Chapter

1

THE INVITATION

This introductory chapter invites you, the reader, to join me on a journey to the meeting point between public and private narratives at the culmination of a postgraduate psychology module for orthotists and prosthetists. Furthermore, it provides a concise framework for the research that was undertaken in fulfilment of the requirements for a doctorate in psychology. What follows is an overview of the context in which the study is located, an elucidation of the research question and a brief outline of each chapter.

The Invitation is the threshold of this thesis, a place of entrances and exits. The "welcome" doormat invites you to enter and if you are reading this introduction, it may mark the beginning of a more extended dialogue that can emerge from our initial meeting. Therefore, I would like to invite you to not linger any longer in the foyer, but to come in and join me on an exciting journey of exploration and discovery in the narrative world. 'The Invitation' is a declaration of intent, a longing for you to join me as a travel companion on a metaphorical journey to the meeting point between public and private narratives, during the pilot implementation of a psychology module for B.Tech Medical Orthotics and Prosthetics. However, you should know that simply saying "yes" to the invitation is not the same thing as actually making the journey. If we are to traverse this journey together with the intent to co-construct knowledge and meaning, you have to immerse yourself in the text, open yourself up to new experiences and collaborate in the knowledge construction process. We cannot know in advance what meaning or knowledge construction will inspire from taking this journey, nor predict what you and

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I will create with it: "whatever the outcome, it will be something different than either started with, something socially constructed" (Anderson, 2000, p.1).

This research report has been long in the making. It started with an invitation to me, from Peter and James[1] (whom you will meet in chapter 3), to become a facilitator for a postgraduate psychology course for Medical Orthotics and Prosthetics. What made this invitation so unique is the lack of applied psychology courses, specifically in the health professions, as well as the opportunity to become part of the construction of the first postgraduate course of its kind ever to be offered in Medical Orthotics and Prosthetics in southern Africa.

Before I continue any further, I am sure that you must be very curious to know what exactly orthotics and prosthetics are. Allow me to give you a brief description:

> Orthotics and prosthetics are unique allied health professions involving orthopaedic braces and artificial limbs. The industry provides a vital service to the rehabilitation medicine community and to individuals with disabilities. Orthotics is the designing, fitting and manufacturing of orthopaedic braces for individuals with disabling conditions of the spine and extremities. Prosthetics is the designing, fitting and manufacturing of artificial limbs for people with limb loss. These individual disciplines are traditionally combined as a single industry, because they share similar scientific background and manufacturing processes. (http://tech.spokanefalls.edu/OandP/Home.htm)

From my involvement in constructing and facilitating an Applied Psychology II module, a curiosity and passion to know more about teaching and learning in the health professions spontaneously emerged. Furthermore, I wanted to learn and understand more about the craft of social constructionism and narrative analysis in psychology – concepts that I knew very little of before I embarked on this exciting journey. Writing this research report allowed me the opportunity to amalgamate my

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[1] Pseudonyms for purpose of confidentiality

interests, curiosity and passion and for it to become public knowledge by sharing it with others.

The Public Context of This Study

It seems that the ever-changing demands of working life pose considerable challenges to higher education. Tynjälä (1999, p.358) posits:

> Peculiar to today's society and working life is rapid change; experts continuously must construct and reconstruct their expertise in a process of life long learning. In combination, these requirements pose considerable challenges to educational systems, which are expected to produce experts for working life of the future.

However, practices in higher education have been criticised for not developing and preparing learners for the expertise required in real environments. Mandl, Gruber and Renkl (1996) argue that traditional forms of university instruction focus on rote learning and the acquisition of inert knowledge, which cannot be transferred into complex problems of working life. Schön (1983) posits that the logical positivist paradigm has dominated in higher education, and in particular in the training of health professionals. According to positivists, science is the only valid knowledge and any procedure of investigation that cannot be reduced to scientific method is rejected (Edwards, 1967). From this perspective, students are taught a body of knowledge originating from the pure or traditional disciplines that is considered to be building blocks for applied science or professional practice. However, in professional practice, health practitioners often deal with ill-defined issues that require the development of reflective thinking as an integral component of professional education courses if they are to be prepared properly for their future careers (Kember et al., 2001).

Furthermore, the underlying implication of Tynjälä's (1999) statement sustains the discourse that higher education should produce 'experts' who possess legitimate

knowledge. Within this modernist[2] educational perspective the authority for knowing and teaching rests with the educator/trainer, and the learner is merely the receiver of pre-existing knowledge.   Knowledge, from a modernist conceptualisation, is positioned as a single truth and education as the process of training in truth production (Kelly, Hickey & Tinning, 2000).   It is evident that the discourses circulating around knowledge and the way in which power is circulated in higher education are maintained by conditions that lie deeper than what is evident on the surface:

> There can be no possible exercise of power without a certain economy
> of discourses of truth, which operates through and on the basis of this
> association. We are subjected to the production of truth through power
> and we cannot exercise power except through the production of truth
> (Foucault, 1980, p.93).

Simpson (2000) contests the concept of unity of knowledge in a postmodern [3] university, arguing "there is no total account of human understanding but a plethora of knowledges unconnected by an encompassing vision" (p.157). This indicates a movement towards a view of knowledge as social construction and as being in a constant state of transformation.

In researching psychology's contribution to the profession of orthotics and prosthetics, I discovered that Fishman (1977) identified the psychological sciences as an indispensable area of skill and knowledge in professional orthotic-prosthetic practice. However, despite the acknowledgement of psychology's position in orthotic-prosthetic practice as early as 1977, Desmond and MacLachlan (2002) note in a 25-year review of reported research (between 1977 and 2001) those psychological issues have been largely overshadowed by physical aspects of the profession:

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[2] Modernism refers to the basic assumptions, beliefs and values that arose in the Enlightenment era (Neuman, 2000). The objective of the enlightenment project was to search for truth and to understand the true nature of reality through the application of reason and rationality (Burr, 1998).

[3] Burr (1998) defines postmodernism as "the rejection of 'grand narratives' in theory and the replacement of a search for truth with a celebration of the multiplicity of (equally valid) perspectives" (p.185).

It is important to emphasise that this is not necessarily any reflection of editorial policy, rather it most likely reflects the scarcity of psychological research and indeed psychological practice, in the area (Desmond & MacLachlan, 2002, p.185).

In a thematic analysis of the profile of psychology in prosthetic and orthotic research, as evidenced by the content of *Prosthetics and Orthotics International* since its inception in 1977, the following contributions have been made by psychological research (Desmond & MacLachlan, 2002):

- Body image and cosmetics

  The relationship between the cosmetic appearance of the prosthesis as a factor in acceptance and rejection of prosthetic use is acknowledged by studies such as Burger and Marincek (1994) and Millstein, Heger and Hunter (1986). Also, Narang and Jape (1982) referred to the psychological impact of dramatically changed body image.

- Coping, adjustment and acceptance

  Furst and Humphrey (1983) reported on the psychological aspects of coping with losing a limb; Gallaghar and MacLachlan (2000) investigated factors that promote positive adjustment following amputation, and references were also made to grief reactions (Chadderton, 1978) and the amputee's acceptance of the prosthesis (Millstein et al., 1986).

- Developmental issues

  Only four articles published over a fifteen-year period afford very brief reference to developmental issues: Paul (1977), Narang and Jape (1982), Setoguchi (1991), and Lord and Foulston (1991). Desmond and MacLachlan (2002) conclude:

  > To date, *Prosthetics and Orthotics International* has not included an article explicitly addressing psychological aspects of paediatric development specific to the needs of families where a child requires orthotic and/or prosthetic intervention (p.184).

- Psychosocial well-being

Reference to psychosocial well-being post-amputation was made in a number of papers (Chadderton, 1978; Hunter, 1985) and focuses mainly on the negative effect of such an event.

- Quality of life

The most recent contribution towards the psychosocial dimension of quality of life includes Hagberg and Branemark's (2001) survey of the quality of life of non-vascular trans-femoral amputees.

- Psychological factors leading to amputation

The potential for psychological factors to lead to amputation has been published in four papers between 1984 and 1992 (Hunter, 1985, 1992; Hunter & Middleton, 1984; Wood, Hunter & Millstein, 1987). Psychological disorders, including alcoholism, chronic pain syndrome, artefactualists (individuals whose amputations result from secondary complications associated with self-injurious behaviour), self-mutilation, personality disorders and attempted suicide (where severe physical injury leads to amputation in survivors of suicide attempts) are referred to in these papers.

Although *Prosthetics and Orthotics International* represents only one journal's contribution towards psychological research in orthotic and prosthetic practice, it illustrates the paucity of reported research and the urgent need for further research in this domain, in particular from a qualitative approach:

Indeed those papers published have relied heavily on quantitative methodology, thereby largely ignoring the perspective of the individual amputee, indicating a clear need for research using a qualitative approach to provide opportunity for amputees to voice their opinions (Desmond & MacLachlan, 2002, p.186).

Furthermore, there exists a gap in the current literature relating to the psychology of practice as applied to orthotic and prosthetic training. Stories of experiences of orthotic and prosthetic practitioners-in-training have been largely neglected.

THE INVITATION

Aims of the Study

It is these public narratives (and many more) circulating around teaching and learning in higher education and the need to fill the gaps identified in current literature relating to psychology's contribution to orthotic and prosthetic practice, that inform my main research question: What are the public narratives of existing teaching and learning practices circulating in higher education, orthotics/prosthetics and psychology, and what authority do these narratives have on the unfolding stories of students and facilitators in a psychology course for health professionals? I will look at the process of knowledge co-construction in a collaborative learning setting with an exploration of the way in which public and private narratives come together in the unfolding research story. This study is positioned as a descriptive and exploratory undertaking that will unpack the public narratives that inform the co-construction of knowledge in a collaborative learning environment.

In this study, the story unfolds within the higher education context (research setting), where learners are trained as health professionals (orthotists and prosthetists). The story also takes place within a larger life story, in which I, as a researcher, observe myself in interaction with participants. In this process, my motivation as a facilitator becomes one of creating conditions that allow for students to co-construct knowledge that is powerful and meaningful. Stories about experiences are, therefore, the starting point and key term for this social science inquiry:

> Stories are the closest we can come to experience as we and others
> tell of our experience. A story has a sense of being full, a sense of
> coming out of a personal and social history (Clandinin & Connelly,
> 1998, p.155).

Narratives shape and constitute us - we construct and portray our understanding of self through our narratives (Riessman, 1993; Rodriguez, 2002). A narrative inquiry approach opens up possibilities to look at how different narratives have the potential to shape and constitute us. However, Rodriguez (2002) warns against reducing narrative to merely methodology, and advocates rather reframing the ontological,

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epistemological, and axiological context that situates narrative theory and inquiry: "I want to understand the implications of our narrativeness on our potentiality to construct rich and complex narratives" (p.2).   When we look at how compellingly different narratives speak to us and give us new possibilities of understanding and experiencing the world, narrative inquiry is moved from the realm of methodology to the realms of epistemology, ontology and axiology.   In this study I want to embrace the narrative theory of lived experience and not reduce narrative to a methodology; rather, I want to explore both the quality of experience as well as the narration thereof.

I believe that this attempt to bridge the gap between public and private narratives in a collaborative learning context may offer the possibility of bringing previously silent voices (health practitioners-in-training) to the attention of educators, policy makers and orthotic-prosthetic-practitioners. Through exploring the process of knowledge construction and meaning making in a collaborative way, in the context of higher education, this study may contribute towards the development of educational programmes that meet the ever-changing demands of the working life of health practitioners in general, and orthotic-prosthetic practitioners in particular.   A social constructionist perspective of co-constructing knowledge in a psychology course for health practitioners may help facilitators to recognise the complexity of teaching and learning, knowing and being (Souza, 2003). Furthermore, it is hoped that this study may make a valuable contribution in the domain of narrative research.

Methodology

The inquiry experience in this study is a storied one on several levels, namely, that my co-researchers and I live, tell and relive our stories.   Clandinin and Connelly (1998) propose personal experience methods as a means to collect and analyse empirical material, stating that "our principal interest in experience is the growth and transformation in the life of stories, we, our students, and research participants author" (p.160).   Methods for the study of personal experience are simultaneously focused in four directions: inward (internal conditions or private narratives), outward

(external conditions or public narratives), backward and forward (temporality, past, present, and future). Furthermore, "to experience an experience is to experience it simultaneously in these four ways and to ask questions pointing each way" (Clandinin & Connelly, 1998, p.158).

The story map (which I have adapted from Richmond, 2002) creates an opportunity for me as researcher to integrate the methodology of personal experience methods (Clandinin & Connelly, 1998) and narrative analysis (Labov, 1972; Mishler, 1986; Riessman, 1993) into one model that represents the voice of public and private narratives in a specific temporality of past, present and future. Structuring the story map into past, present and future experiences, helps me to focus my attention on the backward-forward direction of personal experience methods (Clandinin & Connelly, 1998). Working towards finding the voice of the participants and facilitator in a particular time, place or setting allows me to focus my attention on the inward conditions (Clandinin & Connelly, 1998). Outward conditions are captured in the story map by transcribing public narratives of psychology, orthotics and prosthetics and higher education in South Africa.

The participants, Peter and James, and I used reflective journals to represent stories of our field experiences. These were employed as the units of analysis. I also used field notes of my experiences as an additional unit for analysis in this study. The field notes include short notes from my conversations with participants from the starting point of our relationship, highlights of events that stood out for me as facilitator in the process of co-constructing knowledge, and other experiences in the field. Public literature on teaching and learning practices in higher education, orthotics/prosthetics and psychology were collected as further sources of information for the purposes of analysis. For the most part, this involved an in-depth literature survey of existing research findings and models of teaching and learning in higher education. The literature survey also included the history and process through which the first B.Tech Medical Orthotics and Prosthetics course was constructed as a new postgraduate learning programme at Tshwane University of Technology (South Africa), as well as the design and structuring of the first Applied Psychology II module.

Furthermore, I divided the narrative method of inquiry into four stages, namely telling, transcribing, analysing and reporting (Riessman, 1993). The first stage of telling was captured in this study through the field texts of relevant literature regarding orthotics/prosthetics, practices in higher education, and psychology, as well as reflective journals and field notes. The second stage, transcription of the reflective journals and field notes, was done in order to organise the text and put it into a 'crunchable form' for narrative analysis to take place (Riessman, 1993). The third stage involved analysing. The narrative analysis in this study uses in part Mishler's (1986) 'core narrative', Riessman's (1993) analysis of poetic structures, and Labov's (1972) categories of abstract, orientation, complicating action, resolution, evaluation and coda. I also employed the Atlas.ti computer software programme to facilitate the grouping of codes into narrative themes (Thomas Muhr Scientific Software Development, 1997). While transcribing the public and private narratives, it is inevitable that I engaged in analysing the texts, following Riessman (1993) who believes that there will always be an overlap between the second and third stage of narrative inquiry, because analysis cannot be easily distinguished from transcription. The fourth stage, reporting, involved my interpretation of the public and private narratives. I acknowledge that the research report is a social construction in itself and does not represent a universal truth claim.

The Way Ahead

This section provides a brief preview of each chapter to help you understand the structure of the research report and the relationship of each part to the whole.

The study comprises six chapters, beginning with *The Invitation*. In Chapter 2, *Accepting the Invitation*, I introduce you to my position as researcher. You are invited into the 'circle of friends' where you will meet Megan, Social Constructionism, Power and Knowledge. The process of establishing these new friendships is described, as well as my understanding of these relationships and what impact they

have had on my understanding of my world. The chapter concludes with an alternative story: meeting a different kind of knowledge.

Chapter 3, *Finding Our Way,* describes the research design, rationale, methodology and data analysis process by means of the analogy of a journey through a forest of events and stories. The journey starts with entering the forest of qualitative research, in which I defend my rationale for selecting a descriptive qualitative approach. This is followed by an elucidation of the research question in *The Longing. Seeing the Trees from the Forest* describes the multi-methods approach involved in qualitative research and the nature of the research design. This is followed by *Picking up Leaves*, which describes the process of collecting the units for analysis (field texts) and the process of moving from field texts to research texts. I acknowledge the multitude of positions that the participants and I might take in this study and the impact that these positions might have on the analysis of the data. *A Story Map to Guide the Way* offers a construction of the methodology that I have adopted, which represents the voice of public and private narratives in a specific temporality of past, present and future. The credibility and trustworthiness that sustains the study and ethical considerations conclude the chapter.

We finally arrive at *The Meeting Point* of public narratives in Chapter 4. This chapter is structured in the form of a play in which the three main characters, Orthotics/Prosthetics, Psychology and Higher Education meet on the stage. It includes a transcription of historical literature and reaches a climax at the culmination of the construction of a psychology module for B.Tech Medical Orthotics and Prosthetics. The narrative structure of the story map divides the stories of public literature into the categories of past experiences, present experiences and future intentions. Narrative themes evident in the public literature of orthotics/prosthetics, psychology and higher education are synthesised in the summary of the chapter.

Chapter 5, *Private Stories at the Meeting Point,* follows a similar structure of the story map to chapter 4. Private stories of experiences of the participants, Peter and James, and the facilitator are transcribed into the categories of past experiences, present experiences and future intentions. Narrative themes evident in each

participant's story are first discussed independently after which story patterns emerging from participants sharing a common life event are synthesised. In both chapters 4 and 5, Labov's (1972) categories of abstract, orientation, complication action, resolution, evaluation and coda are employed in the analysis phase.

In chapter 6*, Looking Back and Saying Good-Bye*, the study concludes with a reflection of the narrative thread that weaves together public narratives (chapter 4) and private narratives (chapter 5) about teaching and learning, psychology and orthotics/prosthetics.   Possible doorways to future stories about teaching and learning in the health professions and the value of the research narrative are explored.

Conclusion

Now that the formal introduction has been concluded and I have mapped out what you can expect to find ahead, I would like to invite you to sit back, make yourself comfortable and enjoy our extended dialogue. In the next chapter, I will introduce you to the 'circle of friends' and tell you more about my meeting with a different kind of knowledge.