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# Expressive phenomenology and critical approaches in the classroom: Process and risks for students of health sciences

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## Abstract

This article explores the use of expressive phenomenological and critical approaches to the teaching of health policy to a large class of first year health professional students studying both internally and through distance education. The phenomenological approach to classroom teaching attempts to provide students with opportunities to immerse themselves in the lived experiences of populations and individuals who are ill and in need of care. The critical approach brings the political, social and cultural realities of professional practice into the classroom discussion and reflection. The transition from the expressive phenomenological to critical analysis requires careful management by the teacher when reacting to the mood, responses and capacities of students. Managing these processes online for students studying at a distance presents additional pedagogical issues. These are: the problem of capturing 'real time' mood, managing the chaos of multiple student narratives, allowing time to dwell on the phenomena and dealing with the impact of violent films.

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## Introduction: outlining the issues

Increasingly health professional students are being educated in multidisciplinary classrooms, especially for the supporting social science subjects of health policy, the social determinants of health, epidemiology, law, ethics, or health psychology. Students may well find themselves in classrooms with paramedics, dieticians and health managers, being taught by tutors with little or no immediate experience of the student's specific profession. These topics are often placed in the early years of the curriculum, at a time when students have few opportunities for clinical practice. The topics are often managed through large lectures and workshops, rather than small tutorials or problem-based learning, and content is organised in an attempt to appeal to a wide cross section of professionals. Problems with managing classroom learning are compounded by the fact that students who have little opportunity for practice may not see the link between the topic content and their future practice—this makes for student disinterest. A second confounding problem is the issue of critique—this runs the risk of alienating students from their chosen profession.

Despite these difficulties, teachers of social science content feel compelled to 'tell it like it is', and graduates confirm that the realities of the health care system should be a key component of the curriculum. Students need to be prepared for the realities of working in health systems under strain. They also need to be aware that health policies can be framed in such a way that families are left to care for frail elderly relatives, adult children with a disability, or the mentally ill, while health professionals work long hours in a system seemingly characterised by bureaucratic incompetence. When teachers explore these realities with students, focusing

solely on critique, the outcome is not always pedagogically positive. The problem goes to the heart of student motivation and fledgling vocational intentions to care for the suffering and sick. Theoretically powerful critique of the health care system and the work of the health professions, while authentic for the teacher of social and political science, risks disparaging the student's career choice.

This paper outlines an approach to dealing with student disinterest and alienation in the teaching of social science topics to large multidisciplinary cohorts through a teaching process of expressive phenomenology and critique. The approach seeks a balance between nurturing the student career choice, while simultaneously providing a sound critique of the health care system, and the policies that constrain and shape practice. The paper is in three sections. First, the theories of expressive phenomenology and critical theory are outlined. This is followed by a brief description of the teaching processes. The third section raises a range of issues confronting distance education students and teachers using this approach. These issues can be summarised cryptically as problems of time, space and violence.

## Theoretical background

### *Educational origins*

The theoretical background to expressive phenomenological and critical approaches comes from education, philosophy, sociology and psychology. In tracing the educational origins of this approach Leonard and Willis (2008, p.1-2) refer to the concepts of mythopoesis, evocative knowledge or expressive phenomenology. This approach arose following debate in the USA in the latter part of the 20th century, which focused on the need to identify and make transparent the underlying ideology of local school curriculum. This pivotal insight came from the work of MacDonald (1981), specifically his critique of Ralph Tyler's 1948, four curriculum propositions (Leonard & Willis 2008). MacDonald points to the glaring gap in Tyler's four basic principles or questions for a robust curriculum. These questions asked: what is to be taught; what learning experiences best get the content across to the student; how are these learning experiences best organised; and how are the first three effectively evaluated? In the USA, where curriculum is managed at the local level, Tyler's approach failed to create a unifying national curriculum simply because he neglected to address the question of educational philosophy or ideology. MacDonald's second critique suggested Tyler failed to take account of the lived experiences, imagination, and emotions of teachers and students, or to acknowledge that learning also takes place as teachers and students interact with each other (Leonard & Willis 2008).

In MacDonald's analysis, three forms of teaching practice prevailed in America as a result of Tyler's approach. These were practitioners intent on controlling students, critical theorists who aimed at class, gender and race emancipation, and those who saw a role for the imagination in education. He referred to this latter group as humanists and their practice as mythopoetic (Leonard & Willis 2008). Mythopoesis is education for the imagination. It is an approach to curriculum that assumes that individuals are inspired by a set of cultural myths, or life narratives. These myths form the basis for ideals and actions in a given culture or society. For example, behind the mundane routine of the nurse making yet another bed, there will be a personal story or self-narrative about why and how to be compassionate. This personal narrative or myth gives meaning and poetry to the act of making a bed. It is not simply one bed of a million, but an act of kindness between two humans motivated by the nurse's personal meaning making. The values inspiring this compassion will have been nurtured through the processes of socialisation revealed through stories. These stories or myths are found in plays, soapies, parables, novels, films, paintings, and poetry. Myths are

also found in advertising and proselytising—in all imaginal artifacts that are inspirational (move the heart) and motivational (result in action). These value-laden myths should not be confused with or reduced to religion or God, although they do form the core of an individual's spirituality and for many this will be where their myths originate. In summary, a mythopoetic approach to curriculum and teaching provides classroom exuberances that nurture the imagination by drawing on shared myths and cultural knowledge (Leonard & Willis 2008, p.3).

### ***Philosophical and sociological origins***

As a form of knowledge, mythopoesis resonates with the philosophical and sociological traditions of phenomenology. Phenomenology has its origins in the work of Husserl, Heidegger, and Ricoeur and in the struggle between positivist, empirical truth and the idealist position that argues it is impossible to uncover truth. Husserl's approach took a middle way using a methodological process of going back to the things themselves, through stripping away, or bracketing the cultural and societal trapping of objects and events in order to get to the core of the phenomena (Zahavi 2008). For sociology, the origins of phenomenology are found in the Chicago School's reaction against positivist psychology, specifically Skinner's Behaviourism, in Weber's musings about what the industrial capitalist himself might think about capitalism, and in Shultz's adaptations of Heideggerian philosophy to an American sociology (Zahavi 2008; Cheek, Shoebridge, Willis & Zadoroznyj 1996). Phenomenological research found its way into education through the writing of Brookfield, and into nursing through the work of Benner, Crotty and Van Mannen (Willis 2008, p. 250). Behind phenomenology is the belief that the meaning of illness does not exist outside the individual in some abstract category called society, nor is it a social construction or discourse. The phenomenological approach does recognise that how a sick person is treated, does depend on politics, economics, policy and ethics; but it also depends on understanding how sick individuals experience their illness, and what meaning health professionals give to the experience of care.

A third strand of this approach to teaching can be found in psychology and spirituality, specifically in the writings of Hillman (1981), Karen Armstrong (1994; 2009) and in the more accessible work of Thomas Moore (Willis 2008). Hillman drew on the work of Corbin, specifically his concept of *imaginal knowing* or knowledge of the heart found in Sufi mysticism. This form of knowledge refers to the human capacity to imagine oneself in a role, to daydream about it, and to construct a narrative about one's self in this role. Like Shultz's sociology, this self-knowledge draws on the taken-for-granted everyday knowledge of the world around us (Leonard & Willis 2008). Karen Armstrong, taking a more abstract approach, draws attention to one of the tensions in imaginal knowledge. She makes a distinction between rational knowledge and myth, between *mythos* and *logos*—between those who champion the rational linear knowledge of science and critical theory, and those who support the fundamentalist knowledge of myth (Willis 2008, p.190). Her distinctions highlight one of the difficulties of incorporating imaginal knowledge into the curriculum. This is the need to establish boundaries, so that it is neither fundamentalist (making claims to the whole truth) or lacking in any truth (relativist and fanciful). This is achieved through critical theory.

### **Combining expressive phenomenology with critical theory**

The incorporation of evocative portrayal, while not work integrated learning, does provide some insight into the lived experience of being a teacher, health manager or nutritionist. However, it is still grounded in the ideal world of story and heroic practice and may lack connection with the realities of the political and social world of practice. Wholistic curriculum requires both evidence-based knowledge and critical interpretation. Holland and Garman

(2008, p. 13-14) integrate MacDonald's aesthetical approach with critical theory. They do this firstly, by tracing the development of MacDonald's ideas. In his 1981 paper on curriculum he muses on his early career where his focus was on mapping human knowledge in search of facts and scientific truth. In the second period of his development, he began to ask what kind of knowledge might improve the human condition. This second phase owed much to the work of Habermas and his inquiry method that employed both an interpretative and critical approach. However, as MacDonald notes, Habermas' approach, while allowing the student to move from the rational and scientific to the interpretive, missed the aesthetic. MacDonald sought an approach that understood the world from the perspective of the experience itself; not as an object only to be analysed. He found a more aesthetic approach in the philosophy of Heidegger, Gadamer and Ricoeur who saw the role of philosophers (and researchers) to portray the world, not as something to be teased apart in order to illuminate ideological underpinnings, but as something to be understood as it is lived. From this stance, MacDonald develops his poetic method—or mythopoesis (Holland & Garman 2008).

MacDonald placed the poetic as paradigmatically opposed to the critical. This is where Holland and Garman differ (2008, p. 16). They suggest that critical theory is a process of demystifying—destroying myths of significance to a cultural group since they are false reality; while the interpretative is about demythologising—getting behind the myth in order to uncover its true meaning. While these two approaches may seem oppositional, they provide a persuasive argument for suggesting that the mythopoetic approach throws up language and symbols that carry with them both connotative and denotative meaning that become stepping-stones to critical reflection. The key to this is the realisation that the aesthetic is an invitation to action, and transformation. The emotional experience moves the heart. The language and symbols, and words used with their connotative meaning, invite critique and action.

My own view is that a further pedagogical step is required beyond the interpretive or purely aesthetic forms of films, poetry and art. This is the presentation of scientific, interpretative and analytical knowledge arising from research. The full pedagogical processes are outlined below.

## **Teaching moving from expressive phenomenology to critical theory**

### ***Using lectures to understand informed passion***

There are a variety of approaches to developing a curriculum using expressive phenomenology or mythopoesis. These approaches are usually driven by the level of education, be it school or university, and the subject being taught. The processes outlined below were developed in order to teach 200+ first year health professional students a topic dealing with health care policy and reform. The topic is structured around a thirteen week semester, a one hour lecture per week, and a two hour workshop for groups of 20 to 30 students. Students are studying Nursing, Paramedic, Teaching (Physical Education and Health Promotion), Disability Studies, Management, Accountancy, Nutrition and Sciences. Lectures are given by academics, policy bureaucrats, or practitioners with expertise in the area. The lecturers are asked to explore the policy, but to also provide the students with the story of their own career journey along with film clips that illustrate the experience of the illness, be it a topic on drug or mental health policy. This helps the lecturer to structure their presentation moving from the illness experience to policy using some of their own life narrative to illustrate both the passion and vocation of practice, along with the constraints.

### ***The evocative portrayal of illness***

Workshops are conducted over 2 hours each week. The first hour is devoted to the expressive phenomenological approach or evocative portrayal of the lived experience of illness and caring. Student teams (3 to 4 per workshop) are responsible for the first 60 minutes of the workshop. Their task is to find a video/film/play that illustrates the illness experience under discussion that week. For example, in the week allocated to mental health policy, students could select the film *Girl, Interrupted* (1999). Significant segments from the film are shown to the class. This can take up to 40 minutes and needs to be long enough for students to become emotionally engaged in the story. The chosen segments need to focus either on the person's experience of illness, or the practitioners experience of caring. The film *Girl, Interrupted* has several sequences where either Winona Ryder as patient, or Whoopi Goldberg as nurse, live the experience with deep emotion. The student team then provides a reflective activity that enhances or illuminates the *dwelling with* the story. It is important that students select the film, not teaching staff. Both students and teachers may very well share the same myths, but the artistic imagery that nurtures these myths may differ. The film chosen must carry poetic forms that resonate for the student cohort. Similarly, documentaries rarely carry the same expressive content as stories; the knowledge content of documentaries is invariably analytical, not expressive, or if expressive, it is often drowned by the political message. A mythopoetic approach is concerned with eliciting feeling in the student, not just presenting a point of view (Holland & Garman 2008, p. 18).

In the first part of the workshop the aim is to get students to dwell on the profession, and on themselves in the role as professional carer. The film is the catalyst for creating the mood for students to reflect and dwell in the role, imagining themselves as nurse, nutritionist, or patient. Questions such as, 'what is it like to care for someone with bipolar disorder? or, what must it be like to have polycystic kidney disease?' form part of the discussion. What is required is for the student to imagine himself or herself in the role, without doing an analysis, or critique, or rushing to a policy solution. As Willis (2008, p. 247) notes the process seeks alignment between the person's self-myths and the myths of the work/profession. It may lead to the student deciding this profession/this work is not for them.

This first part of the class where students provide the narrative should be unhurried. What is required is a slowness for reflection since the task is not to analyse, but to behold. Useful pedagogical steps are listed below:

Step 1. The evocative presentation—seeking the suspension of explanatory analysis or bracketing out the societal or cultural understandings:

- Create the orientation—get the class focused on the film. Activities need to be done in small groups for comfortable discussion
  - i) Invite students to reflect on their attitudes to this topic. eg. 'what do I feel about people with a sexually transmitted disease?'
- Show the film/narrative—insist on attention, no distractions and outline clearly what reflective activity will be used following the film
  - ii) Portray the drama (use of film or could be poem/story/ play)
- Move to reflection without distraction
  - iii) Here a range of activities are possible. Students could be asked to:
    - a) Write a series of evocative words that come to their mind as they reflect back on the film and then share them within their group;

- b) Interview each other in pairs about the narrative, one student is the interviewer, one takes the role of the subject. The questions from the interviewer probe asking 'What was it like? What did it feel like?' 'What was happening during this time for you?' 'What was the mood like?'
- c) Have a general class discussion with a series of questions.

### **Transitioning from evocation to critical analysis**

The teaching unit now seeks to take the student from the experience of illness as it is portrayed in the narrative, in its subjectivity, as a bracketed space, to how it is shaped by societal influences. Societal influences include the law, ethics, economics, politics, and policy governing practice. The role of the tutor is twofold: first to provide the transitional link between the evocative event and the critical analysis. As Holland and Garman (2008) note, this can be done by picking up on the connotative language of the aesthetic. This may include some scene, words, or event in the film that allows for a transition into the rational and critical discussion of the reading material. The second function for the tutor is to guide the critical discussion bringing it back periodically to ask; 'If this is an authentic experience of mental illness what does it mean for our practice?'

A possible process includes:

Step 2: Moving from the bracketed space to critical discussion.

- Provide opportunity for small group discussion that requires students to examine evidence-based research that explores the lived experience of patients and carers;
- Incorporate into this discussion reflection on the lived experience and factual knowledge presented by the lecturer;
- Ensure at some point that students search out the evidence. This can be part of required reading for the tutorial, or as an assessment exercise.

Step 3: Integrating the critical with the expressive, leaving space for uptake (Willis 2008, p. 253).

- The final segment of a class is the tutor-led discussion. The tutor revises what has been discussed, invites reflection and comment on what is possible in practice. In doing this the tutor is providing a space for the student to imagine their own practice. The film may evoke compassion for those with the illness, and a desire to care for them. However, it is the critical discussion, reflection on the lectures, and the evidence-based knowledge that provides the student with the necessary grounding and *space for action* in the real world.

Step 4. This cycle is repeated throughout the semester. The importance of the cycle is that imaginal knowing is in dialogue with the rationality of evidence and critique. The importance of fostering the imaginal is to ensure that critical analysis does not strangle the student's idealistic professional vocation, or lead the student to cynicism. The obvious importance of integrating the imaginal with the rational, the critical and the evidence based knowledge, is to expose the student to the boundaries of practice.

### **The distance education classroom**

Guiding the expressive phenomenological and critical theory process for students in real live classrooms is difficult enough. Providing the experience for students doing distance education has a number of pitfalls for the 20% who do it through distance mode using the Blackboard platform. While they come together in the Discussion Forums, this cannot be in real time as many students work in occupations that require shift work. This process has a number of drawbacks.

### ***Risks in the distance education classroom***

The students must select their own films, one each week. They are required to watch it and record some of their evocative reflections bringing these to the Discussion Forum each week. The difficulty here is that the timing differs for each student. Moving from evocative reflection towards critical analysis is not a synchronised event for the twenty or more students in the class. The consequences are that discussion may move too quickly into analysis for some students, while others are left holding a set of raw emotions with no space for discussion.

A related issue is that students do not share the same film. The topic is a shared one each week, but students may select different films. This creates distraction during the Online Discussion Forum session. As each student describes their film, it takes other students away from their own evocative experience. Of course, they may well have seen these other films, but probably not recently or with the memory of it fresh in their minds. It is not practical to arrange for all students to view the same film; video stores may not have it in stock. On a positive note, these discussions do allow students to enter into the experiences of their colleagues, learning from each other, but this may be at the expense of their own reflective journey. However, the real danger is that those students who have not seen the film use the description to move directly into critique, with little opportunity to explore their own film reflections. This raises issues about how such Discussion Forums ought to be conducted. One approach would be to deal with each student on a one-to-one basis ensuring they moved from imaginal reflection to critical to evidence-based knowledge in a well-paced sequence. The weakness here is that they would miss the insights of colleagues, and the tutor-student process might well degenerate into a confessional account.

A third issue is student choice of film. In the internal classes, tutors can monitor the choice of film ensuring a degree of respect for the varying beliefs and myths held by class members. What students watch at home is another issue. The tutor may not have seen the film, and generational differences may mean the tutor has difficulty dealing with the violence or how an issue is explored. Many contemporary films present key cultural myths in a clever but, flippant manner, *The Life of Brian* (1979) being a prime 20<sup>th</sup> century example. There are generational and ideological gaps. It is an area that requires more research, particularly in understanding how younger people are able to bracket out the violence, and its impact on their psyche, and the meaning they find in the story line. Knowledge of this is essential for healthy critical discussion.

### **Conclusion**

What I am trying to do in the topic is bring the personal narratives to the surface. My purpose is not to challenge student's personal narratives, nor to assess it. My purpose is to shape the narrative through two processes; the first is to align their personal narrative with their sense of what is a professional by employing evocative knowledge, critique and scientific knowledge. The second aim is a hope that they can integrate the imaginal and rational forms of knowledge into their practice rather than see them as binary opposites. As noted above this is one of the major criticisms students level at social science academics. In our endeavours to illuminate the field of health care we risk destroying the student vocation. Inviting students to dwell emotionally on their sense of vocation through reflecting on the human suffering may also be a challenge to their personal narrative. Students may have seen their vocation in purely technical and clinical terms, or as a romantically spiritual activity devoid of the pragmatic. Integrating the logos with the mythos—science, evidence and critique with the poetic requires reflection. The danger of teaching in this way to large classes with large teaching teams is that the task of integration is left to the student with little opportunity for considered teacher led direction.



What this transformation seeks is the nurturing of professional responsibility and an ethic of care grounded in logos (science and critique) and mythos (story). The teaching unit uses films that portray stories of care and suffering to provide meta themes that evoke in the student how they might respond to suffering. However, this response is not simply that of the compassionate neighbour. It has to be the response of the compassionate professional. Professionals need a set of boundaries around their altruism. These boundaries are the legal and ethical rights of the patient, the scientific evidence that informs the professional's skills and competence, and their critical faculties to bring this knowledge together in the best interest of the patient. The very meaning of the word professional conjures up the qualities of scientific evidence, and the ethic of caring, and sound interpersonal skills. What is needed is for the student to be able to assess their original ideals about becoming a doctor, paramedic, teacher or dietitian against what they find in our education or health system, in the policy governing practice, in the scientific evidence directing this practice and in the realities of work placement. It is this that is work integrated learning.

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