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1 # Exploring the potential of contemplative pedagogy in health
2 professional education
3

4 ## Abstract

5 *Although interest in and use of contemplative pedagogy is growing*
6 *particularly in the US, its potential to contribute to current dialogues*
7 *about higher education and in particular the development of education for*
8 *health professionals has not received much attention. The aim of this*
9 *paper is to introduce contemplative pedagogy to educators working within*
10 *health professional education so that the merits of such an approach can*
11 *be more extensively debated. The aim of contemplative pedagogy is the*
12 *development of students' first person experience of knowing as a*
13 *counterbalance and compliment to the objective, third person, didactic*
14 *approach which dominates higher education. Through contemplative*
15 *practice students' learning becomes connected to their own sense of*
16 *meaning and personal values. I start by exploring the concept of*
17 *contemplative pedagogy. Examples of contemplative practices are briefly*
18 *introduced so that the reader can better envisage how contemplation can*
19 *be introduced into the classroom. I argue that contemplative pedagogy*
20 *could help overcome the gap between theory and practice and assist*
21 *educators in equipping students to care compassionately and effectively in*
22 *dynamic and demanding healthcare contexts. I finish by emphasising the*
23 *need for more research to investigate the efficacy of incorporating*
24 *contemplative pedagogy in the education of health professionals.*

25

Key words: contemplative pedagogy; reflection; health professional; mindfulness; compassion;

Introduction

Contemplative pedagogy is an approach to teaching and learning which encourages students to engage directly with their internal, subjective experience. Through the use of 'first person' contemplative practices students directly engage with their lived experience and make sense of what they are learning in relation to their own values and sense of meaning (Barbezat and Bush, 2014; Britton et al., 2013; Zajonc, 2009). Health professional education is continually evolving, taking steps away from didactic learning to incorporate new theoretical perspectives and methods such as practice based learning, reflection and inter-professional learning (Mann, 2011) but the complexity and dynamism of modern health care demands further change and innovation if health care professionals are to graduate capable of offering effective, compassionate care as well as being sufficiently resilient to withstand the demands of their career (Lee and Dunstan, 2012; Sales and Schlaff, 2010; Youngson, 2012).

Awareness of the potential of contemplative practice to aid the intellectual, emotional and social development of students is growing. This is reflected by increasing resources to aid teachers and lecturers (see Barbezat and Bush, 2014; Hassed and Chambers, 2014); the flourishing of organisations such as the Association for Contemplative Mind in Higher Education (www.contemplativemind.org/programs/acmhe) and increasing research and scholarly discussion in the field (see pages 3 and 4). Research evidence is also starting to emerge that suggests that contemplative pedagogy may be useful specifically in training health professionals (for example Shaprio et al. 1998; Warnecke et al. 2011 and Dobkin and Hutchinson 2013). Yet overall contemplative pedagogy has not yet received the attention it

51 deserves in discussions about how health professional education should proceed. The purpose
52 of this paper then is to introduce the concept of contemplative pedagogy to a health
53 professional education audience and to stimulate debate about its future development in this
54 field.

55 *The growth of contemplative pedagogy*

56 Growing critiques of western higher education point out that the increasingly narrow focus on
57 critical thinking and reason and the pursuit of technological and scientific knowledge has
58 occurred at the expense of values, meaning and human connection (Zajonc, 2009; Barbezat
59 and Bush, 2014; Lin et al., 2013). Contemplative pedagogy acts as a counterbalance to this
60 trend and as a result there has been growth in the number of university programmes, across
61 the curriculum, which incorporate contemplative elements (Eppert, 2013). The rapid growth
62 of mindfulness practice in all levels of education particularly in North America (Shapiro et
63 al., 2008; Meiklejohn et al., 2012; Eppert, 2013) is further evidence of growing interest in
64 contemplative pedagogy.
65

66 There is also evidence that contemplative pedagogy is slowly finding its way into health
67 professional education. The Concentration in Contemplative Studies for medical students at
68 Brown University has been available since 2007 and enables students to combine their
69 medical training with contemplation based courses through which they develop their own
70 first person experience of contemplative practice. The self-development that arises from this
71 practice is believed to contribute to their resilience, skill and compassion as a clinician
72 (Brown University, n.d.). Furthermore optional mindfulness courses have been established
73 within the curriculum of 14 medical and dental schools is the US (Dobkin et al., 2013). This
74 in response to increasing research which suggests that health professional student's benefit

75 from mindfulness training through improved wellbeing and reduced stress (Warnecke et al.,
76 2011; Newsome et al., 2012) and improved clinical intervention skills (Gockel et al., 2013;
77 Shapiro et al., 2005).

78 *The challenge of compassion*

79 Considerable challenges exist in educating and training health care graduates who are capable
80 of working within the complex and dynamic health care environments of today (Lee and
81 Dunstan, 2012; Sales and Schlaff, 2010). Lee and Dunstan (2012) call for a 're-thinking' of
82 professional education that reconceptualises the gap between theory and practice. In the UK
83 the shift of nurse training from hospitals to universities has served to widen the gap between
84 practice and theory, a gap which is proving hard for both students and educators to bridge
85 (Morrall and Goodman, 2012). Furthermore reports about the poor standards of care, such as
86 that describing the failures in hospital care in the UK (see Mid Staffordshire NHS Foundation
87 Trust - Public Inquiry, 2013) have spotlighted the issue of compassionate care and raised
88 questions about how compassionate care can be taught (Adam and Taylor, 2014; Kelley and
89 Kelley, 2013; National Health Service, 2012).

90 Concerns have been expressed about the inability of medical and nursing education to
91 emotionally prepare students for practice and some go further suggesting that training may
92 actually be harmful to students, or at least maladaptive for compassionate care (Coulehan and
93 Williams, 2001; Youngson 2012; Rushton et al., 2009; Shapiro, 2011). Whilst the literature
94 on health professional education points to increasing innovation in teaching which has
95 enriched the experience of students, the challenge of incorporating meaning and emotion to
96 sufficiently serve the needs of students as they evolve into health professionals still remains. I
97 now move on to explore why contemplative pedagogy could help us to address some of the
98 challenges that health professional education is currently facing.

99

100 **What is contemplative pedagogy?**

101

102 Whilst it is recognised, as stated in the introduction, that health professional education draws
103 from a range of pedagogical positions, creating curricula that fully incorporate students lived,
104 embodied experience as students and, crucially, as emerging health professionals is
105 challenging (Tsang, 2011). The first person approach to learning, which lies at the heart of
106 contemplative pedagogy, allows space for and exploration of emotion and meaning by
107 turning the gaze of the learner inward thus cultivating greater self-awareness and depth of self
108 knowledge (Bush, 2014). Barbezat and Bush state "We want to create the opportunity for our
109 students to engage with material so that they recognise and apply its relevance to their own
110 lives, to *feel deeply and experience themselves* within their education" (Barbezat and Bush,
111 2014, p. 3 my emphasis). Thus learning becomes an active process in which students
112 uncover and develop a sense of meaning in their lives.

113

114 It is important to note that the development of a first person approach does not come at the
115 expense or rejection of objective, third person learning but is an important counterbalance if
116 students are going to reach a better understanding of themselves and who they are in the
117 context of the world around them. Siegel (2007) draws out the importance of this distinction
118 and our ability to identify between these approaches to learning in his exploration of how
119 mindfulness can be understood – in our own experience as well as through scientific
120 experimentation and conceptualisation; but it is of course relevant to anything we study.
121 Whatever is taught to students will be processed and made meaningful to each student in a
122 unique way through their own internal processing. Contemplative practice has a strong
123 internal focus whereby students form a deeper and more personal relationship to what is

being taught whether that is theoretical or practical. By providing the space and skills to become aware of their internal responses, to both intellectual as well as practical learning experiences, students can become conscious of their learning and how they are affected by it (Barbezat and Bush 2014). We thus enable students to become better learners who are capable of connecting what they being taught with their experience of, and actions in the world thus helping to overcome the gap between theory and practice.

Contemplative practice can lead to a deep sense of knowing that is not offered by intellectual reasoning alone. Zajonc remarks (Cited in Boyce, 2007)

> "Knowledge, from the point of view of any contemplative tradition, is not primarily object-oriented. It is epiphany - or insight-oriented. It's not good enough to know *about* reality; you need to change how you see reality. Real education is transformation."

Zajonc (2009) notes that most of our lives we are relentlessly engaged with our exterior lives. When we turn inward we do so to meet the other half of our existence which we usually operate in ignorance of. Only when our feelings or emotions reach either notable highs or lows do we have much cause to turn inwards, even then we may try and resist what is there rather than exploring it. Contemplative pedagogy is therefore about helping students develop a curiosity about their inner lives leading to greater self-awareness and refreshed connection to the external world and the knowledge and skills they are learning.

One of the challenges of writing about contemplative pedagogy is that to fully appreciate its value it has to be experienced (Zajonc, 2009; Barbezat and Bush, 2014). Educators who wish to engage with contemplative pedagogy need to know for themselves, something of

148 their inner life and to have explored this through contemplative practice so that they
149 understand what they are offering to their students and the fear and beauty that may
150 accompany it (Burack, 2014). Furthermore, contemplative practice, can support us to teach to
151 the best of our abilities, to teach with all of who we are and to fully infuse our teaching with
152 our own values and sense of meaning (Palmer 1997). It can help us to be fully present and
153 awake with our students and develop rich relationships that are satisfying to both teacher and
154 student, opening up the potential for a reciprocal learning encounter (Meixner, 2013). Zajonc
155 (2009, p. 68) remarks "if we are to serve with the best of who we are, then we cannot evade
156 the shyness and fear we naturally feel when we confront the open interior space of stillness".
157 To understand the shyness and fear that our students are likely to meet we need to have
158 become acquainted with them ourselves.
159
160

161 **Contemplative pedagogy in the classroom**

162

163 The incorporation of contemplative pedagogy into the classroom can manifest in a wide
164 variety of forms. I will explore three examples – reflection, mindfulness meditation and deep
165 listening.

166

167 *Reflection*

168 Reflection for example, which is used widely in health professional education, can be an
169 effective contemplative practice through which students connect their inner and external
170 experience. Deep reflection allows space for discussion of emotion, feeling and meaning, it
171 takes time and requires internal contemplation as well as the activity of writing. However the
172 way in which reflection is often taught has often minimised its contemplative character.
173 Rodgers notes that "Reflection has suffered from a loss of meaning. In becoming everything
174 to everybody, it has lost its ability to be seen" (2002, p. 843). Rather than providing space for
175 deep reflection a reflective writing exercise can become a deposit for evidence of learning
176 outcomes. Wear et al. (2012, p. 608) emphasise the contemplative aspects of reflection
177 suggesting that reflection should promote "...broader understanding and *transformed*
178 *thinking*, through which students derive a deeper sense of meaning" which turn leads to
179 transformed action in the world.

180

181 *Mindfulness*

182 Mindfulness practice is possibly the most widespread form of contemplative practice used in
183 education. According to a commonly cited definition of mindfulness the aim of mindfulness
184 practice is to develop non-judgemental awareness of the present moment (Kabat-Zinn, 1990).
185 Through the development of this one pointed attention students and practitioners become

186 more able to focus and less controlled by the so called 'monkey mind' (Kabat-Zinn, 1990). In
187 education mindfulness practice has been associated with improved wellbeing and improved
188 academic performance (Shapiro et al., 2008) and these findings have been similar amongst
189 healthcare students (see Shapiro et al., 2005; Gockel et al., 2013; Warnecke et al., 2011;
190 Newsome et al., 2012). For students training to be healthcare professionals mindfulness
191 practice has also been associated with improved clinical interventions (Shapiro et al., 1998;
192 Shields, 2011; Warnecke et al., 2011). The potential of mindfulness to improve the
193 connection and quality of care between nurses and their patients has also been emphasised
194 with regards to Watson's Human Caring theory (Sitzman and Watson, 2014) and Parse's
195 concept of 'true presence' (Palmieri and Kiteley, 2012).
196
197 In the classroom a common approach is to introduce a short period (e.g. 5 minutes) of
198 mindfulness practice – for example a breath awareness meditation at the start of the class.
199 This helps to bring students into the present moment so that they are less distracted by events
200 outside the classroom. Although the full depth of awareness and insight that can emerge from
201 mindfulness practice can only develop with long term sustained practice, positive benefits
202 have been shown to accrue from limited practice indicating that it is a worthwhile practice in
203 the classroom even if students are not engaging in similar practices in their own time
204 (Shapiro et al., 2008).
205
206 *Deep listening*
207 Central to contemplative pedagogy is not just the relationship students develop with
208 themselves but also with other students and the wider community. The practice of deep
209 listening involves being fully present listening without trying to control or judge what you are
210 hearing (Barbezat and Bush, 2014) and provides a way of building meaningful relationships

211 between students. Whilst listening students are encouraged to stay with their emotional and
212 embodied experience of listening rather than preparing what they wish to say next or working
213 out how they might solve the problem before it is fully explained to them. I am not
214 suggesting that listening skills are not taught in current health professional programmes but
215 the emphasis on open awareness shifts the focus from the ability to listen as a skill, to deeply
216 hearing what is said.
217
218 In terms of educational value deep listening as a skill opens up a hugely valuable learning
219 opportunity because in order to deeply listen we must reside in the space of 'I don't know'.
220 We must choose not to know, to choose not to make our minds up but simply to remain with
221 what is present. To listen without judging means having to sit with all the vulnerability of not
222 knowing – potentially very hard from a professional perspective when we are keen to defend
223 our identity as 'nurse', 'doctor' or 'teacher' all professionals who should 'know' what to do.
224 Deep listening is therefore not just another way of teaching listening skills but of sensing and
225 understanding our vulnerability. The potential creativity of vulnerability has also been
226 recognised in nursing literature Carel (2009, p. 219) noted: "To be able to love and care
227 about other people and things outside ourselves is to make ourselves vulnerable. But this
228 vulnerability is also the gate to creativity and flourishing." Contemplative practice could
229 provide a gateway to exploring vulnerability, facilitating students to experience its creative
230 potential rather than the anxiety which the unknown can evoke.
231
232 I hope that by exploring these examples that readers have a better understanding of the
233 applicability of contemplative practice to teaching. I now move to explore the main
234 contributions that contemplative pedagogy can bring to health professional education.
235

236 **Contemplation, connection and compassion**

237 As mentioned in the introduction, one of the key challenges facing health and social care
238 education is producing professionals capable of compassionate care in challenging work
239 contexts (Cook and Cullen, 2003; Adam and Taylor, 2014; Kelley and Kelley, 2013). I
240 believe that contemplative pedagogy has much to offer in this regard. Firstly, through
241 contemplation we are reconnected more deeply to ourselves and through self-understanding
242 we come to understand other: "it is only by looking deeply into one's 'self' that one can see
243 the 'other' and recognise how one's own past, present and future are linked to those of
244 different others and vice versa" (Asher, 2003 p. 238 in Blinne 2014). If we fail to engage with
245 our own experience of the world we remain distant from ourselves and others. As students
246 connect more deeply to their internal experience they are likely to experience a new level of
247 vulnerability in the class and this shared vulnerability opens up the possibility of more
248 authentic relationship.

249 Furthermore mindfulness training for health professionals has been shown to contribute to
250 increased empathy (Shapiro and Brown, 2007; Shapiro et al., 1998). Although meditation is
251 sometimes perceived as a self-centred, distancing practice this is not accurate. Zajonc (2009,
252 p. 66) states "…the suffering of others, the needs of the world become all the more pressing
253 and we rise to meet the call with increasing wisdom and strength. Meditation should never
254 take us away from life...". Commenting on research with students who had participated in a
255 contemplative course in critical social work Wong (2013, p. 271) remarks that contemplative
256 practices:

> 257 "...help bring different aspects of one's self into focus, restore wholeness, and
> 258 awaken an appreciation of the interconnectedness of all life...This realization of
> 259 her [the student's] own wholeness was pivotal to her seeing the wholeness of her

260 clients. It was embodied, not just an idea in her head. When we are grounded in
261 the body, we begin to experience our physical embeddedness in this world and
262 our interdependence with all life."

263 Contemplative practice and the internal self awareness that it inherently develops could
264 therefore help to address some of the more intractable problems of health professional
265 education. The experience of students, their emotions and their sense of meaning are made
266 central to their learning and development into health professionals. This could improve the
267 resilience of students to cope effectively and remain in touch with the deeper values which
268 brought them to the caring profession thus supporting sustained compassionate care.

269

270 Holding contradiction

271

272 One additional area in which contemplative pedagogy can make a valuable and perhaps
273 unique contribution to the education of health professionals is through enabling students to
274 hold and honour conflicting, contradictory views about the world. Zajonc (2006) points out
275 that whenever we are given a problem our tendency is to instantly try to solve it but that the
276 complexity of reality often means that we are resisted in our search for a straight forward
277 answer. Health care professionals are trained to alleviate suffering but at times this may not
278 be possible. Learning to care in contexts where a cure is unlikely or impossible represents a
279 conflicted space that is difficult to reconcile intellectually and emotionally (Rushton et al.,
280 2009). Contemplative practice provides space for students to explore and fully experience
281 their sense of frustration. By becoming more comfortable with our sense of 'not knowing' we
282 can open into a more creative space which can hold that, rather than a frantic intellectual
283 pursuit for the 'answer'.

284 Dyche and Epstein (2011) describe how much of the curiosity of medical education has been
285 removed in favour of technical competency but that this ill-prepares students for the
286 complexity of practice. Similarly, Schön (1983) put forward the concept of the 'swamp' of
287 professional practice in which theories taught in the classroom are insufficient to ensure
288 effective action in the face of messy and complex real world problems. Schön (*ibid*) suggests
289 that the development of reflective practice, a core element of contemplative pedagogy, can
290 help to address this deficit. The practitioner in action needs to be able to hold their objective
291 knowledge and training alongside their first person experience and understand the
292 relationship between the two but whilst education fails to include students' subjective
293 experience this capacity cannot fully develop.
294
295 Additionally, by connecting student health professionals with their internal life and their
296 subjective experience of learning the journey from layman to professional is made more
297 conscious. Students are therefore more aware of this essential transformation (Mann 2011)
298 and can observe how they are being influenced by what they are learning and experiencing
299 providing them with greater agency over the professional they finally become.
300

301 **Discussion and conclusion**

302 Although in its infancy, discussion about the potential of contemplative pedagogy and
303 evidence from connected fields, such as mindfulness, suggest that contemplative practice
304 could contribute to the educational experience for student health professionals. There are
305 already some elements of contemplative practice, such as reflection, present within health
306 professional curricula that could be deepened. Including contemplative practices in teaching
307 and learning in health professional education is not about usurping other approaches but

308 broadening the student experience and utilising contemplative approaches where it is
309 appropriate to do so.
310
311 Whilst the literature in health professional education suggests a readiness and interest in
312 pedagogic innovation in reality the construction and delivery of curricula for health
313 professional education are heavily constrained by the broad range of stakeholders involved in
314 their creation and monitoring. In the UK these range from commissioners such as Health
315 Education England; purchasers for example NHS trusts; professional regulatory bodies; as
316 well as university and student expectations. I expect that health education curriculum is
317 subject to similar tensions elsewhere, innovation can therefore be challenging. But
318 curriculum reviews such as the 'Shape of Caring Review' in the UK, which is reviewing the
319 nursing curriculum (due for publication in 2015), review evidence of best teaching practice to
320 develop the education of health professionals. Therefore there is an urgent need for more
321 research into the use of contemplative practices so that it is possible to provide evidence for
322 which practices might be most useful, how they should be delivered, to whom and when.
323
324 Ultimately, if students are helped to become more self-aware they are likely to be more able
325 to make informed decisions about how they wish to be in the world, how they want to treat
326 other people and how to make manifest the values they hold dear. The emotional connection
327 to their vocation, which many students feel when they start their training but is frequently lost
328 overtime (Youngson 2012), could be reinforced by contemplative practice. Contemplative
329 practice provides a way for learning to be more fully integrated and embodied and the
330 connection between external experience and internal feelings and emotions made more
331 explicit and knowable.
332

333 Whilst we can tell students about professional frameworks and we can list the characteristics
334 of compassionate care, ultimately each student will make sense of these in their own way
335 based on their own experience and their own sense of meaning. We do not want students just
336 to 'know' about how to practice, we want them to embody that knowledge and express it
337 through action. It is unrealistic, perhaps even undesirable, to think that when students embark
338 on practice their idealistic notions of their profession will not be altered by the realities of
339 practice. But by facilitating the creation of a reflective internal life we could support students
340 in being better able to deal with difficulty, whilst remaining connected to their own values.
341 Overall this could support the development of compassionate, effective health profession
342 graduates who are sufficiently resilient to withstand the complexity and challenge of modern
343 health care practice.

344

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