

## LOOKING BACK AND SAYING GOODBYE

*The meeting point where public and private narratives came together in the course of a psychology module for B.Tech Medical Orthotics and Prosthetics serves as the starting point for reflection. It also offers an opportunity to discover unique outcomes in our understanding of a collaborative learning community. In this chapter I reflect on current experiences during the research process, as well as possible doorways to future stories that can be told about teaching and learning in the health professions. Furthermore, I look at how the findings answered the research question that I posed in the beginning of this study. Lastly, I will explore the value that this research narrative might have for learners, facilitators and health professionals who accept the invitation to engage in the social construction of meaningful conversations about this topic.*

The research narrative started with the invitation to you, the reader, to join me on a journey to the meeting point between psychology and orthotics/prosthetics. In the process of accepting the invitation, you were introduced to my travel companion, Social Constructionism. I also introduced you to other friends of mine, Megan, Power and Knowledge, who played an important part in my understanding of myself and of the world around me. We found our way through the forest of events and stories by using a story map to guide us to the meeting point. At the meeting point, you were introduced to public narratives of Orthotics/prosthetics, Psychology and Higher Education. Peter, James

and the facilitator shared the stories of their private experiences in the course of a psychology module for B.Tech Medical Orthotics and Prosthetics. The story map emanating from the research narrative assisted me in the narrative analysis of the participants' reflective journals.

We have reached the final chapter of the research narrative, in which I may reflect on the experience that has taken place at the meeting point between public and private narratives about teaching and learning, at the culmination of a psychology module for B.Tech Medical Orthotics and Prosthetics. In this reflection I provide an integration of the narrative themes and patterns presented in the public narratives (literature and theory) and private narratives (results and findings) presented in chapters 4 and 5 respectively. Taking a critical stance towards taken-for-granted knowledge allows me to challenge some of the meta-narratives that I have constructed in the research process. It also presents me with the opportunity to reflect on my position as researcher, facilitator and narrator.

### Looking Back

In what follows, I look back at the way in which public and private narratives came together in the process of co-constructing knowledge. The narrative themes and patterns weaved between public and private narratives. These themes allow us to reflect on the authority of the public narratives on teaching and learning practices circulating in higher education, orthotics/prosthetics and psychology, and on the way in which participants' private narratives of their learning experience unfolded. What follows is my understanding and interpretation of the possible similarities and differences between public and private texts and the reciprocal authority that these narratives had over each other.

#### Theme of Teaching and Learning

The narrative threads weaving between public and private narratives, consisted of various themes and/or repeating patterns. The first theme, which was repeated in

both the public and private narratives, is that of teaching and learning. In the public narrative of teaching and learning, the tension between a deficit model and a strengths model played out as the actors (Orthotics/Prosthetics, Psychology and Higher Education) met on the stage. From a deficit perspective, education entailed a transmission view of teaching and an absorptionist view of learning. This encouraged rote learning where learners were simply expected to reproduce information that had been dispensed in a lecture (Prawat, 1989). Students therefore did not need to develop critical thinking skills, and both teacher and students took on relatively passive roles. Peter and James recalled past experiences of an undergraduate psychology curriculum where disinterested scientific knowledge, that had limited applied value to their profession, was taught using rote learning methods.

However, in the public literature we witnessed a process in which the deficit model was challenged and a counter-narrative emerged, with the emphasis on strength (Becvar & Becvar, 1996). Themes of responsibility, critical thinking, continuous reconstruction of experience and life-long learning, which were rooted in an outcomes-based philosophy, dominated the strengths narrative of teaching and learning (Garrison & Archer, 2000). In the teaching-learning transaction between learners and facilitator, Garrison and Archer (2000) propose a conceptual framework that is based on a collaborative constructivist approach. This approach is built upon the creation of meaning and the need for collaboration to create and confirm knowledge.

During the course of the Applied Psychology II module, the facilitator wrote about the tension between a deficit-driven, modernist approaches in psychology that see people as objects about whom we can discover truths (scientist-practitioner model) versus the postmodern turn that challenges the posture of authoritative truth and celebrates the multiplicity of equally valid perspectives (reflective-practitioner model). She opposed the authority of modernist public stances in psychology through privileging the literature on social constructionism, critical psychology and a strengths model of facilitation, which in turn, informed her construction of the psychology module. The facilitator's teaching philosophy embraced privileging and re-membering practices, the establishment of communities of concern and the use of definitional ceremonies. These are all rooted in

the underlying philosophy of social constructionism and in ideas from critical psychology. The result was an Applied Psychology II module where the positioning of learners and facilitator was open, collaborative and democratic. Within this unique learning experience the facilitator valued and appreciated learners' special knowledges and skills and invited them to become equal partners in the teaching-learning transaction, and to collaborate in the co-construction of knowledge.

It was specifically in the private narratives explored in the course of the Applied Psychology classes that both learners and facilitator reflected on how they were challenged to think differently about teaching and learning. Peter's narrative started off with an authoritative positioning of the facilitator in a higher hierarchical position of power and knowledge, as opposed to himself as a learner with lesser power and responsibility in the teaching-learning transaction. However, his narrative moved from a traditional approach (deficit model) towards a different approach of teaching and learning (strengths model): "*I think that the level of student in this group is quite different to that from a normal classroom*". Furthermore, his experience related to the small collaborative learning community that invited him to participate in discussion teaching and in the co-construction of knowledge.

In James' narrative he wrote about a collaborative and supportive learning context that challenged the authority of meta-narratives of deficits and disability in his life; that invited him to engage in dynamic dialogue during the discussion teaching; and that allowed him to move the narrative of his learning experience from deficit to strength.

The facilitator wrote about the challenge of facilitating from a social constructionist perspective, including having to face the authority of modernist public facilitation practices and knowledge constructions. Her narrative transformed through her negotiation of a different position as a learner in the group and not only a facilitator.

All of the participants became aware of a new sense of responsibility that they shared in the collaborative learning community, which is congruent with the notion of relational responsibility (McNamee & Gergen, 1999). Anderson (2000) posits that

relational responsibility can be very rewarding and mutually gratifying as participants connect, collaborate and construct with each other. During the process of teaching and learning the facilitator succeeded in facilitating relationships and processes where the learners could identify, access and develop their own unique competencies and strengths. Thus, a counter-narrative of collaboration emerged. This counter-narrative emphasised the social construction of knowledge in contrast to the authority of public meta-narratives of learning from a constructivist approach with their emphasis on individualism.

#### Theme of Co-Constructing Knowledge

A second narrative theme, namely, co-constructing knowledge, crystallised from the analysis of public and private texts. In the higher education narrative, a distinction was noted between information as merely raw material and knowledge as the interconnection made among facts, ideas and experience. Mandl, Gruber and Renkl (1996) note that in traditional forms of university instruction, which are often based on a modernistic approach, learners acquire inert knowledge that cannot be transferred into the complex problems of working life; learners accept this information as absolute scientific truth, without questioning the applicability of the knowledge in different real life contexts. The challenge to higher education was therefore to develop instructional practices that would integrate domain-specific knowledge with personal, transferable and generic academic skills. In addition, Mason (1999) advocates a careful balance between propositional, procedural and dispositional knowledge in an outcomes-based education philosophy.

In the facilitator's private narratives, she reflected on her attempt to keep a balance between allowing knowledge to be generated and co-constructed in dialogue, without ignoring or denying her wealth of ideas and previous knowledge constructions. The public narrative of the social construction of knowledge that privileges a multiplicity of perspectives (Anderson, 2000) and judges the value of knowledge by pragmatic criteria (Harper, 2004) thus had authority in informing the facilitator's approach towards facilitating knowledge constructions in the learning context.

Peter's private narratives brought him the insight that contextual truths exist and that people construct different meanings of knowledge. His conclusion illustrated a balance, rather than a dichotomy, between individual meaning making and collaborative meaning construction. What was unique in James' narrative of knowledge construction was the move from formal or declarative knowledge (knowledge that is associated with facts or content) to procedural or practical knowledge that enabled him to develop skills to not only help his patients, but also himself. The life-changing knowledge that was co-constructed in dialogue resulted in a liberated understanding of his relationship with trauma, substances and his ability to express his emotions or feelings. James utilised this self-regulative knowledge (dispositional knowledge) to monitor and evaluate his own actions, and this encouraged him to re-discover his subjugated knowledge (Ryle, 1971; Tynjälä, 1999). Anderson (2000) confirms the fluid, communal and personalised process of co-constructing knowledge that enabled Peter and James to resurrect their subjugated knowledge and to come to new realisations about themselves and their relationships.

Embedding and integrating assessment procedures in the learning process itself promotes the social construction of knowledge and fosters meta-cognitive skills (Biggs, 1996; Boud, 1990). This was evident in the life-story narrative project introduced while facilitating life-span developmental psychology in the Applied Psychology II module. Not only did the life-story narrative project serve as an effective tool that stimulated deep learning, spontaneous reflection and knowledge construction, but the learners also ascribed personal meaning to the project in that it created a conscious awareness that they possessed the capacity to intervene in the shaping of their lives and relationships. In this process the meaning that was ascribed to knowledge transcended the parameters of 'the subject of psychology' or 'the discipline of orthotics/prosthetics' to the very personal landscape of the learners' lives. During the process of co-constructing knowledge, the participants became aware of the purpose of knowledge, the skills it developed and how orthotist/prosthetists can use it in practice.

Furthermore, the process of co-constructing knowledge challenged the learners and facilitator to confront their dominant personal narratives that had evolved within the

frame of meta-narratives of society, and to take a critical stance towards taken-for-granted knowledge. Peter and James became aware of the limitations of a medical meta-narrative and how it prescribed an authoritative position as orthotic/prosthetic practitioners in their personal encounters with their patients. The changing nature of knowledge became evident in discussions on topics of bereavement and the loss cycle, substance use, HIV/AIDS and others.

The process of collaborative knowledge construction in the organised B.Tech learning programme reciprocally informed the instigation of transferring procedures from one discipline or learning context to another. It also opened doorways to inform public opinions, thus resulting in a cyclical process of establishing alternative practices. In addition to the adoption of alternative practices in the B.Tech Medical Orthotics and Prosthetics learning programme, such as an integrated assessment approach, the collaborative process of knowledge construction also facilitated the transference of procedures such as psychology's mechanisms for selection. These practices were adapted for the selection of candidates for orthotic/prosthetic training. The private narratives of an alternative and unique learning experience in the Applied Psychology II module created possibilities to inform future knowledge constructions in an undergraduate learning programme for orthotics/prosthetics.

#### Theme of Reflection-on-Practice

The third narrative theme is reflection-on-practice, through which learners reflect on their own and with others and put silent thoughts into spoken or written words. The public and private narratives of this theme collectively contributed towards an understanding of the value of reflection in the training of health practitioners. Mezirow's (1991) descriptions of transformative learning and Schön's (1983, 1987) account of reflection-in-action reiterate the importance of reflective thinking as a basis for a practitioner's learning and development. Tynjälä (1999) adds that "the key to professional development is making explicit that which has earlier been tacit and implicit, and thus opening it to critical reflection and transformation" (p.361).

Introducing journal writing as an educational tool in the Applied Psychology II module proved to be especially effective in encouraging reflection-on-practice. Peter found himself “*thinking aloud*” and reflecting on the class process and the value of the co-constructed knowledge throughout the duration of the psychology module. James found that putting his silent thoughts into written words in the reflective journal spontaneously produced a desire to take the exercise further and write reflections-on-his-reflections.

Both Peter and James’ stories of reflection included an awareness of the importance and value of knowledge and skills that they can apply in their professional and personal lives. Participating in reflective journal writing encouraged the facilitator to reflect on her own teaching practice and on the process that unfolded during teaching and learning. The feedback she received from the learners provided the facilitator with an opportunity to improve her facilitation style and to adjust the course content to best serve the needs of the learners. The reflections of both learners and facilitator became products of what was put forth in dialogue, engaged with and interpreted by the collaborative learning community. The reflections also included the participants’ internal dialogue.

Thus, in agreement with Kember et al. (2001), journal writing seems to be especially effective in developing reflective teaching and learning in the health professions. Tynjälä (1999) describes this as a knowledge-transforming model in which the writer’s thoughts are still developing during the process of writing itself. The reflection process encouraged the facilitator and the participants to apply reflection as part of their every day practice. Given the above, it seems that reflective journal writing has the potential to become a powerful mechanism for co-constructing knowledge.



### Theme of Disability

Disability, as a fourth narrative theme, was mostly evident in the unfolding of the public narratives. The problem of disability in developing countries, as well as the need for trained orthotic and prosthetic practitioners to address this need, was first introduced in the public narrative of orthotics/prosthetics. Foucault (1980) refers to the power of language through which the public meta-narrative of disability is reproduced and communicated. Oliver (1994) argues that

the very language of welfare provision serves to deny disabled people the right to be treated as fully competent, autonomous individuals, as active citizens. Care in the community, caring for people, providing services through care managers and care workers all structure the welfare discourse in particular ways and imply a particular view of disabled people (p.7).

Historically, orthotic/prosthetic practitioners were accorded lesser rights and were initially recruited from the least educated section of the population to be trained as artisans. In the unfolding of the public narrative, however, the disabling meta-narrative was opposed through the profession's efforts to elevate training opportunities to international standards. The establishment of a B.Tech learning programme in South Africa contributed to this.

Furthermore, the medical meta-narrative emphasised the hierarchies of power relationships between those who offer treatment and have expert medical knowledge (such as doctors and orthotists/prosthetists) and the less knowledgeable patients who receive their care. This theme was repeated in the modernistic/scientific discourse in psychology in which psychologists were seen to have a greater claim to truth (as scientists) than their clients (laypersons). Following postmodern theorists, Denney (1992) suggests that part of the solution to the disability problem is deconstruction: "the deconstruction of official discourse could provide the beginnings of a process that penetrates dominant and discriminatory conventions" (p.135). In constructing a psychology module for the B.Tech Medical Orthotics and Prosthetics programme, we

witnessed the authority of the actor's (Orthotics/Prosthetics) efforts to propose a curriculum with the emphasis on amputation, disability and illness.

The deficit model of teaching further sustained the disability meta-narrative through emphasising deficits and passivity. However, at the meeting point between public and private narratives, at the construction of a psychology module for B.Tech Medical Orthotics and Prosthetics, we witnessed the opposing of an authoritative disabling meta-narrative through a counter-narrative and teaching philosophy that promotes strengths, transformation and appreciation practices. The narrative theme of disability was positioned as authoritative in the way that James' narrative initially unfolded in the learning context. James' previous experience of a life robbed by trauma informed his experience that he was not able to help himself because his knowledge and skills were insufficient. This in turn silenced his voice in the learning context. James' disabling narrative was challenged through facilitation practices that privileged personal experience and knowledge and invited him to engage in dynamic dialogue with himself and others.

#### Theme of Community of Concern

The fifth narrative theme, community of concern, crystallised from the analysis of the learners' reflective journals and the facilitator's experiences in a collaborative learning community. Through a process of inviting, valuing and respecting each voice, trust emerged spontaneously in a community where the learners and facilitator showed genuine concern and interest in one another's well being. The small size of the learning community contributed to the establishment of intimate, trusting relationships. Peter, James and the facilitator wrote about the performance and witnessing of life stories that took place during the process of teaching and learning. The transformative power of the participants' performances and enactments of their life stories is congruent with Bruner's (1986) argument that "texts must be performed to be experienced, and what is constitutive is in the production" (p.7). The performance

of life stories was encouraged through the questions that the facilitator posed to the learners during discussion teaching, as well as through the questions as guidelines for journal entries. The community of concern was enlarged when both Peter and James invited their spouses to act as an audience for the performance of their special knowledge claims. This occurred during the life-analysis project that acted as a unique outcome for both.

At the conclusion of the academic year, Peter and James received certificates of special knowledge in a definitional ceremony. Meyerhoff (1982) first introduced the concept of a definitional ceremony and believes that it provides collective self-definitions that proclaim an interpretation to an audience that is not otherwise available. White (1997) argues that definitional ceremonies are contexts that potentially contribute to the generation of thick descriptions of persons' lives. The awards of special knowledge that Peter and James received contributed towards the celebration of new meanings in co-constructed knowledge, and signalled the arrival at a new status in the orthotic and prosthetic community (White & Epston, 1990).

The private narratives of a community of concern held authority over traditional hierarchical training approaches in which facilitators or educators often have a formal, impersonal relationship with learners. Furthermore, the facilitator's positioning as a postmodern narrative psychologist cultivated a caring learning climate. It can also be argued that the facilitator's positioning as a psychologist-as-facilitator introduced authoritative power that maintained the meta-narrative expectation that learners should share personal life stories. In a different learning context, where the facilitator is not a psychologist and the learning content does not relate to psychology, a different learning experience might be expected.

#### Theme of Agency

Last, but certainly not least, is the narrative theme of agency that was evident in the analysis of public and private texts. Throughout the representation of how public and private narratives came together in the unfolding co-constructing process, it can be argued that the prime motivation in social interaction was to gain a voice. Burr (1998)

interprets the individual's motivation to acquire a voice as "the source of the variety of representations or discourses of selfhood that are currently available" (p.121). However, Potter and Wetherell (1987) recognise that linguistic practices are linked to particular forms of society and social practice in which people have to negotiate a viable position for themselves. The focus is thus on "how agency/choice-type talk generates the subjective experience of 'having' agency or choice" (Burr, 1998, p.137). It should, however, be noted that from a social constructionist perspective, agency positions the individual and society as inseparable components of an ecosystem rather than as an individual/society dichotomy.

In the play of the Meeting Point the actors (Orthotics/Prosthetics, Higher Education and Psychology) were situated vis-à-vis one another as relational story-agents in space and time in the story world. I defined a social location for myself, as narrator, in the act of telling a narrative to you, the audience, in the play. In the story plot I ascribed identity to the science of orthotics/prosthetics, psychology and higher education in an attempt to allow them more voice to speak for themselves. However, it is important to acknowledge that this is still only my representation, which is framed by my cultural and social history.

In the public narratives, the narrator positioned Orthotics/Prosthetics as first actor and protagonist. The prevailing international meta-narrative, such as the ISPO's recognition of the need for training of Category I professionals in developing countries and Tshwane University of Technology's implementation of a B.Tech in Medical Orthotics and Prosthetics, created the action potential for practitioners to engage in world- and self-making by repositioning themselves as key members in the rehabilitation team. The authority of public narratives and the accreditation of a postgraduate learning programme in B.Tech Medical Orthotics and Prosthetics set the stage for Peter and James to become the first qualified Category I professionals in South Africa (protagonists), enabling them to lead the future training of orthotists and prosthetists.

In his private narrative, James acknowledged the role of the B.Tech in creating equal opportunities for the future of orthotic/prosthetic practitioners in developing countries. Peter wrote about the valuable contribution that he could make in a helping profession in

future. Reflecting on the way that the public and private narratives came together in the unfolding story of repositioning orthotic/prosthetic practitioners as key members in the rehabilitation team, it is interesting to note what authority first-world standards have as the yardstick for South African performance in the profession. Indigenous knowledge constructions and orthotic/prosthetics practices in South Africa, are still, to some extent, subjugated by international meta-narratives of standards.

In the public narrative, we witnessed the dramatic tensions within a character, for example, Higher Education's deficit versus strength persona. This tension intensified with divisions in higher education along the lines of race, language and differences in the roles of institutions. The story plot twisted when the newly elected democratic government in South Africa enacted new legislation in an effort to eradicate the imbalances of apartheid and to transform higher education with a focus on achieving equity. An integrated teaching-learning framework offered a counter-narrative of educating for meaning (Garrison & Archer, 2000). The philosophy of outcomes-based education encouraged teachers to reposition themselves as facilitators who invite their learners to collaborate in the co-construction of knowledge and to share responsibility for learning (Mason, 1999).

The authority of a move towards outcomes-based education and collaborative learning practices in the public literature informed the facilitator's negotiation of her position, not only as a non-expert, but also as a learner who is of the learning community. Furthermore, the facilitator's narrative of positioning in the teaching and learning context reflects her battle to find a balance between authoritative modernist public narratives that advocate unified fixed selves and postmodern narratives that embrace constructions of multiple selves. Peter and James were themselves involved in the teaching environment as lecturers and course coordinators before they entered the B.Tech learning programme. This influenced the way that their respective stories unfolded. It can be argued that their previous involvement (as lecturers) gave them authority and agentive power to collaborate more easily in the knowledge construction process.

The dramatic tension within characters was also evident in the public narrative of psychology. The antagonist, critical psychology, challenged psychology's modernist position of scientific neutrality (protagonist). In the process of renegotiating the outsider position of critical psychology within the institution of academic psychology, Harper (2004) suggests introducing ideas from social constructionist and critical psychology into a generic mainstream training context for clinical psychology (Terre Blanche, 2004). One could argue that through the institutionalisation of critical psychology, an ideological positioning was adopted that gave it much more power in determining and informing conversations about critical psychology. In her private narrative, the facilitator wrote about the ideological positioning that she had adopted. This position was informed by the authority of critical psychology and social constructionism. Through it she encouraged learners to take a critical stance towards their taken-for-granted knowledge, and challenged them to renegotiate the scientist-practitioner position to one of reflective-practitioner.

In the Culmination (Act IV), the three actors, Orthotics/Prosthetics, Psychology and Higher Education, interacted on the stage in trying to persuade the narrator to consider their point of view when constructing the Applied Psychology II curriculum. A resolution was achieved when the three actors, in consultation with the narrator, co-constructed a psychology module in which the binary oppositions or tensions in modernism versus postmodernism, a deficit versus strengths model, and disability versus appreciation practices were reconstructed:

The importance of dissolving these dichotomies, for social constructionism, lies in the possibility of human agency and the re-conceptualisation of the nature of the individual that they bring with them. If agency and structure are part of one inseparable system, then the effectiveness of human agency is just as real as the determining features of social structure (Burr, 1995, p.108).

In his private narrative, Peter wrote about his agentic negotiation in positioning himself differently as a learner, lecturer and practitioner by inviting others to collaborate with him in the co-construction of meaning and knowledge. So too, the facilitator renegotiated a multiplicity of positions not only as a facilitator, but also as a

learner, psychologist and researcher. The teaching and learning process made the participants aware of their capacity to collaborate in knowledge constructions and to intervene in the shaping of their lives and relationships. This was particularly evident in James' narrative of agency, through which he reconnected with revered knowledge and constructed positive representations of self. In reflecting critically on the agency debate, it can be argued that the authoritative ideological positioning of critical psychology and social constructionism in the facilitation practice created the action potential for participants to take agency in collaborating in the knowledge construction process. However, when agency is not seen as a top-down/bottom-up dichotomy, but as inseparable components in an ecosystem, the question moves away from who or what took agency and influenced whom towards the process and potential of agency to create unique opportunities for collaborative knowledge constructions.

### Limitations and Critical Reflection

Looking back over the narrative thread and repeating story patterns in the public and private narratives, I have learned that there are many similarities that I did not initially anticipate. The use of codes that are not mutually exclusive resulted in an intertwining of narrative themes. The way in which public and private narratives came together and positioned themselves as authoritative in the unfolding stories of participants offered rich descriptions and understandings of the process of knowledge construction. However, I am also faced with a few unanswered questions. Surely there are many public narratives about higher education, psychology and orthotics/prosthetics out there. Who decides that certain narratives should be privileged? Why does the discipline of orthotics/prosthetics choose to use first-world standards as the yardstick for South African performance? What in the international culture and body of knowledge within psychology and orthotics/prosthetics is better than in the indigenous culture of South Africa? These questions lead me to more questions relating to my authoritative power as a researcher and facilitator. Have I really been successful in negotiating a non-expert position for myself as a facilitator? In the process of constructing a psychology

curriculum with an underlying philosophy of social constructionism, which voices have I allowed to be heard and which not?

Although I do not have all the answers to these questions, I believe that I have attempted to answer some of them by reflecting on the way that the public and private narratives came together in the unfolding research narrative, as discussed in the previous section. In the facilitator-learner relationship I experienced the privilege of becoming part of the group and sharing some commonalities with the group. However, in Peter's journal he referred to the facilitator's qualifications and capabilities as a lecturer/psychologist, which placed me in an expert position. James acknowledged the facilitator's contributions and expert skills in understanding himself better. I have come to realise that a power relationship will always exist between a facilitator and learners; however, I have the power to choose how to exert this power, either from a hierarchical or a collaborative position. During the facilitation of the Applied Psychology II module, I challenged orthotist/prosthetists to move from a scientist-practitioner position to a reflective-practitioner position. However, learners were left to decide for themselves where and how they would ultimately like to position themselves. During this process, Peter realised that meanings and beliefs were socially constructed and contextual. He learned that he could respect differing opinions without having to sacrifice his own beliefs and opinions. James discovered the power within himself to claim personal agency in the process of shaping his future.

The choice of privileging certain public narratives relating to higher education, orthotics/prosthetics and psychology was informed by the social and cultural history in which the stories are embedded, and by my own subjective interpretations. I recognise that within these cultures and through the lens of my own ideology, some narratives were storied and others not. In retelling certain marginalised public and private stories relating to higher education, orthotics/prosthetics and psychology, I believe that certain experiences can be rediscovered, relived and can lead to new constructions and deconstructions. My own journey in challenging my personal dominant narratives about psychology informed my choice of giving a voice to critical



psychology as a meta-discipline and umbrella term to describe my transition from modernism to postmodernism and in particular, social constructionism.

Looking critically at the research methodology that I have chosen to guide me through the forest of events and stories, I have come to realise that no single method of narrative analysis exists. By using Richmond's (2002) story map I was able to organise and structure the stories of experiences and compare different story plots. However, forcing stories into the categories of past experiences, present experiences and future intentions fragmented the story line at times. Although there is a certain temporality to stories, there will always be intersecting points between the past, present and future. The enduring appeal of using Labov's (1972) model of natural narrative in this study is largely because its origins are situated in the everyday discursive practices of real speakers in real social contexts. It enabled me to draw rigorous comparisons between literary narratives on the one hand and the social stories told in everyday interaction on the other. It should be noted that a fully formed narrative would realise all six categories of Labov's (1972) model, although many narratives may lack one or more components.

Although I have taken the conclusions based on my interpretations of this research study back to Peter and James with the expectation of gaining additional insight into the analysis and interpretation of the results, I found that they were not able to offer any additional meanings. However, their confirmation of my interpretation adds value to the validation and plausibility of the interpretations and conclusions.

These are just some of the narratives and repeating story patterns that I have explored in the meeting point between public and private narratives relating to teaching and learning experiences in the applied psychology module for B.Tech Medical Orthotics and Prosthetics. I would like to invite you, the reader, to continue on your own journey to discover more narrative patterns that I have not mentioned and to allow them equal space in this research narrative.

### Performing New Meaning

It is my hope that this research narrative will contribute to the attempt to bridge the gap between public and private stories that are told about the teaching and learning experiences in a psychology course for health professionals. In narrative therapy, the performance of new meaning refers to the process by which persons refuse to submit to the effects of the problem in their lives, thus rendering the problem less effective. When a person's relationship with the problem is revised, new meaning around unique outcomes can be performed (White & Epston, 1990). The narrative space that has been co-constructed here can offer orthotists/prosthetists, psychologists and facilitators a doorway to an alternative understanding of teaching and learning practices at the meeting point between psychology and orthotics/prosthetics. This may reduce the effect of problems such as rote learning and deficit models of teaching and learning. It is my hope that orthotists/prosthetists, psychologists and facilitators will take the opportunity to engage in explorations of taking-it-back practices in their lives and work.

I encourage orthotists/prosthetists and psychologists to take the unique outcomes that have been derived from this research study back to their practices. One such unique outcome involves privileging practitioner's indigenous knowledge and giving a voice to their experiences in a national and international context. Another unique outcome is that working in collaboration with learners and research participants brings facilitators closer to understanding the complexities of their practice and invites them to re-negotiate alternative positions for themselves within the teaching and learning environment. Other unique outcomes include challenging learners and practitioners in the health professions to move from a scientist-practitioner to a reflective-practitioner position; to collaborate in the co-construction of knowledge; and to evaluate the meaning they ascribe to co-constructed knowledge through the lens of praxis.

I invite prospective orthotists/prosthetists to explore and bring forth the valued lived experiences, knowledge, skills and desires that invited them into this helping field, and to honour them as experts of their own lives. I believe that in this process,

orthotists and prosthetists may negotiate an alternative position for themselves in the helping relationship with their patients, and also honour their patients as the experts of their own lives.

### Doorways to Future Stories

Peter, James and I are the first generation to accept the invitation to co-construct stories about our experiences during a psychology module for B.Tech Medical Orthotics and Prosthetics. Many prospective practitioners will follow after us on the journey of the B.Tech Medical Orthotics and Prosthetics course. This research narrative does not allow us to make assumptions about the meanings that other individuals may attach to their experiences. Inviting orthotists/prosthetists, facilitators, learners and researchers to continue on this journey of discovery can open doorways to alternative stories and rich descriptions future tellings of teaching and learning in the health professions.

The new selection, examination and facilitation practices that have emerged from this research narrative open many doorways to exciting research journeys. For example, the creation of an e-learning environment in orthotics and prosthetics is in its beginning phase. Learners and facilitators are invited to collaborate in the co-construction of this new wave of knowledge and facilitation practice in cyberspace.

### Saying Goodbye

Looking back over my own research journey leaves me with a sense of accomplishment. Not only have I found a different kind of knowledge and performed new meaning to my experiences, but I have also been changed as a traveller. Megan, Social Constructionism, Peter, James, Power and Knowledge have collaborated in the re-authoring and retelling of my alternative research story. Through this process I have allowed my own voice to become stronger and I am encouraged to claim my own signature as a researcher, psychologist and facilitator.

The re-remembering conversations that I have engaged in have brought me to the centre of my passion: facilitation.

Although this story may have an ending, the stories about this story may never end. I find myself thinking about you, the reader. I am curious to know how the private and public narratives speak to your preferred ways of being in your work and life in general. I am wondering what stories you will re-tell in your conversations with others and which experiences from reading this research narrative you will privilege.