occupation and authentic consciousness may be a consequence of the contextual challenges identified in this chapter. However, the resultant situation is one in which the use of occupation and the purpose or intent of its use is unclear. Thus, the concept of well-being as the intended outcome of occupational therapy is not well defined and occupational therapists' in this study appear to use approaches to practice that focus on the practice process (critiqued in *Chapter 1*) and not on the meaning or outcome of the process. The conceptual framework proposed in this study assumes a eudaimonic perspective of well-being in which human flourishing is the moral intent, as it is congruent with both the concepts of authentic consciousness and occupation (existential philosophy), which are blended to achieve change in identity or growth of self. This concept and intent requires much further exploration and articulation in occupational therapy.

Blending being and doing in order to develop professional identity requires not only a facilitative context but also the realisation of professional artistry. Paradoxically, this requires that a person firstly be aware of their own being or identity. Understanding self can be developed through exploration of practice and/or professional artistry, which is

underpinned by critical creative reflection. The principle of creativity from a critical creativity theory (McCormack and Titchen 2006) is required to facilitate transformation of embodied knowledge about identity (ontological in nature) to language. It is through this process that moral practice can be developed, the intent of practice identified and negative energies of fear transformed to prana. This can include use of creative expression and imagination, and incorporation of ancient traditions, in reflection and practice. Creativity makes the connection between reflection and praxis, and facilitates practice that flows from the heart.

Chapter 6 Conclusions, recommendations and research impact

Introduction

In this chapter, a summary of the main research conclusions and outcomes will be provided. With each conclusion and outcome corresponding recommendations for practice, research and/or education are made. The strengths and limitations of this research are explored in this chapter also, so that a judgement can be made about the applicability and usefulness of the research findings and recommendations. It has been acknowledged that determining the quality of research that incorporates creativity is challenging as there is no consensus or criteria by which to judge it (Simons and McCormack 2007). Thus, the quality of the study will be gauged by considering the process, and outcomes, in relation to the philosophical intent that underpins this study (Appleton and King 2002). Plans and principles for sharing or dissemination of this research will be described here and all previous and current research dissemination activities will be outlined. Finally, I will offer a brief reflection on my current identity as an occupational therapist, researcher and educator and will present my future research plans in light of this research and developing identity.

There are a number of complex challenges that were identified during exploration of these outcomes, each of which appears to have a causal effect or relationship with the next. Thus, identifying a starting point, whilst acknowledging the interconnected nature of each of these outcomes and challenges, is vital.

Conclusions, outcomes and recommendations

Outcome 1

Strategic guidelines, mandates for, and traditional (technical-rational) conceptualisations of, evidence-based practice appeared to create feelings of fear about sharing, exploring and authentically engaging in professional practice, which limited occupational therapists' potential to embody person-centred values and to make decisions about therapy with persons living with dementia and families.

This research identified, and may have influenced, contextual challenges with exploring professional practice with occupational therapists that work with persons living with dementia. Whilst these challenges appeared to emerge as a consequence of contextual conditions within this particular practice setting, a number of potential explanations for these challenges were identified. A lack of clarity and consensus about the nature of evidence-based, person-centred practice (Dewing and McCormack 2016; Fish and Boniface 2012), alongside macro-contextual conceptualisations of such practice and perceived expectations for technical-rational practice (Greenhalgh et al. 2004; Titchen and McCormack 2010), appeared to inhibit occupational therapists' motivation and ability to explore and share their expertise in practice with persons living with dementia. The subsequent effect of unexplored, unarticulated and often unembodied practice values was evident in participating occupational therapists' approach to practice. Their espoused values (related to flexibility and connection with persons living with dementia) about their practice often did not match the values that emerged in their actions, which were reflective of compliance-orientated approaches to practice (Dewing and McCormack 2016). Such compliance-orientated approaches, influenced heavily by persons within the practice context that are perceived to hold more decision-making power (Brown and McCormack 2011; Eide and Cardiff 2017), often result in an absence of attention to being or to the values and beliefs, and needs, of the person living with dementia (McCormack 2003). Additionally, the professional values and beliefs held by the occupational therapist are often not embodied, and therefore their potential to become expert practitioners is unrealised.

This outcome highlighted the particular need to pay attention to practice culture and to the assumptions that are made about, and inherent in, evidence-based and person-centred practice within this culture. Whilst occupational therapists, and indeed all healthcare professionals, are expected to *do* evidence-based practice in order to be held to account for their actions, this expectation only justifies and regulates a practitioner's actions. It does not enable occupational therapists' to explore the paradoxes and complexities in their practice (like the tensions identified between the culture of evidence-based and person-centred practice), and to give an account of their practice or to have these challenges recognised and addressed (Fish and Coles 1998). Developing understanding of the contextual, and in this practice context, cultural challenges, by

facilitating insider practitioner enquiry into the nature of practice could inform the development of evidence-based *and* person-centred practice, thereby enabling more effective practice in the long-term (Fish and Coles 1998). This approach to research has the potential to give due regard to the artistic nature of professional practice that is created based on the particular values, beliefs and needs of the person living with dementia. It could also enable development of a common or shared understanding about practice culture, and its meaning for development of professional identity and moral intent. This kind of enquiry can be derived from a team's *internal* motivation, rather than being externally motivated or heavily influenced by feelings like fear of reprisal (Manley et al. 2013; Titchen et al. 2017). These principles align with an approach to evidence-based, person-centred practice known as 'practice development'.

Recommendation

Attention to dialogue and consciousness raising about the challenges that practitioners may face, the complexities of practice and their cultural assumptions related to evidence-based, person-centred practice; through facilitation of practice enquiry and practice development, could enable development of a professional identity and clarity of practice purpose.

Outcome 2

Approaches to service improvement that focus solely on research evidence implementation, translation and/or 'roll-out', and facilitates learning about evidence-based, person-centred practice that is primarily removed from the practice context, limit potential for development of professional artistry and authentic practice.

During this research it became evident that encouragement of, and training for, implementation of practice guidelines and protocol, derived primarily or solely from technical-rational research evidence, may have resulted in practice that focused on 'doing' or prescription of tasks and risk-averse practice. This seemed to occur at the expense of the development of therapeutic relationships through which the being and potential of the person living with dementia is recognised and realised, and decisions are made in collaboration with the person (McCormack and McCance 2010). Additionally,

occupational therapists in this context appeared to experience challenges in realising their values of flexibility and relationship building in their practice despite their broad range of experience and education in practice with persons living with dementia. These challenges seemed to be exacerbated by a hierarchical system of decision-making within the workplace in which the occupational therapist was not afforded the opportunity to make decisions about their approach to practice or to develop a mutual understanding about the purpose of their practice (Schein 2010). Doing-orientated approaches to practice improvement, like many of those described in this research, are understood to reflect an assumption that acting on research evidence or propositional knowledge alone is sufficient to facilitate change in a person's well-being in situations and contexts that are uncertain (Coles 2013; Higgs and Titchen 2001). In contrast, it has been proposed that approaches to improvement that aim to realise evidence-based and person-centred practice need to incorporate and balance many/all different ways of knowing, being and doing through professional artistry (McCormack and Titchen 2006; Titchen and McCormack 2010).

Approaches to improvement that intend to move beyond application, implementation or translation of research evidence or propositional knowledge, and towards development of non-traditional ways of being, knowing and doing that enables blending of knowledge, should occur primarily within the workplace context (Dewing 2016). This could create opportunity to understand specific challenges that practitioners face, like the survival and learning anxiety that appeared to emerge in this research (Schein 2010), which seemed to manifest in occupational therapists hesitance at moving towards new ways of being, knowing and doing in case of fear of losing membership of a professional community. Additionally, it can offer an understanding of *how* different kinds of knowledge are used to improve practice, and develop professional identity (Dewing and McCormack 2017). Developing critical consciousness about practice (as recommended in *Outcome 1*), as opposed to learning *about* knowledge and research evidence, is believed to be accomplished when practice developers explore and 'tune into' the everyday practices of practitioners. This is most effective when facilitation of practice enquiry or learning in the work place occurs (McCormack et al. 2013) and social learning spaces are available (Dewing 2016). Communities of practice, social learning spaces for a communities of people that have a particular interest and a shared practice, have been proposed as

effective learning spaces that occur through formal and informal learning activities *within* the context in which development in professional practice is expected to occur (Barry et al. 2017). Finally, it has been proposed that embedding learning in the workplace can reverse the power dynamics or relationships that often exist between educators or practice developers and practitioners (Friere 1985; McCormack et al. 2013). This could offer practitioners the opportunity to identify how they learn and what they need to learn in order to change their practice.

Recommendation

A commitment to support work-based learning and development, underpinned by facilitative leadership and critical creative reflection, could engage practitioners' potential to develop, be creative, and innovative in practice through engagement with multiple ways of knowing, being and doing.

National and local practice policies and strategies that encourage implementation, translation and 'roll-out' of protocols and guidelines for practice should be done in collaboration with those in the practice context. In some scenarios, especially when recommendations are based heavily or solely on technical-rational research evidence, facilitation should be considered to support their use, impacts on practice should be closely and critically considered, and measures of adherence or fidelity may need to be minimised or avoided.

Outcome 3

Practice contexts that are psychologically safe and facilitate practitioners' non-traditional ways of being and doing facilitate the exploration and development of evidence-based, person-centred practice.

There is evidence from this research to suggest that the contextual conditions in which participating occupational therapists work are not facilitative of embodiment, articulation or development of professional artistry, which is required to develop practice that is both person-centred and evidence-based (McCormack and Titchen 2006). The contextual conditions that require particular attention in this context are leadership at the macro and

meso level and decision-making processes and power. As addressed in *Outcome 2,* critical consciousness of practice can only be developed if practitioners are facilitated to explore and articulate their own practice through situated social learning practice (Barry et al. 2017; Dewing 2016; McCormack et al. 2013). There is some evidence from this study to suggest that feelings of fear about exploring, sharing and changing practice influences both researchers and practitioners engagement in practice enquiry. If critical consciousness and dialogue about the values and beliefs that underpin practice, as well as understanding of the contextual challenges with developing practice, are to be achieved, feelings about engagement in these processes should be addressed (Scharmer 2016). Additionally, if occupational therapists are to be autonomous is decision-making about their approach to practice and development of their practice, they will need situated learning spaces in which they experience sufficient psychological safety to engage in the necessary dialogue about practice (Brown and McCormack 2011).

Facilitative, person-centred leadership is believed to be characterised by a process of balancing, in which the concerns and needs of *all persons,* at all levels of practice, are shared, listened to and considered (Eide and Cardiff 2017). This is considered 'co-existence' or the offering of lovingkindness and acceptance towards alternative and conflicting perspectives (McCormack and Titchen 2014). It has been proposed that an effective way of achieving such practices is by creating 'cultural islands' within organisations (Schein 2010). These are psychologically safe spaces that are usually brought together by leaders, wherein the 'usual rules' of practice and the organisation are suspended. They are a means of establishing a common meaning and language through explorative dialogue and consensus about practice rules and decision-making authority. Thus, a leader must have the skills to facilitate such a dialogue. This could be considered a communicative space (Habermas 1972) that occurs as a learning and development process and, as identified in *Outcome 2,* should happen in a situated learning context. With effective leadership, it may be possible to create facilitative cultures in which dialogue and consensus about values and beliefs of practice can emerge, and thus, communities of practice and a shared professional identity can be developed.

Recommendations

A commitment to the growth of person-centred leaders, who can endorse and facilitate development of psychologically safe, communicative spaces and action within the workplace context, could initiate development of communities of practice and change in restrictive, and power-laden, practice traditions.

Limitations

Nature and quantity of data

The main limitation of this research is the quantity and nature of research data, which impacted on the credibility and authenticity of the research. The philosophical intent of this research was to develop a mutual or shared understanding of the assumptions underpinning practice (culture), which can only be achieved through dialogue or "fusion of horizons" (Gadamer 1975, p. 317) about actual (observed) practice processes and outcomes. The majority of data in this study is comprised of the researcher's creative reflections on, and interpretations of participating occupational therapists practice processes and outcomes, as well as the contextual challenges observed. This data is useful insofar as it offers descriptions of contextual characteristics from an outsider perspective (see limitation *positioning of researcher*). However, much of the data in this study is reflective of the researchers' interpretation of practice processes and challenges, which has not been discussed with practitioners within the practice context studied. The challenges with engagement in dialogue identified in this study also meant that only a small quantity of data was available to interpret. Whilst some practice observations and dialogue (transcripts in *Chapter 4*) offer insight into the assumptions, values and beliefs underpinning practice, there is not a sufficient amount of this data to draw a conclusion about the nature of occupational therapy practice with persons living with dementia.

This study limitation should be closely considered as the proposed causes of the challenges with developing mutual understanding offer valuable insights about development of practice culture that could strengthen some of the theorisations made or hypotheses drawn in this research.

Positioning of researcher

In this research design, I was positioned as an 'outsider' researcher. This positioning occurred primarily due to the nature of my role as a full time doctoral student based within a university and with no knowledge of the practice context prior to the commencement of the research. Being an outsider researcher can be useful in unearthing embodied or tacit cultural phenomenon that are not usually visible to persons embedded in a practice context (Eide and Cardiff 2017). However, as noted in *Chapter 4 and Chapter 5,* outsider researchers need to pay attention to their awareness of, and responsiveness to, practice context in order to build psychologically safe, facilitative relationships with practitioners, such that they can share their practice. This is known as a relational perspective (Eide and Cardiff 2017; Jacobs et al. 2017). In this study design, greater attention needed to be paid to the researcher's position and the conditions that needed to be nurtured in order to develop dialogue and mutual understanding of cultural phenomenon identified. Nonetheless, it has been suggested that outsider researchers have an important role to play in practice enquiry and practice development, and should become insiders that enable practitioners to explore and transform their own practice and undertake research and development in a problem area (Fish and Coles 1998; Stenhouse 1975).

Involvement of persons living with dementia

As this research progressed it became clear that involvement of the person living with dementia and their caregivers was not straightforward, despite ethical approval to include persons living with dementia in the study (see *Chapter 3* and *Chapter 4* for information). The focus of the study became limited to the perspective of the researcher and sometimes a shared understanding between the occupational therapist and researcher. This occurred despite consideration in the design of strategies to include persons living with dementia in the research. Knowledge of, and data on, the way that persons living with dementia experienced the practice described in this research could have strengthened and added another perspective to the research findings and hypotheses made about the nature of occupational therapists practice. Nonetheless, the iterative nature of the study resulted in identification of occupational therapists challenges in participating in their practice to their full potential. Thus, a judgement was made, based

on theory about the prerequisites of person-centred practice (McCormack and McCance 2016), that focusing on contextual challenges with practitioners could enable centrality of the person living with dementia in their healthcare and in future research (Skovdahl and Dewing 2017).

Strengths

Usefulness of evidence

The account of practice context presented in this study could be made use of in other practice contexts, despite the limited nature and quantity of the data. The use of critical creativity to capture the essence of a practice context and the particularities of practice situations presents a perspective of evidence-based, person-centred practice that appears to differ from the universal understanding outlined in *Chapter 1.* This can be useful in emphasising the complexity and paradox that is inherent in occupational therapy, and indeed all healthcare practice (Coles 2013; Pentland et al. 2018), and in recognising the particular issues that require attention for future research, practice and education (Simons 2009). The essence or descriptions of these particular situations in this study could be studied by other researchers, practice developers and practitioners for the purpose of identifying similarities with context (Stake 1995) and using the theorisation to make judgements about their own practice. In this sense, the conceptual framework developed in *Chapter 5* could counterbalance the limitations with the research data, in that it can offer principles and strategies for development of context if the particularities of the context and situations described are familiar to the reader.

Exemplar of critical creativity

The main strength of this research lies in its demonstration of a critical creative approach (McCormack and Titchen 2006; Titchen and McCormack 2010) to research. This approach, when realised during the research process, created opportunity for participants to express the tacit knowledge underpinning their practice and the emotions connected with particular approaches to practice. These opportunities emphasised the potential of engagement with creative practice and professional artistry to build energy and human flourishing for the occupational therapist and the research, as well as to portray the

beauty of such practice. The power of such an approach to deconstruction of the nuances, paradoxes and complexities of the practice context was evident in the understanding of the tradition of evidence-based practice that emerged. It offered opportunity to put words to, and give voice to, issues that often remain 'beneath the surface' or invisible in self and in practice, which was identified as the philosophical intent of this research. This approach to critical creative reflection has been recognised as a prerequisite process for development as a facilitator of practice development (von Dach 2018).

Research dissemination and impact plan

The Vitae Researcher Development Framework (RDF) (Vitae 2010) identifies particular knowledge, attributes and behaviours that a novice researcher (doctoral level) should demonstrate in all areas of research. The attributes related to research dissemination and impact are particularly useful in guiding identification of principles and plans. The framework notes that a novice researcher should:

1. Demonstrate professional integrity and honesty in research dissemination and engagement (B1[17]).
2. Confidently and coherently engage in knowledge exchange and debate practices within their research area and with a range of audiences (D2).
3. Develop skills in using a range of communication means, including having a web-presence (D2).
4. Understand the process of publication and produce publishable material (D2).
5. Be able to identify a diverse range of publication outlets (D2).
6. Contribute to teaching and research supervision at a range of levels of education (D3).
7. Understand the value of, and engage in, local public event opportunities (D3).
8. Understand the wider policy context and present findings in a policy appropriate format (D3).

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[17] The letter/figure combination refers to the domain of the framework that the knowledge, attribute or behaviour refers to. For instance, B1 refers to the personal qualities component within the personal effectiveness domain.

9. Have an awareness of the impact of research on wider society and culture and an awareness of the impact of society and culture on research (D3).

10. Have a broad understanding of the national and international context of the research (D3).

The table in *Appendix 6* identifies past, current and proposed research dissemination and impact activities and their corresponding RDF domain of knowledge, attributes and behaviours.

Whilst the RDF (Vitae 2010) offers useful considerations and goals for researcher development in dissemination and impact, there are also a number of considerations that are particular to this research and that require further attention and thought. Reporting and sharing research that recognises challenges, conflicting perspectives, lack of agency and voice in practice, as this research does, needs to be shared in ways that are respectful, but also honest and powerful (Titchen et al. 2007; Vitae 2010). It has been suggested that engaging creative methods of research sharing with a wide audience, which capture the emotions of the situations and context described in the research and prompt emotional responses to the findings, is necessary for transformational action to occur (Titchen et al. 2007). Titchen et al. (2007, p. 286) describe this approach as "disturbing the edges to influence the centre" or disturbing the dominating traditions. They suggest, as in the RDF (Vitae 2010), that this approach requires personal attributes like courage, tenacity and energy.

Growing or developing personal attributes for dissemination and impact of this kind of research also requires facilitative contextual conditions. The principles of the contextual component of the conceptual framework proposed and outlined in *Chapter 5* can be used here to guide this growth. Aligning with the RDF, the framework proposes that developing authentic relationships and engagement with mentors or supervisors, colleagues and peers that share a vision for research and practice, as well as values and beliefs, can cultivate commitment to, and energy for, research dissemination and practice development. This could be considered a research process that is done in a person-centred way (McCormack et al. 2017). Thus, continued engagement with both spontaneously grown communities of practice with persons who work together (Wenger

1991) and purposively assembled communities of practice with persons who chose to learn about a specific area of practice and/or research together (Barry et al. 2017), is an important process in achieving research dissemination and impact.

Finally, being intentional about the audience that research sharing and impact efforts are carried out with is a significant consideration for this research. An awareness of the national and international context of evidence-based and person-centred practice (as discussed in *Chapter 1*) suggests that the tradition of compliance-orientated practice and research is dominant. Additionally, the public and political expectation that practitioners account for their practice (Berwick 2013; Fish and Coles 1998) seems to endure, maintaining momentum for the dominant research tradition. Thus, balancing the focus of research dissemination and impact between various audiences appears the most appropriate and comprehensive approach. It is proposed that this approach could 'create ripples' from different perspectives, when coupled with a focus on sharing with practitioners, policy-makers, researchers and that have shared interests and values in person-centred, evidence-based practice.

The future research dissemination and impact efforts will be underpinned by the following principles:

- Use of critical creative research dissemination methods that prompt emotive responses to the research.
- Identifying, and maintaining engagement, with communities of practice through cultivation of facilitative research contexts.
- Balancing the focus of research dissemination and impact efforts between intended audiences.

Potential contributions and implications

This thesis demonstrates a research process that progressively focused on the contextual challenges that occupational therapists working with persons living with dementia face in their day-to-day practice. The apparent consequence of these challenges, a loss of professional identity and disconnection from the existential

philosophy that underpins the profession, are addressed and explored in detail in this research. It is proposed that, with further exploration and attention, many of the findings that emerged during this research have the potential to instigate change that is necessary for the realisation of practice that is both evidence-based and person-centred, and that builds energy for creativity, innovation and praxis (practice with a moral intent).

The findings informed development of a conceptual framework that theoretically addresses the contextual challenges that emerged and offers principles for practice and research. These principles aim to balance the focus on doing (occupation) with being (authentic consciousness) and engage all types of knowledge and ways of knowing in practice through the use of processes of critical creative reflection and reflexivity such as those outlined in this thesis. The outcomes and related recommendations offer guidance, particularly for policy-makers, leaders, practice developers and researchers, for future work that aims to change practice.

The research offers a new perspective on the nature of evidence-based occupational therapy for persons living with dementia and a novel approach to research in this area of practice. Whilst, the evidence derived from this approach could be strengthened, specifically by developing mutual understanding of the assumptions underpinning practice with occupational therapists and persons living with dementia, the research established a critical creative approach to research and practice that is rooted in a moral purpose- human flourishing. This underpinning holds the well-being of the person living with dementia and the practitioner central to practice and research. If endorsed, this perspective could address the challenges with realising professional identity through person-centred and evidence-based practice that persist for the profession.

Closure

This doctoral research process has demanded engagement in a process of self-reflection and responsiveness to my own professional context, such that I developed my identity and focus in the research process. At the beginning of this thesis I acknowledged the tensions that I felt between practice and research traditions that I did not understand but that hindered my effectiveness and understanding of my identity. Creatively reflecting on myself as a researcher, my doing and being, and seeing myself during the process of the research, raised consciousness about the assumptions that I made about my own and participant's practice, particularly Emma's practice. This seeing was challenging and painful but necessary to the development of authentic consciousness which, I believe, is central to practice that is person-centred and facilitative of human flourishing. This awareness places critical creativity at the centre of my practice processes, and subsequently, human flourishing (which is characterised by crisis, challenge or disorientation) as the means through which identity is formed.

My most recent reflection on this research process clarified my beliefs about my own research and practice. I believe that the moral intent of occupational therapy practice and research is human flourishing. This means that I see my role as a researcher, practitioner, educator and practice developer as meeting persons in the context they are situated and holding space for them to learn through exploration and challenge of their practice (occupational therapist and healthcare professionals) and of their life (persons living with dementia). Using my whole, creative self I can identify approaches to practice that are particular to the needs, desires, values and beliefs of the person I am working with.

This clarification of identity has enabled me to present a focused plan for my future practice as a novice researcher. There are numerous existing methodologies, and the potential for development of critical and creative methodologies, that can facilitate occupational therapists understanding and realisation of a moral practice. With this in mind, I hope to move from being an outsider to an insider, engaging in practitioner research in the future, with the intention of developing practice that explores well-being and occupation (and their connection) from a eudaimonic perspective and facilitates its embodiment (praxis). I believe that this research focus, informed by the conceptual

framework developed in this study, will create opportunity to answer the outstanding questions about the values and beliefs that underpin practice and the nature of occupational therapy practice for persons living with dementia.

The closure of this thesis is intended to reflect the essence of the message of this thesis, and to emphasise the potential for practice that is nourishing and facilitative of authentic practice for occupational therapists and researchers. Thus, *Figure 36* presents a poem, which is derived from a creative reflection on the whole of this research process. It is a poem that reflects the beautiful moments of practice that I observed during this research and imagines the development of occupational therapy practice with persons living with dementia as: open to all ways of being, knowing and doing; emotionally engaging; still; ever-changing; purposeful; virtuous; creative; uncertain; nourishing; and energetic.

Fading seasons
Strength in connections
Meaningful moments in the unknown
Playful chaos and waves
Finding courage
Seeing potential in space
Energy, movement and transformation
Love, peace and warmth
New beginnings.

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Appendix 1 Becoming a person-centred researcher

ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

A journey through the use of critical creative reflection to explore self in a PhD study

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Abstract
Background: This article shares the story of a critical creative reflection that was prompted by my need to understand my 'self' when I was beginning my PhD and started to realise the place of person-centredness in my work. I used painting to reflect on my self and on specific experiences I had at the beginning of my PhD journey. This process of self-reflection resulted in the emergence of human flourishing.
Aims: To demonstrate a process of critical creative reflection and to outline how this process can facilitate understanding of self, and of the philosophy and theory underpinning my PhD work and, consequently, lead to human flourishing.
Conclusion: Self-reflection underpinned by critical creativity facilitates understanding of 'self' and of work that can result in human flourishing.
Implications for practice:
- A facilitated process of critical self-reflection is a necessary step towards becoming a person-centred researcher/practitioner who knows self
- Using creativity in reflection can take us beyond structured reflection in practice and introduce critical learning that incorporates intelligence held in the body
- Engaging in critical creative reflection can result in human flourishing, which lays the foundations for a person to achieve their potential and facilitates continued critical reflection in future work

Keywords: Critical reflection, critical creativity, human flourishing

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Introduction

The aim of this article is to share a story about a transformational learning journey through critical creative reflection. This reflection is represented in the form of paintings created since March 2016. These were created in an effort to understand my self and the philosophy and theory underpinning my PhD work – an essential part of my learning to be a person-centred facilitator in research (van Lieshout, 2017) and to begin a process of research underpinned by person-centredness. McCance and McCormack (2017) believe we should acknowledge that healthcare professionals are people who have been shaped by their life history and experiences. These influence how we practice and relate to and engage with people in our work. Thus, 'knowing self' is outlined as a prerequisite of person-centred practice in healthcare. In order to develop self-awareness, continuous learning in action and self-reflection is required (Schön, 1987). The power and potential of critical creativity to underpin and facilitate this kind of learning process is portrayed in this article (McCormack and Titchen, 2006; Titchen and McCormack, 2010).

My PhD research is a study of the implementation of the Tailored Activity Programme (TAP) (Gitlin et al., 2008). The TAP is a US-developed eight-step protocol or programme that includes occupational therapy assessment and activity prescription based on the cognitive and functional abilities of people living with dementia. An initial context study (unpublished) I conducted in Scotland indicated that person-centred values of occupational therapists resulted in adaptation of the TAP in practice. The focus of my work is on understanding the implementation of the programme, and the values, beliefs and the self of the occupational therapists who use the programme in Scotland. In the context of this work, it is necessary to engage in a process of self-reflection in order to understand how I, as a researcher, relate to those I research with and the influence of my self (McCance and McCormack, 2017).

The article presents the process, and the outcome of critical creative self-reflection for me: human flourishing. Human flourishing (McCormack and Titchen, 2014) is understood to be the means through which critical creative reflection and learning are achieved and also their intended outcome. A critical creative perspective and approach (McCormack and Titchen, 2006; Titchen and McCormack, 2010) facilitate this process and outcome by enabling a person to reach their full potential. This is achieved by using 'contemporary facilitation strategies, connecting with beauty and nature and blending ancient, indigenous and spiritual traditions and Dewing's active learning' (Titchen et al., 2011, p 2). In the case of the critical creative reflection presented in this article, painting was used to connect with and articulate my knowing and understanding of self. Subsequently, human flourishing emerged and it became possible to use that understanding to enable the changes in my work necessary to make moral choices regarding my research.

Each painting in this article has a reflective note that conveys its meaning, to me and sometimes a shared meaning created with supervisors. In December 2016, Dr Jane Burns (an art psychotherapy lecturer at QMU and one of my PhD supervisors) and I laid out all the paintings I had created in chronological order and discussed my learning and personal journey during the initial stage of my PhD. We considered how this is reflected in the paintings and how they can be used in my own work. This reflective discussion is shown here in the *Discussion with Jane* sections. The titles of the paintings often reflect metaphors associated with concepts of critical creativity and human flourishing, such as spiraling through turbulence, movement in stillness and embodied knowing.

Figure 1

To introduce the process of self-reflection, I want to share this painting with you as an acknowledgement that the reflections that follow are part of a bigger picture. They formed as a result of a deepened and developing relationship with my whole PhD supervision team and many people beyond it. I created this painting with an intention to frame these relationships and ways of working and to describe the meanings I attach to it – colourful, exciting, fitting and beautiful.

Beginning a reflective discussion with Jane
Did I always paint?
No, I did paint a bit when I was younger but I stopped for quite a few years. I did art and painting in school but it was always graded and so lost its appeal to me. Painting then didn't feel like it does now; it didn't offer me anything more than an escape from rote learning in school. I have always been a creative person though – I am always baking or sewing or producing something. I use the creative process as a therapeutic tool and coping mechanism at times, but it is also a huge part of me, my work and my life.

What was the purpose of the painting initially?
I began painting at the beginning of my PhD following meetings with occupational therapists, held in order to carry out a context study. At first I used painting as a reflective method, but didn't understand what I was doing or how this could be helpful. I also wrote my reflections, which was the most useful part of the context study for me at the time, as I wasn't yet able to use the paintings effectively. I had never reflected in any way other than writing – this had to be done using a pen and paper to be meaningful to me. I think painting felt strange and unsettling at the beginning as I didn't understand its purpose. So I separated the reflections I had written from the paintings; the paintings weren't used at all in my context study paper. When I finished it I painted a mandala (Figure 2) as a response to the process. A mandala is defined as 'a picture that tells a story… often a circle which reveals some inner truth about yourself and the world' (Watts, 2000, p 6). I remember that it still didn't feel like part of me or make sense to me and that I didn't understand it, but I had a feeling and quite a few dreams and impulses that made me paint something circular – this was the result.

Figure 2: Mandala

Reflective note

In Figure 3 there is an explosion of colour representing the possibility of life (existence), the capability or potential of all people and the lightness of being. This contrasts harshly with an all-consuming blackness that seems to be engulfing a self that is moving towards the light and colour. There is a hint of colour – purple at the right of the picture and in the self (top left) – beneath the blackness, which signifies some hope, although it is almost entirely overwhelmed. Although the colour in this picture appears explosive and disordered, it has a clear coherence for me in that it represents the eternal and inevitable wisdom and control – in the sense of organisation and discipline – that comes with freedom. The self that is moving towards this colour does not fear the ordered disorder, or freedom, but needs to escape the blackness to join the colour.

Figure 3: Spiralling through turbulence

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The discussion with Jane

I drew the explosion of colour in Figure 3 over a few days. I would spend time reading and reading and reading, and then draw part of the fireworks at the end of the day. After about a week I painted over the colour in black paint. I didn't share the painting with anybody for some weeks but eventually presented it at a Student International Community of Practice (SICoP) meeting and that was when I started to attach meaning to the painting. SICoP offers a safe space where doctoral candidates develop authentic relationships that facilitate learning and understanding of person-centred ways of being, knowing and doing. This safe space was important at the time as the people there enabled me to share deeply personal work in a creative way that felt acceptable in the space. The presentation spurred a discussion about the use of creativity in my work but the painting also had strong feelings attached to it that I felt were overwhelming, exposing or revealing, and daunting. Others' response to this painting and my response to the presentation of the painting triggered for me a moment of crisis or a turning point. The response from friends and colleagues was supportive as they acknowledged the beauty, colour and positivity in the painting, as well as the self in the painting that appears to be escaping. This marked the beginning of a process of perspective transformation that was vital in beginning to understand my self as a person-centred researcher (Mezirow, 1981; McCormack et al., 2013) and included a change from understanding learning as an individual, entirely cognitive process to seeing it as a cognitive and emotional process shared with other people and requiring inclusion of body and spirit through creativity.

Figure 4: Freedom
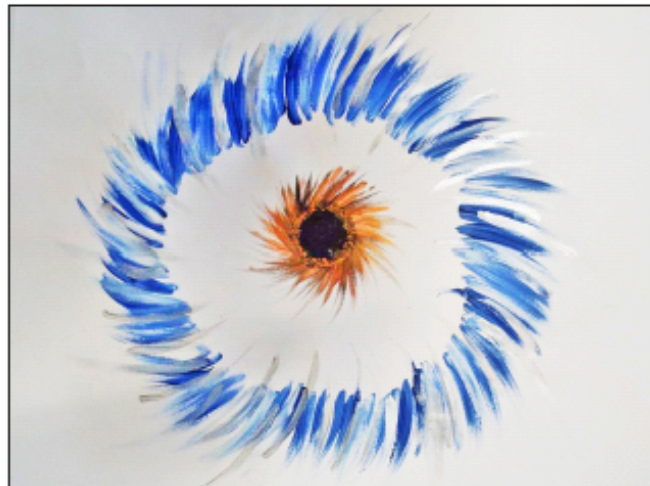
The discussion with Jane

Figure 4 was described by Jane and me as fluid, free and beautiful. It seemed to be a release from the previous painting and the response to it. We talked about it possibly representing the unknown of the PhD journey and the blackness that keeps reappearing as a retreat from that unknown. This led to a discussion of the unknown, enigma, mystery and 'the gap' in my work that has only now, some months later, started to become a comfortable thing or feeling. I enjoyed just looking at the painting at the time and enjoyed the beauty and freedom I associated with it. I still didn't feel comfortable with the creative process but I began to enjoy it and see the value in it. I had no words with this painting and only felt that it looked like an eye and was very beautiful. It gave me a sense that the work I had been doing had come together in some way and that was reflected in this mandala. It was not imposing and I felt a comfort in it also. I hung it on my wall in work. I added the word 'perspective' to it later and then 'The Gap' after a conversation about hermeneutics (Linge, 2008) that brought understanding of the white space in the middle of the mandala: that which is yet to be known.

I feel now that this painting represents hermeneutics in my study. Hermeneutics refers to a way of reaching the 'yet to be known' (the answer to the research question) through reflective dialogue and negotiation of perspectives. Understanding of the yet to be known is reached when consensus about the topic occurs, even for a moment. The picture represents the space in between dialogue that has not yet been discussed or agreed on. It truly was a circle that revealed some inner truth about the world as I understand it (a mandala) – the world as a place where knowledge is a shared understanding of a question or topic.

Figure 5: Disconnection and crisis

Reflective note
There are three aspects of Figure 5 that are both connected and separate from each other in one way or another. The spiral here represents the unravelling or unfolding of knowledge. The black centre of the spiral represents an infinite amount of knowledge and meaning that is partly known and partly unknown. The important or significant knowledge unravels naturally (the significance of the colour green here), slowing changing colour (to blue and green), and continues through a process of discovery. The essence of occupation and the existential roots of occupation are represented here through an energetic, undying fire that encompasses a diamond or priceless jewel to me. The black line on the edge of the red and blue sphere (the self) signifies a barrier between the self, occupation and significant knowledge that is deeply rooted, almost treelike, and that the fire seems unable to break through. However, the gradual end to the blackness and barrier to the self shows the possibility, albeit complex, of breaking through the barrier. The red and blue sphere representing the self (a person, an occupational therapist) remains open, with an apparently moving or active foundation (the blue centre) that is available and capable of action using unravelling knowledge. Thus, the essence of existentialism in occupation is there, constantly unravelling and seeking a way to burn through a barrier to reach the self. This represents a process of rediscovery, a return to the roots of occupation, in order to move forward.

The discussion with Jane
It feels like a coming together. The theme of fireworks seen in the first painting is there. An occupation was an important part of this painting that was finally coming through. There is a praxis spiral that I did not understand at the time and that Brendan McCormack, one of my PhD supervisors at QMU, explained to me when he saw this. However, the blackness in the painting still represents a 'blocking' of my ability to 'do'. The blocking was due to fear and perspective that I did not recognise at the time that I painted it and first interpreted it. There is movement in the painting, but not all of the components have come together to facilitate 'doing'. The white spaces that are beginning to develop

in these paintings are significant as they probably represent space to breath, or what I would now call a stillness that facilitates progress in my work (movement in stillness). It has also been useful in identifying areas of significance in my work. The unknown is 'workable' and useful, as opposed to blocking. Jane also felt that the change in our ways of working together and a discussion we had back in August 2016 about incorporating creativity into our work together is reflected in the paintings and the emerging feeling of freedom in them.

Figure 6: Energising forces
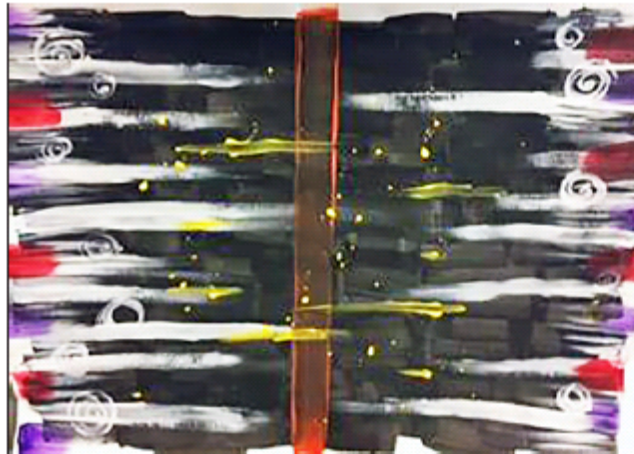
The discussion with Jane

Figure 6 has the most memory attached to it for me. It was created at the end of the Enhancing Practice Conference in September 2016, in response to a lot of discussion at the conference about safety and vulnerability and the lines of vulnerability and understanding that we cross in our work. It doesn't make sense that there is no space in this and that it is less fluid than some of the previous paintings, as I felt I was in a better place and doing better with my work at the time of the conference. However, we agreed there is always movement back and forth in the learning journey and that even though this painting is fuller it doesn't have the sinister feel of some of the earlier ones. The quality of the lines isn't the same as that in previous pictures; the blackness underneath the colour is overcome in some ways.

This sparked a discussion about how this process of movement back and forth across the lines of vulnerability and understanding fits with critical creativity. I feel and see the synchronicity between this work, these paintings and critical creativity. The 'criticality' doesn't feel right to me yet. Transformation is the key issue here: is there potential for transformation within a hermeneutic understanding, specifically perspective transformation? Or is critical theory essential? Is the language of critical theory helpful? What I understood of critical creativity at the time of this discussion was that it used metaphors and creativity to transform critical theory language into something beautiful. It has also added the moral intent of human flourishing that makes it different and useful in the context of the TAP study and defines it from critical theory. This part of the discussion is a powerful example of how critical creativity has offered me a way of asking questions and developing understanding of my work.

Figures 7-9: Embodied knowing

Reflective note
Figure 7 (top left) represents light and energy emerging from praxis. Brendan McCormack and I never agreed if it was one or the other but I understand the metaphor of 'energising forces' in the critical creativity literature that represents transformation through moments of 'crisis' that trigger a need for change. While I still see light in this painting, I also know that when I painted it I was full of energy and was beginning to feel that change that could not be reversed or undermined had truly happened. So, the idea of energy is useful and entirely appropriate here. I also see and now understand intentional use of creativity and metaphors to identify learning and change.

Discussion with Jane
Jane looked at Figure 7 and said she saw transparency, which was interesting as I hadn't shown her how I had connected the top pictures (Figures 7 and 8) and repainted them on transparent acetate sheets (Figure 9). This comment confirmed that I have become aware of the processes that are happening that connect to critical creativity. This seems to be why I am now, as I continue my PhD, aware of the intentional use of metaphor in our working together. We discussed where transparency comes from and when it comes, and thought it emerges as a result of engaging in critical reflection. It also comes from embodiment of a way of being that frees our thoughts and makes everything more transparent. We linked this to the 'reflection on human flourishing' piece (see page 13), which felt like an embodiment of everything we talk about and want and know and don't know – the sun, the moon, the earth, the stars, and everything else there is and everything beyond that.

We discussed what the paintings actually mean when they are layered and joined together. The background and the fading out of paint are the emerging foreground and background. The praxis spiral is on top of the background and is underpinned by the values or concepts of creativity, vision, purpose, togetherness and stories. The light and energy (white paint) emerging from this is the energy and transparency emerging from actually doing critical creativity.

Jane mentioned at this point that it felt very complex and that I was beginning to identify the layers involved in my work. I said I had tried and wanted to understand layers but still didn't know what it meant. She said layers may not be a useful way of thinking about the work as they suggest hiding aspects of it, which could explain my struggle to understand. She suggested thinking instead about aspects of the work as emerging and connected but transparent. So, I think of it as peeling back of layers now to expose the unknown or yet to be known, rather than a building up of layers.

Jane and I discussed how we could use all these paintings in a way that keeps them alive and incorporates them into my work. I was aware Brendan had suggested I use 'faction' to tell a story about the more difficult parts of this work, such as writing about my prejudgements and values and beliefs. I acknowledged I wasn't keen to discuss this further when he suggested it as it felt uncomfortable, but intuition is telling me it is the right thing to do. Everything I do now is about telling a story through creativity, even this piece of writing. The idea that faction may also be a useful way to present cases in my work came to me when Jane and I were discussing the aims of the PhD work. So, the paintings may be used in my PhD thesis as a tool to tell the 'factional' story of the study and learning process, the work with occupational therapists and people living with dementia and their caregivers throughout the PhD. This is another example of how a critical creative discussion can subtly change perspective and facilitate new understanding.

We talked about the importance and power of the journey I have been on and the pivotal nature of the perspective transformation I have had. It has facilitated movement in and understanding of my work so far. It seems to me now that all that I needed was to be and embrace my self in order to do what I needed to do and what I wanted to do – so simple.

Figure 10: Movement in stillness
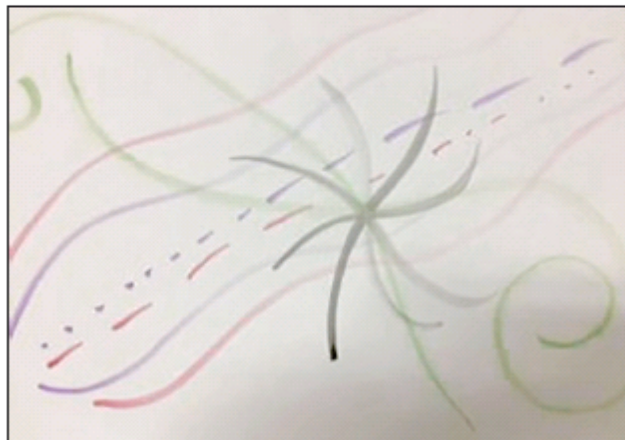

Reflective note
Figure 10 came after my realisation that what I have been doing and creating over the past few months is my study methodology. I had reached a cognitive roadblock and hadn't been able to write anything further after my reflection on human flourishing, so I painted. This painting seemed very simple and

didn't really speak to me in any way until I returned to the critical creativity paper that outlines the methodological framework for human flourishing (Titchen and McCormack, 2010). The black spiral in the middle mirrors the critical creativity spiral in the framework, although it differs in that the background represents multiple praxis spirals and an ongoing process (it looks like a road to me). So, I understand it as human flourishing happening along the PhD journey and human flourishing that is essential for praxis, unfolding, seeing, understanding and transformation.

Discussion with Jane
At the time that I painted this I needed a 'pause' and hoped for movement in stillness, so I took a few days. There is definitely process and movement in the painting, which is a good thing and represents balance in my way of being.
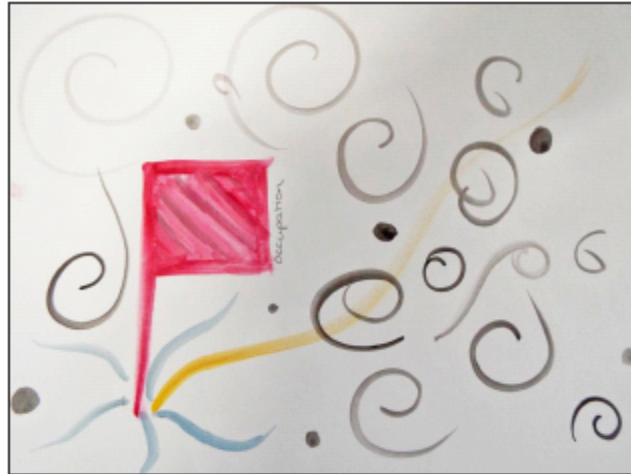
Figure 11: Strengths-focused work
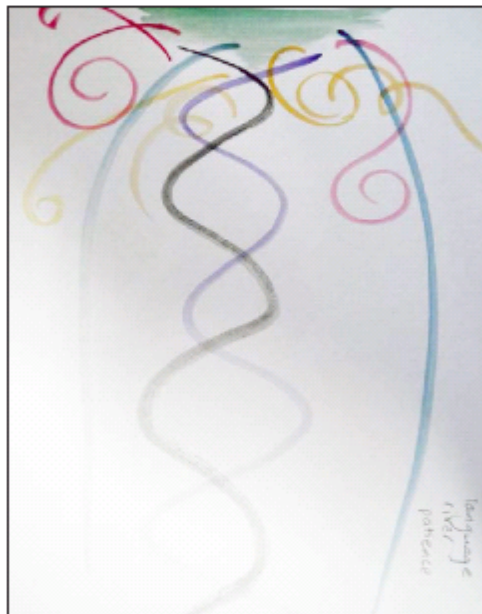
I painted this (Figure 11) at a SICoP virtual writing retreat during the first checking-in and goal-setting session.

Discussion with Jane
I set strength and flowing as my intentions for the writing retreat when I painted this, and remembered making a decision to focus on what I do know and converting that to language, letting the work flow and being comfortable with chaos and the unknown. I used strengths based-language with myself throughout the day. I did not plan exactly what I wanted to write, so I just started writing where I was at in terms of understanding philosophy and theory. This approach and intention setting facilitated a moment of realisation during the writing session when I understood that perspective transformation was the key connection between all the work I was doing at the time.

Figure 12: Human flourishing, human becoming and occupation

I painted this (Figure 12) at the SICoP virtual writing retreat during the last checking-in and goal-setting session.

Discussion with Jane
This painting was a response to the writing I had done at the writing retreat and signified the re-emergence of occupation from the critical creativity spiral. I connected it with human flourishing as one of the theoretical assumptions that underpins critical creativity. We talked about how critical creativity, in its person-centredness, facilitates human flourishing (what I used to consider wellbeing) and human becoming (what I used to consider an outcome of successful engagement in occupation). Jane and I introduced the idea that we have come full circle to the re-emergence of occupation and becoming that are blocked at the beginning of my work (see Disconnection and crisis painting, Figure 5). However, the existence and importance of occupation, flourishing and becoming are now transparent in my ongoing PhD work. We asked ourselves: is this journey the map of the study?

Finally
Some of the extra paintings that follow do not symbolise pivotal moments in my journey. However, they do represent different concepts of critical creativity and are helpful to facilitate thinking about how these concepts feed into the PhD journey and the work we are doing.

11

Figure 13: Critical companionship

Figure 13 is a framing of a new way of working that feels colourful, exciting, fitting and beautiful. The blackness has emerged but in a positive, holding-onto-the-good-stuff kind of way. The way of working is connected with and emerging from a kind of chaotic, spiraling process that is everything – not really good or bad, just life.

Figure 14: Flowing with turbulence

Figure 14 is another slightly chaotic image but it is also beautiful. It also has many praxis spirals that represent the constancy of unfolding of understanding, no matter the situation. There is a faint critical creativity symbol in the middle of this painting (in yellow) that reminds me that even when we are experiencing difficulty or turbulence there is goodness and critical creativity that facilitates flowing. Finally, there is a heart at the very centre of this painting – energy, self, flourishing, warmth, love.

Figure 15: My ancient traditions
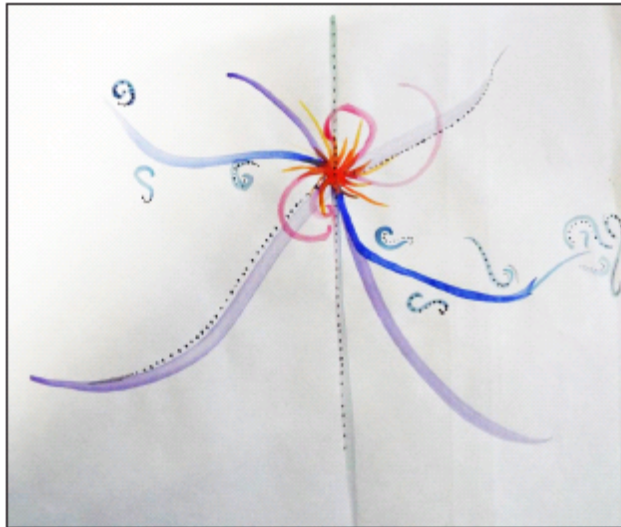
Hinduism, yoga, buddhism, Carl Jung, mandalas, me (Figure 15).

Conclusion
What has this meant for me and my work?
These paintings and their accompanying reflections are intended to tell the story of a learning journey. The change that has happened over the past few months is evident, even in the quality and spirit of the paintings alone.

I wrote an email recently saying this has changed my life and my work. While I was writing this I was asked also to explain a little of what that means. This short reflection on human flourishing that I wrote for my supervision team and SICoP colleagues and friends outlines the meaning of this transformation.

A reflection on human flourishing
> I want to share a reflection with you about human flourishing. I realised recently that I usually only write about difficult and challenging experiences that I have and that the reflections and observations I do make are usually related to progression of my work. I wanted to write about this as I'm not sure that we talk about or share the goodness in our work and in our lives enough.

> Last Friday I was on my way home and noticed I was feeling something I have never actually felt, or perhaps never noticed feeling, before. Actually it was a combination of feelings that I wrote down. Here they are: peaceful, connected, content, challenged, motivated, colourful. I don't think all of these things make complete sense beside each other, but I can try to explain. I was entirely aware during the day that I had a lot of work still to do, but I only felt excited and challenged by it, not overwhelmed or, as I have felt before, totally paralysed by fear of the work. I found absolute joy and love in it. This helped me to get on with my work and work in the way that I feel best.

> For the first time I think, I managed to translate the creative expressions I had made into something concrete (a piece of writing) that I felt I entirely understood. This went way beyond my own work though; I felt able to give something back to other people – family, friends, and colleagues. I felt totally present and connected with everybody that I spent time with that day. I was able to continue my own work while connecting with and enjoying the company of the people around me,

help another through their own difficulties and connect with friends completely, without a selfish attachment to my own life and work. And finally, I went for a walk around Arthur's Seat, in the hills of Edinburgh, on my way home without thinking about it or planning it – a strange thing for me to do; I was connected with nature and to my own energy. I can honestly say that, in a very ordinary way, it was the best day I have had and reminded me how much I love and appreciate my life. This is what human flourishing means to me. Before, when I thought about human flourishing, I saw or thought about flowers and colour. Feeling it is so much more. I can also say today, four days later, as I write this that even though I have flu and feel awful physically, I have not lost the contentment with my work and the motivation to continue to do the work I am doing. This feeling is incredibly powerful, enduring, comforting and exciting.

I had a virtual meeting yesterday with friends and SICoP colleagues and there are three things I want to pick up on from that meeting. First, I was asked how I was feeling and how my work was going, which is a usual part of our weekly meetings. I described what I was feeling as 'movement in stillness'. I felt a little hysterical (in a good way) when I read the metaphorical meaning of movement in stillness in the critical creativity literature later that day. Yes, the time for reflection and the space that I had finally allowed myself to have has created a massive movement in me that has facilitated an understanding of my own work. Second, somebody asked me how I got to this point. I said it was a combination of factors but the things that stand out for me at the moment are a change in relationships and ways of working with my PhD supervisors, and having a group of friends who challenge me in a safe, supportive, giving way. Finally, somebody asked me if I could bottle this feeling and send it to them. This is my way of bottling it.

This reflection indicated the significance to me of human flourishing for living a good, productive, happy, challenging, connected life. This feeling of flourishing has grown out of a huge effort to understand my self and my work, which was facilitated by critical creative reflection.

I wrote in the reflection that I had become aware of the processes that were occurring as I was living the learning. The reflection on human flourishing and its emergence as a result of my engagement in the critical creative process brought about an awareness of my use of and the value of an active learning approach (Dewing, 2010) in my work. The critical creative reflection that was facilitated by my supervisors equates to the beginning of an active learning process – personal reflection. This did move me into a state of readiness to take a step forward with my research. It facilitated understanding of the process that I will be asking other people to engage with and, yes, created a kind of map for my research. Finally, the purpose and value of a critical creativity worldview, which blends creative processes with contemporary facilitation strategies, ancient traditions and active learning in order to nurture human flourishing, is evident in this work.

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Niamh Kinsella (MSc OT, BSocSci), Full-time PhD candidate, Queen Margaret University, Edinburgh, Scotland.

Appendix 2: Ethics information

Ethics permissions

Scotland A Research Ethics Committee

Research Ethics Service
2nd Floor Waverley Gate
2-4 Waterloo Place
Edinburgh
EH1 3EG
Telephone: 0131 465 5680
www.hra.nhs.uk

NHS
SCOTLAND

Scotland A REC
2nd Floor Waverley Gate
2 - 4 Waterloo Place
Edinburgh
EH1 3EG
Tel: 0131 465 5678

01 March 2017

Dr Duncan Pentland
Division of Occupational and Art Therapies
Queen Margaret University
Musselburgh, EH21 6UU

Dear Dr Pentland,

Study title: **A comparative evaluation case study of the implementation of the tailored activity programme for occupational therapists working with people living with dementia and their caregivers.**

REC reference: **16/SS/0218**
IRAS project ID: **213790**

Thank you for your letter of 09 February 2017, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information was considered in correspondence by a Sub-Committee of the REC at a meeting held on 24 February 2017. A list of the Sub-Committee members is attached.

We plan to publish your research summary wording for the above study on the HRA website, together with your contact details. Publication will be no earlier than three months from the date of this opinion letter. Should you wish to provide a substitute contact point, require further information, or wish to make a request to postpone publication, please contact hra.studyregistration@nhs.net outlining the reasons for your request.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation [as revised], subject to the conditions specified below.

Adults with Incapacity (Scotland) Act 2000

I confirm that the Committee has approved this research project for the purposes of the Adults with Incapacity (Scotland) Act 2000. The Committee is satisfied that the requirements of section 51 of the Act will be met in relation to research carried out as part of this project on, or in relation to, a person who lacks capacity to consent to taking part in the project.

Study information for people receiving occupational therapy and caregivers

Occupational Therapy Study

A case study of tailored activity in occupational therapy

About me

My name is Niamh Kinsella
I am a PhD student at Queen Margaret University, Edinburgh

The study

I am doing this study for my PhD project with Alzheimer Scotland

I would like to invite you to take part in this study

Please read all of the information and decide if you would like to take part

Aims of the study

To gather information about how your occupational therapist works with you
To understand decisions that your therapist makes with you
To study how the therapy affects you and your caregiver

Reasons for the study

We know that tailored activity may improve your and your caregivers quality of life
We want to know how it does this
We want to know the therapy process

What the study will involve

While your occupational therapist is working with you at home I will:
- watch what is happening
- make audio recordings of all conversation
- make notes and drawings

Your occupational therapist will talk about their decisions during each visit
I will discuss each visit with the occupational therapist after leaving your home
We may ask for your thoughts on the process at each home visit

Using the information

Audio-recordings, notes and drawings will be used to make a case study

Information that could identify you will be kept in a locked cabinet or a secure electronic file at Queen

Margaret University

Myself and my supervision team will be the only people who will see confidential information

The information I collect will be used for this study only

The information I collect will be stored safely at Queen Margaret University until study is complete and

academic award has been granted to the researcher (estimated July 2019).

Using the Information

The information that I collect will be used to write a PhD thesis

You will be given a substitute name in all of the work

The information that I collect will be published when the study is over

The published information may include quotes from you

You are free to ask me to exclude certain information from publication

Benefits of taking part

It is unlikely that there will be any direct therapy benefits if you take part

The outcome of therapy will not change if you take part

The study will not affect your care from the occupational therapist

Taking part may improve care for people receiving occupational therapy and their caregivers in the future

You will have a chance to tell your story about your care

Risks of taking part

It is unlikely that there will be risks if you take part as the study will not change your therapy

I will not attend the visit if you do not give permission

If you appear distressed by my presence or ask me to leave I will do so

If there is any concern about harm to you seen during the study support services will be informed

More Information

You can leave the study at any point

If you leave the study you can request that any information gathered is not used by researcher, and it will

be destroyed

If you leave the study your occupational therapy care will not be affected

I will ask for permission to attend every visit

I will tell you if there are any changes to the study

You will not need to attend any additional meetings

Support contacts

If you have any questions or would like to withdraw from the study:

Independent contact

██████████

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Study supervisor

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██████████████████

Researcher

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Complaints

If you have concerns about the research and would like to make a complaint, please contact:

NHS ██████ Patient Experience Team

██████████████

██████████████████

████████

████████

██████████████

The study has been reviewed and approved by Queen Margaret University, NHS Research Ethics Committee and NHS _____ Research and Development Board

Queen Margaret University holds insurance cover with ███████████████████████████
███████████████████████

███████████████████████████

███████████████

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[18] Study information and consent forms were developed using DEEP guidelines (dementia friendly information development). They are presented differently here for the formatting reasons.

Study information booklet for occupational therapists

About me

My name is Niamh Kinsella. I am a PhD student at Queen Margaret University, Edinburgh.

About the study

I am undertaking a study of the tailored activity in occupational therapy as part of my PhD project with Alzheimer Scotland. The study has been designed using the information provided by occupational therapists trained to deliver the Tailored Activity Programme (TAP) during a number of discussions regarding implementation of the TAP over the past year.

I would like to invite you to participate in this study. If you are interested in taking part please read the information booklet for further details.

You can participate in this study if:

You are an occupational therapists that uses principles of tailored activity in your work

You are an occupational therapist who works with people living with dementia, with a potentially imminent

diagnosis of dementia or reported memory problems in their homes

Aims of the study

To understand the principles, process and outcomes of occupational therapy

To understand the decisions that you make during a therapy situation and process

To critically reflect on your experience of doing therapy using principles of tailored activity

To understand the experience of occupational therapy for the person living with dementia and their

caregiver

To understand how the principles of tailored activity facilitates person-centred practice

Reasons for the study

The tailored activity programme was a structured, multi-stage intervention for people living with

dementia that occupational therapists in Scotland were trained to use. Pilot studies suggest that use of the TAP may improve quality of life for both the person with dementia and the caregiver, as well as reducing some of the behavioural symptoms associated with dementia. However, preliminary discussions with TAP trained occupational therapists suggested that while using the TAP is valuable for occupational therapists, using the principles of tailored activity rather than the prescribed TAP process enables person-centred practice.

We know that therapy underpinned by principles of tailored activity is done by many occupational therapists and differently by each therapist but we do not know what this means for the therapist or the people that they work with. We want to explore this and to understand what occupational therapy processes and outcomes underpinned by principles of tailored activity looks like.

What the study will involve

You will act as gatekeepers to identify people who could be involved in the study. If people agree to participate the study will involve:

Observation: I will observe your therapy process. This will involve me visiting the persons home with you and taking notes, drawing and audio-recording the conversation. I will be studying the interactions between all the people present. I will also ask you to interpret some of the drawing with me following the visit. I will note what assessment, information and evaluation material is being used.

Think-aloud: I will ask you to "think-aloud" as you are doing the therapy. This will involve you talking through the therapy

processes and the decisions that you are considering. The purpose of this is to explore your thinking process and professional reasoning. You do not need to justify your decisions.

*We can spend time before beginning the studies practicing the think aloud technique.

Reflective conversation: Following each visit we will have a conversation critically reflecting on the visit, specifically regarding the decisions that were made and the interactions between all who participated in the process. I will share my reflections with you also and we will create an understanding of the main themes that arise during each home visit.

Concluding conversation: At the conclusion of some home visits and at the end of a therapy process we will have a conversation and use creative materials to explore clients feelings about the TAP process and their story in relation to the process.

Inclusion and exclusion criteria

Each person that you identify as a potential participant must have either a diagnosis of dementia
        or a

potentially imminent diagnosis of dementia. *People that have a potentially imminent diagnosis of

dementia include people who are attending or plan to attend memory clinics or who have reported

problems with memory in referral.

Each potential participant that you identify must be living in their own home

Each person that you identify for potential participation is based on your professional reasoning

Adults with incapacity

Adults who do not have capacity to consent will be included in this study

If you are made aware of incapacity you will contact the guardian or welfare attorney with the right
        to

make decisions on behalf of the person at stage 3 of the process

You will explain the study in the same process outlined and gather information about the persons

previous wishes and present wishes

If you receive verbal consent for participation you will send an information booklet and consent
        form to be

signed on behalf of the person

Once written consent from guardian or welfare attorney is received we will continue the study
        process as

outlined and maintain a process of consent monitoring

We will ensure that the views of the person are acknowledged regarding the study at first meeting
        and will

continue to monitor consent from the person throughout the study

What to expect

This study involvement will not impact on or alter the therapy process

Asking you to "think-aloud" will not alter the way that you do therapy

The study process may affect the amount of time it takes to complete a therapy process

Additional time will be required to carry out reflective discussions following each home visit– I am happy

to travel with you to maximise your time after home visits

We will work together to come to a shared understanding of the principles, processes and outcomes of

your practice

Using the information

The information that I gather will include audio-recordings of all home visits and reflective conversations,

observation notes and paintings

The information will be used to create case studies for each occupational therapists practice process

The information that I collect will be used for this study only. It will not be reused for any other academic

work.

Any information that could identify you will be kept in a secure electronic file or storage cabinet at Queen

Margaret University

All identifiable and confidential information will be stored in Queen Margaret University until the study is

completed and academic award has been granted (estimated July 2019) in accordance with Data

Protection Act and QMU guideline

Myself and my university supervision team (see contact details for more information) will be the

only

people with access to identifiable and confidential information

Information collected during this study will be published in academic journals and at conferences during

and following completion of this study

You will be assigned a substitute name in all published material e.g. OT Jane, to ensure that you are not identifiable

I will not include any confidential information that could put you at risk of identification in any published material

Risk to confidentiality

In order to avoid individual identification I will ensure omission of NHS working site details, geographical

area and any other details that could lead to your identification

If you have concerns over any information shared with me you are free to request that it is not published

Benefits of taking part

It may be that you will experience benefits if you take part but it will not be possible to tell in the early

stages whether this is the case – knowledge of benefits may emerge as the process develops

The active learning approach taken to the study intends that you critically reflect on practice and

subsequently (after this study) take action and develop practice based on this process

It is hoped that your participation in this study will benefit you by facilitating expression and sharing of tacit

knowledge about your practice in relation to tailored activity

It is hoped that your participation will facilitate exploration of potential approaches to person-centred

therapy for you and other therapists in the future

It is possible that your participation will improve the therapy of people living with dementia or memory

issues and their caregivers in the future

The study facilitates an opportunity to explore your practice in relation to tailored activity

More information

You are free to withdraw from this study at any point, in which case I will withdraw from home visits to

your clients also

If you choose to withdraw from the study you can request that information gathered is not used by the

researcher, and it will be destroyed

If you choose to withdraw from the study you do not need to provide an explanation

I will inform you of any changes to the study

You may participate in more than one study case at a time

Support contacts

If you would like to discuss the study, withdraw or have any concerns please contact:

Independent contact

██████████

████████████████████████████

███████████████

██████████████████████████

████████████████

Study supervisor

██████████████

[redacted]

Researcher

[redacted]

Complaints

If you have concerns about the research and would like to make a complaint, please contact:

NHS Lothian Patient Experience Team

Waverley Gate

2—4 Waterloo Place

Edinburgh

EH1 3EG

[redacted]

Thank you for taking the time to read this information. If you are interested in participating in this study and would like more information please contact:

nkinsella@qmu.ac.uk

This study has been reviewed and approved by Queen Margaret University and the NHS Research Ethics Committee and NHS _____ Research and Development Board

This study has been organised and funded by Alzheimer Scotland and supported by Queen Margaret University

Queen Margaret University holds insurance cover with ███████████████████████████
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███████████████████████████
██████████████████

23/5/17   version 3.0

Queen Margaret University
EDINBURGH

CONSENT FORM FOR PERSON RECEIVING OCCUPATIONAL THERAPY

Name of participant:

Title of Project: A case study of tailored activity in occupational therapy

Name of Researcher:

1. I have the information booklet (version 3.0) dated 23/05/2017 for the study. I have had a chance to think about the information, ask questions. My questions have been answered.

   Initial box

2. I agree that I am volunteering to take part and I understand that I do not have to take part in this study.

   Initial box

3. I understand that I am free to leave the study at any time, without giving a reason, without my legal rights or care from my occupational therapist changing.

   Initial box

4. I agree to my meetings with my occupational therapist being audio-recorded.

   Initial box

5. I understand that the information collected about me will be used for this study only and will not be shared with other researchers for future research.

Initial box

6. I understand that information collected about me that is confidential and/or may identify me will be shared with the researcher's supervisory team only.

Initial box

7. I understand that confidential and/or identifying information about me may be shared by the researcher if they see a risk of harm to me or somebody else during the study.

Initial box

8. I understand that information I give, including quotes, will be anonymised and I agree that it may be published.

Initial box

9. I understand that I am free to request that certain information is omitted from publication.

Initial box

10. I agree to take part in the above study.

Initial box

Please choose a statement below:

11. I agree to continue to take part in this study even if I lose ability
to consent during the study.

Initial box

OR

12. I do not agree to continue to take part in this study if I lose ability
to consent during the study.

Initial box

_____	_____	_____
Name of participant	**Date**	**Signature**

_____	_____	_____
Name of person taking consent	**Date**	**Signature**

23/5/17   Version 3.0

Queen Margaret University
EDINBURGH

CONSENT FORM FOR CAREGIVER

Name of caregiver:

Title of Project: A case study of tailored activity in occupational therapy

Name of Researcher:

Please initial box

1. I confirm that I have read the information booklet (version 3.0) dated 23/5/17 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I agree that my consent is voluntary and I understand that I am not obliged to participate in this study.

3. I understand that I am free to withdraw from the study at any time without giving any reason, without my legal rights or care from my occupational therapist being affected.

4. I agree to my meetings with the occupational therapist being audio-recorded.

5. I understand that the information collected about me will be used for this study only and will not be shared with other researchers for future research.

6. I understand that information collected about me that is confidential ☐
and/or may identify me will be shared with the QMU study
supervisory team only.

7. I understand that information collected during the study, including ☐
quotes by me, will be anonymised and agree that they may be
published in the future.

8. I understand that I am free to request that certain information is ☐
omitted from publication if desired.

9. I agree to take part in the above study. ☐

_____   _____   _____
Name of Participant   Date   Signature

_____   _____   _____
Name of Person   Date   Signature
taking consent

Consent form for guardian or welfare attorney

Queen Margaret University
EDINBURGH

CONSENT FORM FOR GUARDIAN, WELFARE ATTORNEY OR RELATIVE

Name of guardian, welfare attorney or relative:

Title of Project: A case study of implementation of the tailored activity programme

Name of Researcher:

Please initial box

1. I confirm that I have read the information booklet (version 2.0) dated 6/2/17 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I agree that my consent for _____ to participate in the study is voluntary and I understand that I am not obliged to consent.

3. I understand that I am free to withdraw my consent at any time, without giving a reason, without mine or _____ legal rights or care being affected.

4. I agree to _____ meetings with the occupational therapist being audio-recorded.

5. I understand that the information collected about _____ will be used for this study only and will not be shared with other researchers for future research.

6. I understand that information about _____ that is confidential and/or may identify them may be shared with the researcher's supervisory team.

7. I understand that information about _____ that is confidential and/or may identify them will be shared with appropriate service(s) if the researcher or participating occupational therapist identifies that they are at risk.

☐

8. I understand that information collected during the study, including quotes by _____, will be anonymised and agree that they may be published in the future.

☐

9. I consent to giving access to _____ to share study information and to request their participation in this study.

☐

10. I understand that if _____ communicates dissent about the study the researcher will withdraw.

☐

11. I understand that if I withdraw consent to access _____ from the study it will not affect their care.

☐

_____	_____	_____
Name of Participant	Date	Signature

_____	_____	_____
Name of Person taking consent	Date	Signature

version 2.0

Queen Margaret University
EDINBURGH

OCCUPATIONAL THERAPIST CONSENT FORM

Participant name:

Title of Project: An evaluation case study of the tailored activity programme

Name of Researcher:

Please initial box

1. I confirm that I have read and understand the information booklet for occupational therapists (version 2.0) dated 6/2/17 for the above study. I have had time to consider the information and opportunity to ask questions and have them answered satisfactorily.

2. I agree that my consent to participate is voluntary and I understand that am not obliged to take part study.

3. I understand that I am free to withdraw at any time without providing any reason, without my legal rights being affected.

4. I agree to be audio-recorded during my work process and during reflective conversations following home visits.

5. I understand that information collected about me will only be used to support this study and will not be shared with other researchers for future research studies.

6. I understand that information collected about me that is confidential and/or may identify me will not be shared with anybody outside of the QMU research supervisory team.

7. I understand the risk of being identifiable as part of a group of TAP trained occupational therapists and agree that information about me can be published anonymously.

8. I agree to take part in the above study.

_____   _____   _____
Name of Participant   Date   Signature

_____   _____   _____
Name of Person   Date   Signature
taking consent

THE FLU

WE LIVE IN A RAINBOW OF CHAOS.
-CEZANNE-
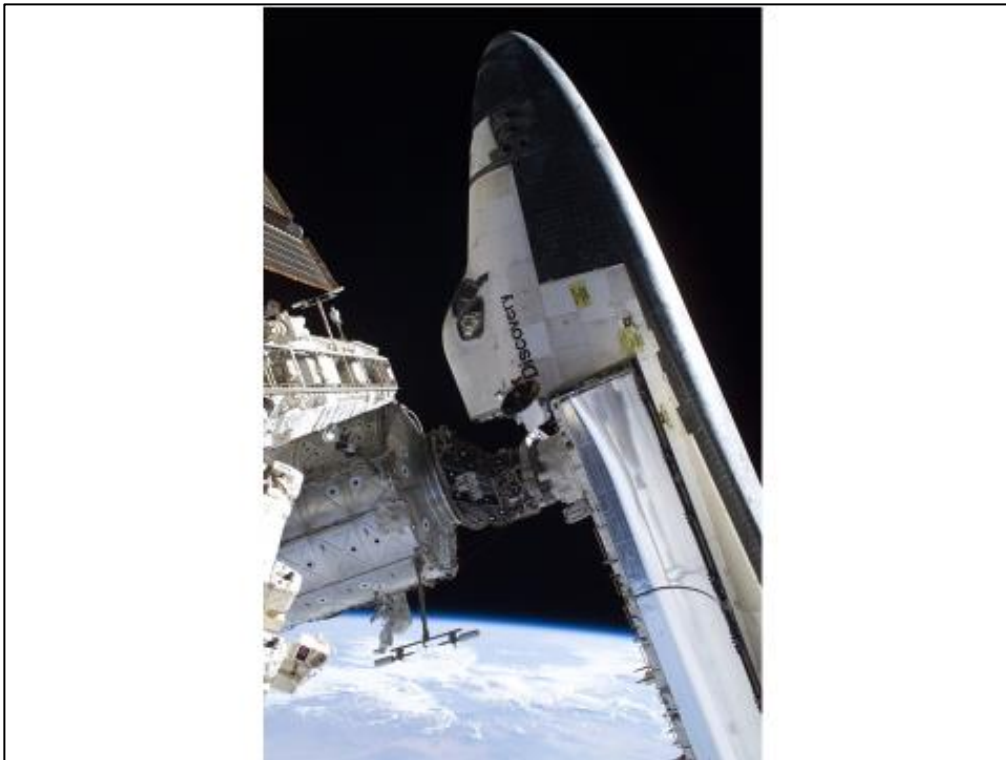
Appendix 4 Data management and information table

Participant (Pseudonym)	Scope of data	Date	Used in analysis	Details
Sharon and Niamh	Observation notes and researcher's reflection on observation	10/5/17	No	Minimal reasoning processes shared Participant withdrew
Sharon and Niamh	Observation notes and researcher's reflection on observation	16/5/17	Yes	Fear in research
Sharon and Niamh	Audio- recording of therapy session	16/5/17	No	Minimal reasoning processes shared Participant withdrew
Sharon and Niamh	Researcher's reflections on observations	18/5/17	No	Minimal reasoning processes shared Participant withdrew
Sharon and Niamh	Transcript of reflective dialogue	18/5/17	No	Minimal reasoning processes shared Participant withdrew
Mary and Niamh	Researcher's reflection on observation and transcript of reflective dialogue	31/5/17	Yes	Beliefs related to human-flourishing
Sharon, Mary and Emma	Researcher's reflection on the whole research "The bigger picture"	14/6/17	Yes	Fear in research Engagement in research Developing safety and trust Professional artistry Research culture

Niamh	Researcher's reflection on sharing observations in assessed seminar	14/6/17	Yes	Authentic engagement Developing safety and trust
Mary and Niamh	Researcher's reflection on observation and conversations	27/6/17	Yes	Research culture
Mary and Niamh	Observation notes and researcher's reflection on observation	12/7/17	Yes	Values related to human-flourishing Shared decision-making
Mary and Niamh	Transcript of reflective dialogue	12/7/17	Yes	Values related to human-flourishing Professional artistry
Mary and Niamh	Researcher's reflection on observation	18/7/17	No	Minimal information related to identified themes
Mary and Niamh	Transcript of reflective dialogue with Mary	18/7/17	No	Minimal information related to identified themes
Mary, Emma and Niamh	Researcher's reflection on reflective dialogue about research topic	20/7/17	Yes	Authentic engagement 'Being with' Hierarchical decision-making Critical reflection Professional identity
Mary and Niamh	Researcher's reflection on observations and reflective dialogue	26/7/17	Yes	Authentic engagement 'Being with' Professional artistry Human flourishing
Mary and Niamh	Transcript of reflective dialogue	26/7/17	Yes	Balancing being and doing Professional artistry

Mary and Niamh	Researcher's reflection on observations	8/8/17	Yes	Shared decision-making Balancing being and doing Compliance-orientated practice
Emma and Niamh	Researcher's reflection on observations	22/6/17	Yes	Authentic engagement 'Being with' Balancing doing and being
Emma and Niamh	Transcript of reflective dialogue 1	22/6/17	Yes	Balancing doing and being Compliance-orientated practice Critical reflection skills
Emma and Niamh	Transcript of reflective dialogue 2	22/6/17	Yes	Compliance-orientated practice
Emma and Niamh	Audio-recording of therapy session	13/7/17	No	Minimal reflection in action
Emma and Niamh	Transcript of reflective dialogue	13/7/17	Yes	Compliance-orientated practice
Emma and Niamh	Researcher's reflection on observations and unrecorded conversations	13/7/17	Yes	Professional identity Role clarity Critical reflection Decision-making
Emma and Niamh	Transcript of reflective dialogue	20/7/17	Yes	Compliance-orientated culture Critical reflection
Emma and Niamh	Audio-recording of therapy session	20/7/17	No	Minimal reflection in action

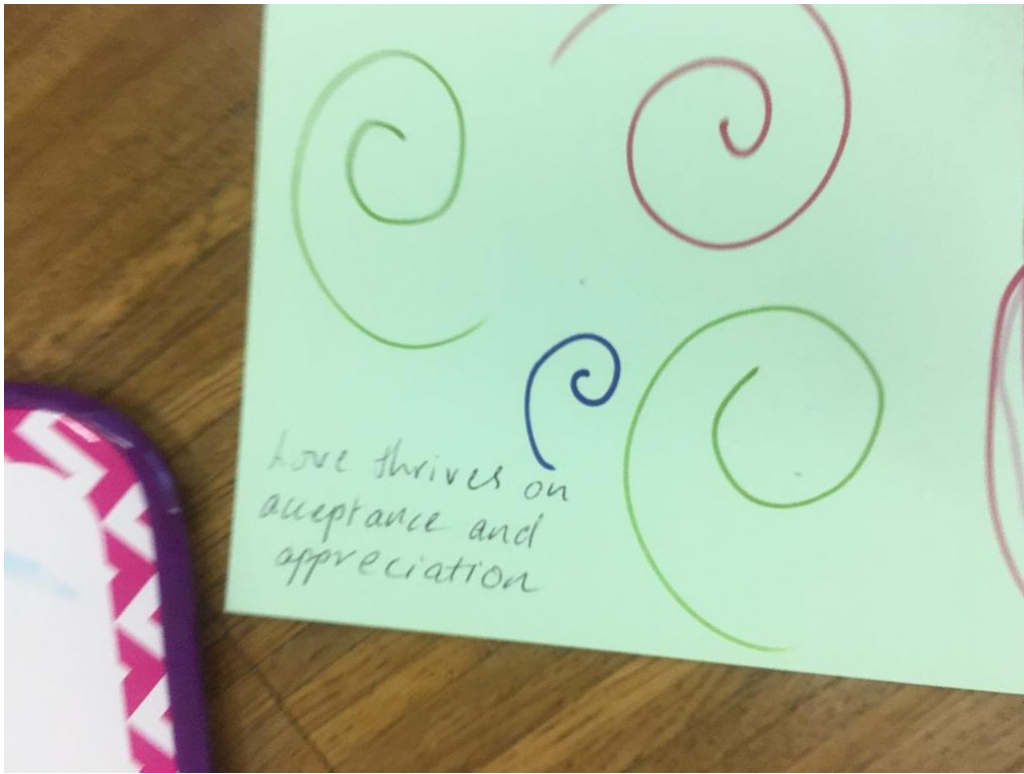| Emma and Niamh	Transcript of reflective dialogue	20/7/17	Yes	Critical reflection Professional identity
Emma and Niamh	Researcher's reflection on observations	20/7/17	Yes	Balancing being and doing Authentic engagement Human flourishing
Emma and Niamh	Transcript of reflective dialogue	10/8/17	Yes	Compliance-orientated practice Shared decision-making
Emma and Niamh	Researcher's reflection on observations	10/8/17	Yes	Balancing being and doing Authentic engagement Research culture Authenticity
Niamh	Reflection on authenticity	17/8/17	Yes	Authentic engagement 'Being with'
Niamh	Reflection for supervision	11/9/17	Yes	Professional artistry Potential in practice Spiritual intelligence

Appendix 5 Analysis workshops
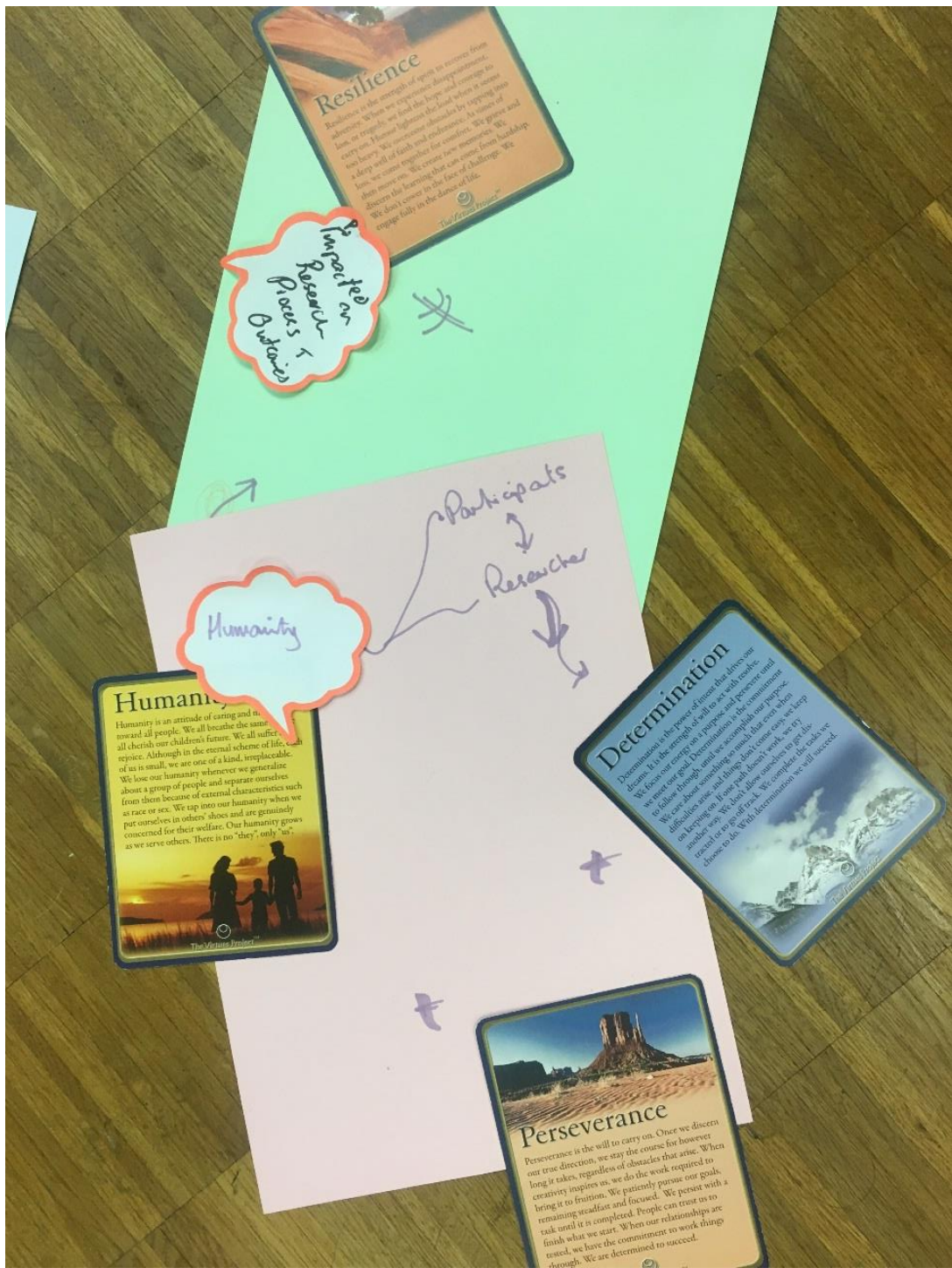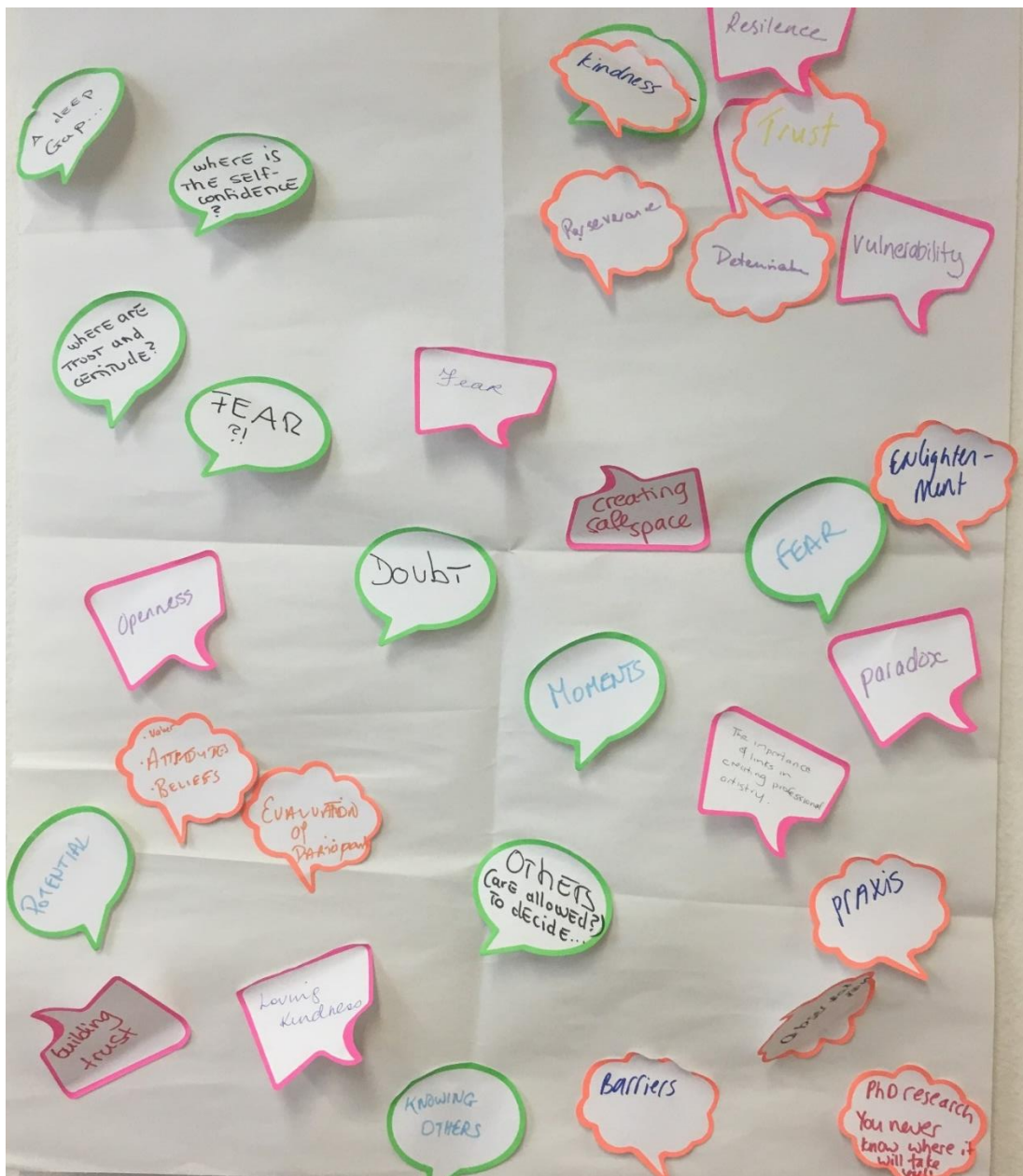
SICoP workshop creative expression and themes

nature
- dying - rebirthing   creaking

growth   fertility   division   heartbreak

find   persons
balance   hope
Connection   Courage - to get out
of box   Sad   ecology

life.   looking
beauty   forward

Complexity that   Separation   birth
is simplified   new life

life
and   Movement   opportunity   diversity
death   texture   resilience   potential

desire to   warmth   imbalance   different
come together   excitement   life and death   lenses
up and down
journey
darkness   Challenge
learning
mandala - hope
boundaries   covering - up
encasement
as hard shell   voices needing
reducing movement   to be heard
explosion   common   fire   discovery
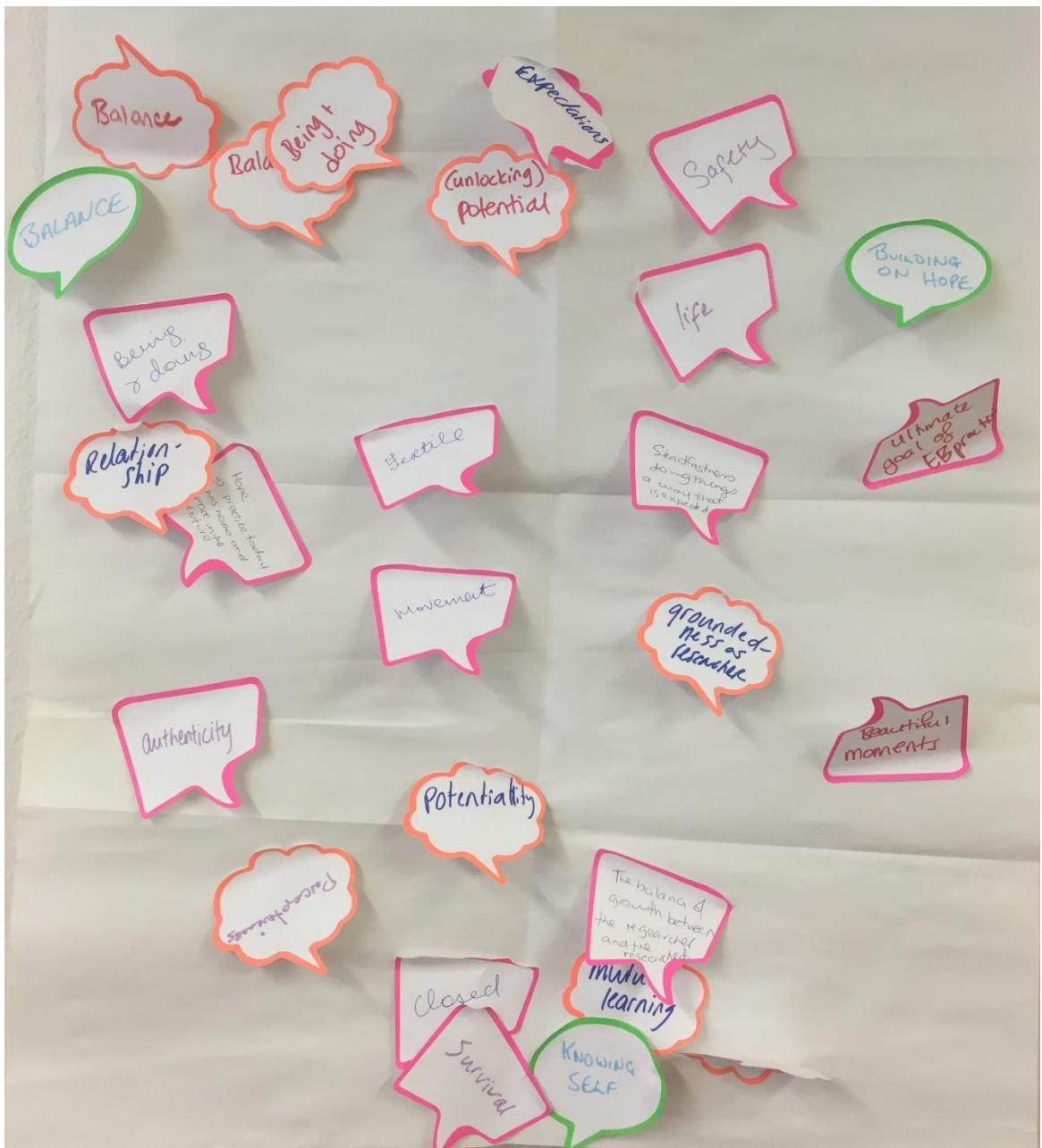grounds
transformation

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Appendix 6: Research Dissemination and Impact Activity

Research dissemination and impact activity	Type of activity	Activity details	Audience	Date	RDF domain
Royal College of Occupational Therapists conference	Poster presentation	Understanding the philosophy underpinning occupational therapy practice from a critical creativity worldview/perspective	- Local and national audience - Occupational therapists	June 2017	D2
International Practice Development Conference	Workshop	The value of occupational therapy: exploring authentic practice and research that facilitates human flourishing	- International practice developers	August 2018	D2
NMAHP conference	Workshop	Developing communities of practice to support workplace learning for creative, person-centred practice	- Local Allied Health Professionals - Service leaders	May 2019	D2
Royal College of Occupational Therapists conference	Poster presentation	Articulating expertise and professional artistry: new methodological principles for critical creative research	- Local and national audience - Occupational therapists	June 2019	D2
Royal College of Occupational Therapists conference	Poster presentation	Developing professional artistry and identity for authentic occupational therapy with persons living with dementia	- Local and national audience - Occupational therapists	June 2019	D2
Embedding research	Facilitating learning	Modules:	- Undergraduate occupational	Ongoing	D3

findings in undergraduate occupational therapy curriculum		INTERVENTION 2: Critically applying core skills for planning and providing therapeutic intervention INTERVENTION 1: Developing core skills for therapy Module workshops: Working with evidence in practice - critical perspectives on EBP/Evidence informed practice Key concepts of person-centred practice and how they fit with occupational therapy Linking theories of occupation, health, wellbeing to the practice of occupational therapy Using self in therapy Craft knowledge and artistry in practice	therapy students		
RCOT Pearson Award 2019	Research dissemination and engagement	Conference attendance and research presentation. Exposure through national professional body events and 'informal' publications.	- National occupational therapy audience (policy makers, researchers, practice	Ongoing	D2

			developers, students, practitioners, educators)		
Publication	Research dissemination	Kinsella, N., 2017. A journey through the use of critical creative reflection to explore self in a PhD study. *International Practice Development Journal* [online]. [viewed on 13 September 2018]. Vol. , no. 2. Available from: https://www.fons.org/library/journal/volume7-issue2	- International practice developers - Healthcare professionals	2017	D2
Planned publication	Research dissemination	Research findings and conceptual framework Critical discourse re: research methodology for occupational therapy Developing self through doctoral supervision	- Plan to direct at national occupational therapy audience due to context specific elements of research.	Ongoing	D2
Publication	Dissemination	TITCHEN, A. and KINSELLA, N., 2019. *Learning Embodied Practice Wisdom: The Young Sapling Learning from the Old Tree.* In: HIGGS, J., ed. Practice Wisdom: Values and Interpretations (in press),	- International healthcare professionals	2019	D2
Citations and references	Impact	Critical creative reflection process informing practice development approaches: - See: VON DACH, C., 2018. Observation as a structured learning journey for novice facilitators.	- International practice development	ongoing	D2

		International Practice Development Journal [online]. Vol. 8, no. 2. [viewed on 14 March 2019]. Available from: https://doi.org/10.19043/ipdj.82.006 - McCormack and Titchen (in press) Critical Creativity Monograph.			
Web-based communication	Dissemination and impact	- Research Gate profile - Twitter	- Researchers - Public engagement	Ongoing	D2 D3