TEACHER-STUDENT RELATIONSHIPS AND THE EMOTIONAL LABOUR OF NURSING: AN AUTOETHNOGRAPHY OF A NURSE TEACHER

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Teacher-Student Relationships and the Emotional Labour of Nursing: An
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Abstract

I employ an autoethnographic approach to explore the potential of the teacher-student relationship to enhance students’ future ability to navigate the emotional labour of nursing. In doing so, I discuss my past as a nursing student situated in a particular educational context, the shifting focus of nursing education, healthcare environments, the relevance of my experience as a therapist, and my present as a nursing instructor. I propose that teacher-student relationships founded on caring and trust can inspire the growth of emotional intelligence as a mitigating factor of emotional labour. The significance of self-reflection in the development of emotional intelligence and how it can be nurtured through the teacher-student relationship arises as a theme. I offer this paper as a contribution to the growing discussion about the value of relationships in teaching and learning and the responsibility of educators to integrate the emotional aspects of caring for self and others in their practice.

The Topic

“Good teachers possess a capacity for connectedness. They are able to weave a complex web of connections among themselves, their subjects, and their students so that students can learn to weave a world for themselves” (Palmer, 1998, p. 11).

The broad focus of this paper is the ways in which the teacher-student relationship can positively influence students’ future, specifically related to how they are able to successfully manage their lives as nurses. Therefore, the guiding question for my research is: How can my relationship with nursing students help to prepare them for the emotional labour they will encounter? To that end I will explore my views and those of other scholars on 1) the meaning of
the teacher-student relationship; 2) the possible links between this relationship and the successful navigation of emotional labour in nursing; and 3) the interplay between emotional intelligence and emotional labour. Underlying this exploration is the value of self-reflection in teaching and learning; I will share how I attempt to foster this skill through the development of a trusting teacher-student relationship. These categories are not distinct or presented in a linear order, but I include them in this introduction to acknowledge the readers’ right for some semblance of a roadmap. In order to situate my discussion within a context, I will provide some description of the culture of nursing education and practice environments (past and present) informed by my experience and the literature. My objective is to write my story, which I view as a meaningful developmental journey, in a way that embodies a critical reflexive analysis, with the hope that it connects reader with writer and creates a space for others to reflect on their practice.

Along the way my interaction with the literature shows up. From the outset I will say that many of the older classics stand out as exemplars in terms of speaking to my philosophical underpinnings and eloquently describing what I might otherwise have not been able to capture quite as well. Carl Rogers, Sidney Jourard, Parker Palmer, John Dirkx and Irvin Yalom among others have deeply inspired me to summon the courage it takes to be open and to value and nurture the ‘person’ I find in myself and others.

A comment on the words “teacher, “instructor” and “student”: Although I use them in this paper, they have a potentially divisive connotation which I do not wish to impart. I believe that everyone in the classroom is learning and in that sense we are all “learners”…or better yet, to borrow the words of Yalom (2002) —“fellow travelers”. This does not mean, however, that we are all on the same leg of our journeys, thus “facilitator” and “guide” are apt terms to
describe my role. Having said that, for ease of writing and reading, I have decided to let the aforementioned words stand.

To Begin

“While we certainly should meet our students at the door as they come in, we have not done our job if they go out at the end of our program unchanged” (Daloz, 1990, p. 6).

The college program in which I work is comprised of students (mostly women) from diverse backgrounds. Some have just graduated from high school; some are returning to college after many years; some are single parents, struggling to make ends meet. Others are new immigrants grappling with adjustments to culture and language. Whatever their situation, most are anxious at the start. They worry that they are too young or too old. They fear they will not have enough stamina to balance the multiple demands of their lives. They are apprehensive about academic expectations and the unknown future. Many are feeling the accompanying pressure of pursuing childhood ‘dreams’. We meet at the door— all of us shaped by our experiences. This is an honour for me because I am aware of the responsibility as well as the opportunity I have to make a positive contribution in these early months of their learning. I hope they will change in some ways, leave at the end of four years and go on to be successful in their careers. Based on my experience as a nurse/therapist-turned-teacher about to retire, I have some thoughts about the meaning of “success”. I believe it is embodied in the ways nurses connect with themselves and others, how they come to know themselves and evolve in their ability to relate to those in their care as fellow human beings with strengths, vulnerabilities and unique lives.

My overarching intention as a teacher is to facilitate self-awareness and personal growth in my students so that they will choose to continue to develop their reflective selves as they progress in their education and subsequent careers. Martinez-Aleman (2007) writes, “What new
ways of thinking or assessing the world I pass onto or give my students will continue beyond our relationship, but its circulation is in the hands of the student” (p. 577). If I hope for students to grow and develop, to be caring and reflective practitioners, then I must be a caring and reflective teacher. As Cohen (1998) asserts, “it is the primacy of this [caring teacher-student] relationship that will serve as the catalyst for the development of caring relationships within the practice setting” (p. 1). My philosophy can be summed up in these five words: It’s all about the relationship. I begin with my self, but the I from which I write is woven throughout my narrative.

**Writing from the “Self”**

I have chosen an autoethnographic approach in writing about my experience. Scott-Hoy (2002) states that “autoethnography is an autobiographical genre of writing and research that has been described as a blend of ethnography and autobiographical writing that incorporates elements of one’s own life experience when writing about others” (cited in Etherington, 2004, p. 139). Autoethnography “legitimizes and encourages the inclusion of the researcher’s self and culture, as an ethical and politically sound approach” (Etherington, p. 141) taking into consideration the intersection of self and other. I believe this is an appropriate approach for my subject which concerns itself with the lived experience of me and my students. According to Wright (2008) autoethnography is particularly relevant to nursing in many spheres of practice “because all nurses need to understand how one’s personal and professional cultural identity affects decision making in our lives” (p. 338).

Etherington (2004) does not ignore critics of autoethnography who have “vociferously attacked the methodology as self-indulgent, solipsistic and narcissistic” (p. 141). She acknowledges “the potential for autoethnography to fit all of those descriptions if the researcher
approaches the methodology without understanding its purposes sufficiently, their own motivations or without the skills to ensure that the outcome is of aesthetic, personal, social and academic value” (p. 141). Wright (2008) states that autoethnography needs to “witness experience and that experience must be grounded in an awareness of the environment and culture, which gives rise to it” (p. 341). With these ideas at the forefront of my mind, I will make every attempt to share my experience in a way that is true to my intentions to provoke conversation and connection amongst my peers in an aesthetically, personally, academically and experientially grounded manner.

Writing from the ‘self’ requires one to be sufficiently introspective about feelings, motives and contradictions. It involves challenges—confronting fears and self-doubt, allowing yourself to be vulnerable and coming to terms with the written word and your lack of control over how others might interpret it (Ellis, 1999). Similarly, Bochner (2001, pp. 153-154) writes that our stories “may be based on facts, but they are not determined by them. The facts achieve significance and intelligibility by being articulated within a temporal frame that considers what came before and what comes after. Stories that address the meanings of a life always seek a way of extending them into the future (Rosenwald, 1992)”. I hope to communicate the personal meaning of my experience by examining the ‘before’, reflecting on the ‘now’ and imagining possibilities for the ‘after’. I believe the threads of our lives are intricately entwined; this belief is foundational to my ways of being as a teacher because who I am is reflected in my practice.

**How My Question Arose**

Like all of us, my present is influenced by my past. The research question for this project has been brewing for some time and as I write now, my perspective is informed by my experiences as a student, nurse/therapist and all of the relationships of which I am or have been a
part. This paper is reflective of my memory, perception and interpretation of my experience. My path to become a teacher and living the life of a teacher has been a significant journey for me—one that I want to share, not because it is particularly groundbreaking or unusual, but because I feel passionate about what I do and hope that in telling my story I will contribute to an evolving conversation about what it means to be a teacher and a nurse.

Davies (2006) defines “teaching-as-usual” as “a dominant discourse in which the teacher has an habituated sense that she is the one who unquestionably knows what is going on and who has the authority to assert the correctness of that view” (p. 435). Alternatively, Butler proposes the concept of “ethical reflexivity”, which involves “remaining vulnerable in the face of normative constitutive practices… [accepting] the uncomfortable of leaving what is unfamiliar, unfamiliar”. She states that “our responsibility lies inside social relations and inside a responsibility to and for oneself in relation to the other—not oneself as a known entity, but oneself in process, unfolding or folding up, being done or undone, in relation to the other, again and again” (cited in Davies, 2006, p. 435). For me this acknowledges our selves as evolving and incomplete, or what Bateson (1994) refers to as “fluid and variable, shaped and reshaped by learning” (p. 64). I never want to lose my vulnerability, acceptance of the ‘unfamiliar’ or my sense that I am not ‘done’ yet, as this allows me to be open to learning, to question taken-for-granted practices and to be humble in the face of the vulnerability of my students.

I remember driving into the college on the first day of class in January of 2006. I am a teacher about to face a group of Semester I nursing students for the first time and I haven’t had much sleep due to my classic ‘anxiety’ dream in which my teeth are falling out. And then, just before the bridge, a chunk of back tooth cracks and I crunch down on it. This is surely an omen! I want so much to be a good teacher. I want students to feel safe, to have fun, to learn how to be
thoughtful and reflective and to begin their journey on a positive note. Most of all, however, I want them to leave the college in four years and know how to navigate their way through tough times—to survive the stress inherent in their work, to look after themselves while caring for others…and to be empathic and compassionate in their care. It’s a lot, I know.

My 85-year old father has reluctantly related his experience in World War II. It’s something he’d like to forget, unlike some veterans who fondly remember their war time days. He’s told me about being forced to run around the deck of the ship holding a rifle over his head as a punishment for something which he can no longer recall. However, he does recall what that meant to him—how it felt to be demeaned and humiliated.

When my daughter was in the eighth grade, her Physical Education/ Mathematics teacher harshly chastised a student for his poor performance in Gym class. She made a spectacle of him by forcing him to do pushups at the front of the class and calling attention to his weight and underachievement status. My child told me about this through tears in spite of the fact that she was spared the wrath of her teacher. I was horrified that someone charged with such responsibility would hurt a child rather than support and encourage him. I am glad that I spoke up and expressed my disagreement with her teaching ‘methods’!

“As the teachers are, so will the students become, with the exception of those rebellious students who become their teachers in reverse” (Jourard, 1971, p. 187). I realize that I was a rebellious student…after the fact, perhaps. My experience in nursing school which took place in the late sixties between these two incidents was similar to what my father endured and my daughter described. It took me a long time to heal from the effect of this education. Teachers who seemed to equate respect with fear, wielded their power over me and saw fit to ‘break me down’ as opposed to ‘build me up’, left me with a diminished sense of myself in spite of being a
confident student in public school. For example, I can recall being harshly silenced when I asked questions about why things were done the way they were. I quickly realized that challenging the ‘sacred cows’ of nursing practice was highly discouraged and criticized. As a result I acquiesced and over time my confidence began slipping away. Similarly, Bond (2007) writes: “Long before I became aware of oppressed group behaviours and horizontal violence, I experienced both phenomena in nursing, but it was many years before I recognized the connection between these phenomena and shame” (p. 132).

Of course, not all of my instructors came from this place of ‘power-over’, but these are the ones who left an indelible mark on my self-esteem. As hard as I try to recall teachers who had a positive influence, I can only think of one. Unlike the others, she asked that we call her by her first name…Margo. She was my instructor for the third year Psychiatry rotation. I felt relaxed around her because she was accepting of her students as people. She acknowledged and understood our fears. She was open to questions, no matter how ‘dumb’ we thought they were and she shared her experiences as a student and nurse; she invited us to know her and she wanted to know us. Had more of my instructors been like Margo, I would not have viewed my nursing education as a chapter in my life that I’d like to rewrite.

It is interesting to note that when I recount my negative experience to colleagues, some attribute it to the time and the context of my nursing education (a skills-based diploma program), inferring that this kind of teaching mentality has disappeared, while others appear incredulous, adding that this was the ‘best time’ in their lives. Malka (2007) writes about the rules and rituals of nursing education during this time (including ceremonies, dress and hierarchical relationships) that for many contributed to a shared identity, while others experienced them as constraining and oppressive. Bond (2007) discusses her university nursing education which took place in the
1980’s and closely mirrors my own. Much later, like Bond, I would realize that underlying my chronic anxiety as a student was a sense of shame which had a far-reaching effect on many aspects of my career, including, but not limited to, my ability to ask for help/guidance…or even to acknowledge that I had this need. I concur with Bond’s belief that while most instructors do not intend to shame students, some students experience shame as I did. I have reflected on the part I played in this. Perhaps I was particularly sensitive; but nonetheless, I know that however I interpret an experience, there are others who share this interpretation. This awareness is significant to me in terms of being a teacher as there will be students in my class just like me, and it behooves me to be cognizant of this and behave in ways that foster their self-acceptance so that hopefully, over time, they will come to value their sensitivity.

I always wanted to be a teacher and I remember my Grade 12 English teacher asking me what I planned to do after graduation. When I told him that I was going into nursing he said, “What a shame”. In that moment, I felt offended, but soon I would understand his comment. I entered nursing mainly because I could not afford to go to university to become a teacher. My brother’s girlfriend was also a major influence. She was having a wonderful time in nursing school which seemed like one big sisterhood, similar to what Malka (2007) has described. But this was not to be my experience. Depending on the day, I described nursing school as “army boot camp” or “my life in the convent”—either way the expectation of self-subjugation settled into my bones and became a coping mechanism, albeit an unhealthy one. In spite of vowing daily to quit tomorrow, I suffered through three years of nursing education and graduated with the relief of one who has just been paroled.

I eventually found my place, however, in a psychiatric outpatient group therapy program and truly loved my work as a ‘therapist’ in a multi-disciplinary team alongside social workers
and psychologists. I loved it because I witnessed and contributed to positive change in others. I loved it because of the relationships that developed between myself, the clients and my colleagues. Because our roles as team members were blended, none of us identified ourselves according to our discipline and we did not perform any discipline-specific tasks, so over time I was able to distance myself from nursing. I didn’t want to call myself a nurse. At social functions I never admitted to being one. I viewed nurses with a degree of disdain, believing that I was somehow ‘better’ than them. It’s hard to admit that now. But because of my ‘training’ I saw nurses as robotic handmaidens to doctors, women who could not think for themselves, women who were silent and subservient. That is what I was taught I should be. That is what I rebelled against. That is why I distanced myself.

Sumner & Townsend-Rocchiccioli (2003) remind us that historically nurses have been “enculturated into an ideal that is derived from the nuns” (p. 167)—an ideal that presumes selflessness and obedience. The authors also point to the value society attributes to medical knowledge over nurses’ contributions to care and the ensuing sense of diminished importance that nurses experience as a result of being “hidden behind medicine” (p. 167). In her discussion of the relationship between nursing and feminism, McPherson (1996) writes: …“by the 1960’s nursing’s public image as heterosexually complementary and as subservient to doctors stood as a barrier to sororal relations” (p. 253-54). I suggest this barrier had the potential to amplify hegemony within the nursing populace, further isolating nurses from one another, and in the words of Meissner (1999) leading to the “eating of their young”. In retrospect, these layered tensions probably contributed to my dis-ease, even though I may not have been able to name it at that time.
In “The Transparent Self” Jourard (1971) speaks to the stereotyped modes of behavior that were prevalent amongst nurses of this era. He refers to “character armour” (p. 181) as a means of coping with difficult emotions of others such as sadness, anger and helplessness—a sort of protection from anxiety. This “bedside manner” inhibits patients from disclosing themselves to nurses, thereby excluding highly relevant information about the state of the person’s health and impacting their healing. As I read Jourard’s words I am reminded of the trouble I got into as a young student nurse on more than one occasion. It went something like this: I had finished all the physical tasks of care and I was sitting with an elderly woman, listening to stories about her grandchildren. She began to cry as she spoke about her fears of “leaving them too soon”. My instructor abruptly entered the room and asked to speak with me in the hall. Her tone was angry when she told me that I was not there to talk to patients! She most likely thought that my ‘armour’ was in need of some serious adjustment. All these years later, Jourard’s words regarding authenticity and transparency have strong resonance. Those in our care (and as an educator, I include students in this group) are not the only ones harmed by nurses’ attempts to ‘protect’ themselves. In doing so, we risk becoming desensitized to others and alienated from ourselves. I will return to these ideas later in a discussion of emotional labour and emotional intelligence.

In 2000 I was felled by breast cancer. During my treatment and recovery I thought a lot about my role as a caregiver (whether I defined myself as a nurse or therapist) and the possible toll it had taken on my physical and emotional well-being. I poured my thoughts and feelings out on pages of my journal. I wrote myself through the pain and in doing so I experienced a felt sense of my inner and outer selves becoming more congruent. Palmer (1998) refers to the “undivided self” as one that is “inwardly integrated...able to make the outward connections on
which good teaching depends” (p. 16). ‘Self in relation to others’ was a theme that emerged as many of my perspectives regarding caring for myself/others and notions of self-acceptance, definition and balance shifted. I made a decision to become the teacher I’d always wanted to be…a teacher “in reverse” of many of those in my past. Serious illness precipitated serious reflection on the self I bring to my practice and the ways in which I might positively influence student learning and development. Thus, the question guiding my research began to take shape. Mezirow (1991) emphasizes the role of critical reflection in perspective transformation:

Perspective transformation is the process of becoming critically aware of how and why our assumptions have come to constrain the way we perceive, understand, and feel about our world; changing these structures of habitual expectation to make possible a more inclusive, discriminating, and integrative perspective; and, finally, making choices or otherwise acting upon these new understandings. (p. 167)

Here is a simple graphic representation that illustrates the process of my perspective transformation through critical self-reflection. It is purposefully circular to reflect the nature of this process that is equally inclusive of affective, cognitive and behavioural domains, as opposed to Mezriow’s linear (step by step) rational depiction of transformation.
Can I Be Me?

“People squelch their real selves because they have learned to fear the consequences of authentic being” (Jourard, 1971, p. 184). “The Transparent Self” (Jourard, 1971) was published the year that I graduated from nursing school and I find myself in its pages. Regarding the denial of feelings/self, Jourard posits that the nursing student “may eventually become ashamed and afraid of her real self. Consequently she suppresses and represses her honest reactions and replaces them insofar as she is able with what she believes she ‘should’ feel” (p. 185). As a young woman who grew up within the post-war “Pleasantville” (Ross, 1998) ethos that defined femininity in devotional terms (to husband and children) and implied ‘silence’ as an expected way of being (Halberstam, 1993), I suggest that the intersection of these contextual factors contributed to the conflict between my inner and outer selves.

In the late eighties when I ‘moved up’ from the first floor inpatient unit to the psychiatric day program on the third floor, I was experiencing considerable stress and pressure to ‘prove’ myself. Because I had successfully appealed the hiring process (which I believed was flawed), I found myself in an untenable situation within the department. Many of the staff appeared neutral, some were quietly supportive, and a few were outwardly hostile toward me. I experienced the horizontal violence to which Bond (2007) refers. I can recall some family members and friends asking me ‘why in the world’ I would take such a risk; they predicted that my new ‘team’ in the day program would surely make my life ‘miserable’. This was not the case in the long term, but for about a year, I was on tenterhooks. The climate was ‘chilly’. I felt alone and the onus was on me to show them that I was worthy of the position. In retrospect, I can see that although I had escaped the oppressive clutches of my early nursing education, denial of my ‘self’ began to reverberate. There were still lessons for me to learn.
The therapist-client relationship within the established culture of the day program was not inclusive of therapist self-disclosure. We kept ourselves ‘hidden’ from our clients (although that’s never really possible) in that we did not share even the slightest bit of information about ourselves, regardless of how much we were relating to the clients’ stories. Some therapists refused to answer any ‘personal’ questions. For example, a query about marital status was met with dismissal. This all felt very fake and cold to me, but I was in a vulnerable position, so I went along with it and soon the process of enculturation began to subsume my ‘self’ in practice. Over time, with experience and reflection, I began to understand that the help I had to offer came from within my sense of personhood. Like Rogers (1961) I realized that “no approach which relies upon knowledge, upon training, upon the acceptance of something that is taught, is of any use in helping others” (p. 32) and as a result I became a much more effective therapist and a self-assured and engaged team member. The next few years would yield tremendous job satisfaction and strong team alliances. As a team we grew together and continue to care about one another after many years. My work in the day program was a period of my life that significantly built on my evolving philosophy that is grounded in the appreciation of relationships.

Of course, the valuing of care from a ‘personhood’ perspective was not occurring in a vacuum. I realize that I was also responding to the subtle workings of a paradigm shift in therapy (although self-disclosure within the therapist-client relationship continues to be controversial [Ain, 2008]). Nursing was undergoing a similar shift—away from a traditional bio-medical focus toward curricula informed by humanistic philosophies of care and “learner-centred” educational values. (Kosowski, Wilson & Grams, 2004; Linscott, Spee, Flint & Fisher, 1999; Playle, 1995). What might be called a systemic rebellion was underway, much like the individual rebellion of my student nurse-self referred to earlier, which would create heightened tension between the two
ideological “camps” (Glazer, 2000; Anthony & Landeen, 2009). I don’t believe we have yet come out from under the strictly behaviourist tradition, however, which values rationality, rule driven practice, competency-based evaluation and the dogma of prescriptive problem-solving which were the steadfast hallmarks of past nursing curriculum development (Anthony & Landeen, 2009; Freshwater & Stickley, 2004; Hendricks-Thomas, 1994; McWilliam, 2000).

While I do not advocate a singular vision of nursing education that elevates or denigrates one way of teaching/learning, I believe that whatever we do must be reflective of an ethic of care. In this vein, Freshwater & Stickley (2004) write: “In the process of MacDonaldising the nursing profession, we are in danger of inviting the notion of care—the very act upon which the profession is established—to leave the room” (p. 96). Though I feel more ‘at home’ as a result of this shifting focus, at times I am revisited by old ghosts. It is now appropriate to address the work environments in which students may find themselves.

A Glimpse of the Future

Nurse-scholar, Hartrick Doane (2002) describes relational practice as “a humanely involved process of respectful, compassionate, and authentically interested inquiry into another (and one’s own) experiences” (p. 401). Nursing is hard work. It is relational work and part of being a good nurse is having emotional sensitivity to other human beings in order to more accurately perceive the context and perspective of the other (Scott, 2000). Sometimes nurses don’t feel up to the challenges of dealing with difficult people and all the demands placed on them by short staff, extended hours and a seemingly hostile, oppressive environment…not to mention the lack of support and appreciation they often receive from administrators and colleagues. The nursing literature is replete with studies of the challenges nurses face. They work in a culture that is at odds with caring— a culture defined by corporatization and
commodification (Freshwater & Stickley, 2004; McWilliam, 2003; Varcoe & Rodney, 2001).

Moral distress, defined by Jameton (1984) as “the painful psychological disequilibrium that results from recognizing the ethically appropriate action, yet not taking it, because of obstacles such as lack of time, supervisory reluctance, an inhibiting medical power structure, institutional policy, or legal considerations” (cited in Corley, Elswick, Gorman & Clor, 2000, p. 2) is rampant and nurses are giving up and dropping out at an alarming rate (Austin, Bergum & Goldberg, 2003; Chalmers-Evans, 2003; Hardingham, 2004; Lutzen, Cronqvist, Magnusson & Andersson, 2003; McWilliam, 2003; Severinsson, 2003; Sumner & Townsend-Roccobiccioli, 2003; Tinsley & France, 2004; Varcoe & Rodney, 2001). “Dark side” behaviours that include stigmatizing patients, providing only minimal care, criticizing, rejecting and emotional distancing result in nurses’ sense of “moral dissonance” which often prompts exodus from the profession (Corley & Goren, 1998; Severinsson, 2003).

In my day to day life as an instructor I am aware that in spite of a paradigmatic turn toward a caring curriculum in nursing education (which in itself is not enough to bring about change), nursing practice is still largely focused on physical care and many workplaces continue to be cultural quagmires of dysfunction. This was recently brought home to me when I met students in my Semester V Mental Health Praxis class. On the first day when I asked them to identify their beliefs surrounding mental illness, to reflect on their assumptions, fears and the origin of them, and to participate in group discussions and activities that focused on ‘self’, many became impatient. They wanted me to talk about diagnoses and treatments; they wanted me to tell them what to “do” in the clinical setting. I believe the students’ expressed need for content specific to diagnoses and treatment was reflective of their anxiety about this rotation and their learned ways of being from their clinical experiences and education. When I took them on a ‘trip
down memory lane’ to Semester 1, I’m sure I caught a few rolling eyes. I recall looking around the room and thinking “What has happened to you? You’ve changed— and not for the better!” I saw these future nurses, just entering the third year of their education, already socialized by their work environments and colluding with the “ideology of scarcity” to which Varcoe & Rodney (2001, p. 102) refer. I saw them succumbing to stress, burnout, ‘dark side’ behaviours and all the other hazards of the profession to which they were still naïve, in spite of an outward bravado which I admit concerned (and irritated) me. “We barely have time to talk with our patients, let alone reflect on our care”, echoed throughout the room…and then, “That’s just the way it is”.

As Varcoe & Rodney write: “Time, nurses’ most valuable resource, was viewed as a scarce commodity and was often spent in the service of corporate goals” (p. 106). Further to this and consistent with my perception of collusion on the students’ part, Stelling (1994) concluded that talk about time was not really about time at all:

When nurses say they do not have time for interactional work with patients, the real problem is that they are unable to maintain its high priority when confronted with the demands and expectations of others. Thus time can be seen as a metaphor for autonomy and control; the emphasis on the shortage of time reflects the importance and pervasiveness of the lack of autonomy and control. (cited in Varcoe & Rodney, p. 210)

I felt disheartened, but this feeling prompted me to reflect on the gap between education and practice (Anthony & Landeen, 2009), to recall my days ‘in the trenches’ and the realities of working in a culture of efficiency and commodification of care. The relational work of nurses is largely invisible and undervalued within the healthcare system (Henderson, 2001) and in time students’ ways of being mirror these environments. However, I am reticent to place the blame on a ‘system’ to the exclusion of nursing education. The nurses in Henderson’s study undoubtedly
viewed caring as an important aspect of their work and “many of them expressed profound
disappointment in the failure of nursing education to address the emotional requirements of the
work” (p. 134). Henderson underscores the discrepancy between the tone of the literature on
nursing education and what the nurses in her study report (p. 137).

As educators, are we ‘walking the talk’ of a caring curriculum? Do we value the
emotional work inherent in caring for self and others and how are we fostering the skills
involved in this work? Are we truly differentiating between care and treatment, the latter being
“a technical routine that could ultimately be performed by a robot” (Frank, 1991, cited in
Freshwater & Stickley, 2004, p. 95)? In what ways are we replicating “treatment without care” in
our relationships with students? These are difficult questions that provoke deep reflection on our
teaching attitudes and practices beyond merely imparting “communication skills” which as
Freshwater and Stickley (2004) remind us, simply become “another intervention similar to
aseptic technique or giving an injection” (p. 93-94). As Henderson (2001) proposes, as much
attention needs to be given to the emotional components of the preparation and support of nurses
as is given to the theoretical and skill components.

**Emotions: Intelligence and Labour**

There is increasing interest in emotions and the role they play in our lives from an array
of perspectives and disciplines (Ben-Ze’ev, 2000; Damasio, 1999; Goleman, 1995; Mate, 2003;
Pennebaker, 2002). While I cannot do justice to the leagues of scholars who have investigated
the effects of emotions on our physical functions and health, the transmutation of stress into
illness bears mentioning. In “The Stress of Life” (1956) researcher Hans Selye writes that the
biology of stress affects the hormonal and immune systems; the stress response has wide ranging
effects on cells, tissues and organs (cited in Mate, 2003). Similarly, Mate writes: “The inability
to process and express feelings effectively, and the tendency to serve the needs of others before even considering one’s own, are common patterns in people who develop chronic illness” (p. 176). I suggest that nurses often fall into these patterns. However, the medical community, while acknowledging stress as disturbing “events” still approaches health and illness from the view that body and mind are separate (Damasio, 1996; Dirkx, 2001; Mate, 2003). For the purposes of this paper I will explore emotions in terms of their ‘intelligence’ and the ‘labour’ involved, which includes discernment, expression and management processes, as this is highly relevant to the relational work of nursing (Henderson, 2001; McQueen, 2003; Staden, 1997).

For as long as I can remember I have been interested in emotions. I have been occupied by them and sometimes pre-occupied with them. I have been fascinated, often confused, occasionally consumed and sometimes comfortable with them. Over the years, with experience and practice, I have come to embrace, trust and value the role of my emotions and my ‘gut’ perceptions in learning, work and relationships. Accordingly, Mate (2003) writes: “To develop awareness, though, we do need to practise, pay constant attention to our internal states and learn to trust these internal perceptions more than what words—our own or anyone else’s—convey” (p. 268). I understand, however, that emotions are often viewed as impediments to reason and learning, something messy to be gotten rid of, controlled or suppressed. How many times have we heard “Don’t let your emotions get in the way”? This admonishment points to our collective tendency to categorize thoughts and emotions separately, and to assign superiority to learning grounded in reason and cognition (Dirkx, 2001; Palmer, 1998).

The concept of emotional intelligence dates back to the social intelligence proposed in 1920 by Thorndyke who noted its value in human interactions as discrete from academic abilities (cited in McQueen, 2003). Much later Gardner (1993) differentiated between interpersonal and
intrapersonal intelligence—the former expresses an ability to understand others; the latter refers to understanding oneself, that is, being aware of one’s emotions and taking account of them in our behaviour (cited in McQueen, 2003). Salovey & Mayer (1990) defined emotional intelligence as “the ability to monitor one’s own and others’ feelings and emotions, to discriminate among them and to use this information to guide one’s thinking and actions” (p. 89). Goleman (1995) popularized emotional intelligence as a skill that fosters connection with others through self-awareness, ability to read emotions and handle disputes. It follows that emotional intelligence is integral to the work of nurses in establishing rapport with clients, interpreting and understanding their feelings and demonstrating empathy and sensitivity. Embedded within these descriptions is the necessity for nurses to engage in self-reflection in order to become aware of their own values, beliefs, assumptions, biases and the ways in which they influence caring for others and self (Henderson, 2001; Horton-Deutsch & Sherwood, 2008; McQueen, 2003).

As discussed earlier, traditional ‘training’ schools encouraged nurses to maintain ‘professional’ distance by concealing emotions. The thinking was that this served as a protection from the emotional work of nursing—that is, being exposed to the emotional vulnerability of those in our care. As Benner & Wrubel (1989) point out, “a peculiarly modern error is to think of caring as the cause of burnout, the cure being to protect oneself from caring when, in fact, lack of caring leads to illness, and the return of caring means recovery” (cited in Severinsson, 2003, pp. 59-60). This brings to mind the issue of engagement/distancing, the dilemma of how much of either is ‘too much’, the ‘labour’ involved and the ways in which nurses maintain a balance between caring for self and others. As Henderson (2001) writes: “The decision of any individual
nurse to care for (or emotionally engage with) a client is therefore one which exposes that nurse to the potential for personal costs or benefits as well as professional ones” (p. 131).

In “The Presentation of Self in Everyday Life”, Goffman (1959) explores rules of social behaviour and the ways in which we attempt to control others’ impressions by means of our outward presentation. He uses the metaphor of a theatrical performance to describe our largely unconscious everyday modes of emotion management. Building on Goffman’s writings, in “The Managed Heart: Commercialization of Human Feeling” (1983) Hochschild discusses work that commodifies feelings; work in which exhibiting a certain feeling, whether or not it is felt, is a job requirement. The author defines emotional labour as the inducement or suppression of feelings “in order to sustain the outward countenance that produces the proper state of mind in others—in this case, the sense of being cared for in a convivial and safe place. This kind of labour calls for a co-ordination of mind and feeling, and it sometimes draws on a source of self that we honor as deep and integral to our individuality” (p. 7). According to Hochschild, emotional labour is guided by “feeling rules” associated with organizational expectations of behaviour. She argues that a disconnect between what we feel and what we ought to feel produces emotional dissonance that results in “surface acting” or “deep acting”. Surface acting refers to a conscious effort to adjust our outer demeanour in accordance with feeling rules (that is, by concealment or pretence), while deep acting requires that we change our inner feelings to be consistent with these rules. Emotional labour as integral to establishing relationships, is increasingly present in the literature, yet largely unrecognized and undervalued (Freshwater & Stickley, 2004; Gillespie, 2001; Henderson, 2001; McQueen, 2003; Staden, 1997). In an analysis of healthcare culture, Varcoe & Rodney (2001) found that nurses themselves devalued emotional labour, sometimes “demeaning” one another for attending to emotional needs (p. 111).
A study by Mikolajczak, Menil & Luminet (2007) revealed that individuals with higher levels of emotional intelligence were better able to cope with emotional labour and experienced fewer deleterious psychological and physical outcomes. It seems apparent, then, that nursing education needs to promote the development of emotional intelligence in preparation for the emotional labour of practice (Henderson, 2001; Horton-Deutsch & Sherwood, 2008).

Further to my earlier reference to Semester V students, when I brought up the concepts of emotional intelligence and labour, they said they had “heard” of them, but didn’t really understand their meaning. My experience is consistent with the scholars’ position that educators have a responsibility to more fully address the emotional aspects of nursing work. Cummings (2004) found that nurses who worked in environments that reflected emotionally intelligent leadership experienced the least negative effects to their well-being in spite of ‘system’ challenges. This finding is relevant to nurse educators as leaders, who are in a position to model emotional intelligence and “make room for emotion in the students’ learning” (Parkinson, 2005, p. 148). I like to think that ‘Self and Others’ is a start.

This is Me

Through my years as a therapist I have come to understand that the relationship between myself and others is the single most important element in terms of growth and change. It is, to use a metaphor, the ‘soil’ that nourishes the ‘tree’. Similarly, if our self-awareness is allowed to grow, we have the opportunity to learn and develop in countless ways related to mind, body and spirit. When I was offered the opportunity to teach ‘Self and Others’ in Semester I of January 2006, I was excited because it seemed like a perfect fit for me—a course that…

focuses on the learner’s personal discovery of self and self in relation to others. Through interaction and reflection [italics mine] emphasis is placed on understanding how
personal beliefs, values, experiences, and perceptions have shaped self over time and relate to, and impact on, our caring experiences with self and others. (Douglas College calendar, 2009)

I felt lucky that at least in my little corner of the classroom (a microcosm of the world), the focus would be on ‘process’. I assumed that a course concerned with self-awareness would be ‘experiential’ in that learning is based on personal experience; interaction with others and reflection on experience is necessary to achieve learning (Purdy, 1995). I envisioned learning within the activities and discussions centred on our experiences, interpretations, the development of awareness of our beliefs and the connections to our behaviours, as opposed to learning about concepts that are separate from ourselves. I envisioned lively discussions, role plays and ‘aha’ moments similar to those I had witnessed with clients. Experiential forms of learning are “marked by high levels of uncertainty, ambiguity, contradiction, and paradox (Dirkx, 1997). I am at ease with learning characterized by these words, and I believe, like Bateson (1994) that “discomfort is informative and offers a starting point for new understanding” (p. 17). I do not need to present as an expert with all the answers.

However, when I was handed the course materials two weeks prior to starting, my excitement waned just a little. Although many of the activities in the course pack were aligned with my expectations, there was a midterm and final exam comprised of multiple choice questions which focused on the textbook readings. In that first semester, I found that I responded to the students' anxiety around these exams by teaching to the tests in order to prepare them in spite of my strong inner conviction that it was more important to foster their self-awareness. But how could I expect them to truly engage in the process of learning through interaction and reflection when their ‘success’ was so closely tied to the regurgitation of content? In writing
about the role of technique in education Palmer (1998) offers a salient point: “As we learn more about who we are, we can learn techniques that reveal rather than conceal the personhood from which good teaching comes” (p. 25). I realized that allowing myself to be driven by content produced a cognitive and emotional dissonance upon which I needed to reflect. Prior to the next semester I began making changes to the structure of the course with the result that learning became more meaningful for all of us. I will discuss some of these later, but for now I turn my attention to the focal point of this paper—the teacher-student relationship.

What’s Love Got to Do with It?

As a novice therapist, I searched for ‘techniques’ to enhance my therapeutic skills, much as students often focus on the ‘doing’ aspects of nursing as opposed to the ‘being’. Jourard (1971); Rogers (1963, 1980); Wilson (n.d); and Yalom (2002) highlight the importance of relational ways of being with others, that transcend externally applied communication skills and reflect authenticity, transparency, genuineness and trust. In her investigation of autobiography as a teaching/learning process, Johnson (2003) writes: “[For students] my role as an observer was not acceptable unless I participated in the riskiest part of the course, too” (p. 238). Similarly, I have learned that I cannot and should not leave my humanity in the hallway and if I expect students to engage in a process of self-discovery (never without risks), then I must strive to be open and vulnerable too. Above all, I must do my best to contribute to the creation of a safe learning environment. For me, teaching is an act of courage…and love.

“If I can provide a certain type of relationship, the other person will discover within himself the capacity to use that relationship for growth, and change and personal development will occur” (Rogers, 1961, p. 33). This certain type of relationship which I strive to provide is inseparable from the ‘climate’ in the classroom. In other words, if the teacher-student
relationship is one that engenders a climate of safety, students are presented with opportunities to
grow and develop in a way that they would not otherwise experience. Gillespie (2005) writes that
the student-teacher connection “creates a space which, in its effect, is transforming. Within this
space, students are affirmed in who they are in the present, become aware of their potential, and
are supported in personal and professional growth” (pp. 212-213).

I am fortunate to have a job that I love as this is a positive starting place from which to
connect with students. In talking about my relationship with students, I am reticent to use the
word ‘love’ because of some negative connotations it may invoke in the reader. But it is a love of
sorts in that I experience a deep sense of caring and commitment. It is a personal disposition,
perhaps better captured by a description of its manifestations and associations. It is not ‘airy-
fairy’ or ‘touchy-feely’, a criticism of which I am aware. It is not a relationship that
masquerades as caring until the going gets tough. It is a relationship that acknowledges that
things do not always go smoothly, we have uncomfortable feelings and thoughts, and sometimes
we need to say things to others that are hard to say. It is a relationship motivated by genuine
kindness and concern for students’ welfare and a belief in their innate capacity to grow. It is a
helping relationship built on trust and respect—the authentic kind that springs from caring, not
fear. It is a relationship in which all feel safe to offer their opinions, to challenge themselves, to
take the risk to let themselves be known by others and to make mistakes. Similarly, Rogers
(1980) describes his central hypothesis of a “person-centred” approach: “Individuals have within
themselves vast resources for self-understanding and for altering self-concepts, basic attitudes,
and self-directed behavior” (p. 115). Of the students in her study, Rossiter (1999) writes: “At
many points [they] described the one caring as one who saw and responded to something within
them that they themselves did not see. In the caring relationship they grew into the self perceived
by the one caring” (p. 213). As a teacher, it is these internal resources with which I attempt to connect and affirm in order to help students learn and grow into themselves.

In a qualitative analysis of student and faculty narratives, Anderson & Carta-Falsa (2002) identified the expressed need for nurturing, open, nonthreatening and respectful attitudes in student-teacher relationships. Meyers (2009) concluded that caring is an important dimension of college teaching. Supportive relationships encourage students to engage in learning and “enable them to extend beyond their current abilities, and form a bridge for mentorship” (p. 209).

However, he found that despite the fact that students are acutely aware of whether teachers care about them, and simply put, “students care if we care about them” (p. 206), teachers do not necessarily prioritize caring to the same extent. This author notes that caring requires effort and a willingness to tolerate uncertainty and focus more on students than subject matter. That said the development of a caring community of learners exists within the larger context of the educational organization. Teachers are more likely to extend caring to students if they feel cared for and valued. My experience of a caring culture is briefly addressed in the “Discussion” section of this paper.

In an attempt to capture the illusive nature of how the teacher-student relationship may unfold to positively influence students’ future abilities, I will address how I seek to foster a climate that is conducive to the development of self-reflection (and hence, emotional intelligence) through a discussion of my experience in ‘Self and Others’. Further to this I will include (in appendices) guidelines for journal assignments, a sample of a student’s journal and students’ written comments pertaining to the influence of relationship and climate on their growth and development.
The Nitty-Gritty: If There is Such a Thing

A few months ago when I shared my project intentions with a colleague, she wondered aloud what shape this paper would take. In her opinion emotional intelligence and the ability to be self-reflective are innate characteristics...“a way of being” that cannot be taught. I thought about that for some time. While I partially agree, in that some people are more reflective than others, I believe that all of us can enhance our ‘ways of being’ if the right conditions are present. I did know, however, that it would be a challenge to articulate the part that I attempt to play in this enhancement. But I will do my best to convey some of the teaching/learning perspectives framing ‘Self and Others’ that I believe facilitate a climate that is conducive to meaningful engagement.

Sharing Stories and Selves

I have a strong belief in the power of beginnings and back in 2006, my shattered tooth spoke to me. I listened to my anxiety and reflected on what I wanted to communicate on that first day. I shared my excitement and my anxiety with the students and acknowledged that they may be feeling similarly. I told them about myself—my educational and personal experiences and philosophies, as well as what was significant to me in my present life; and I invited questions. I believe this communicated my ‘transparent self’ and set the initial tone for students to safely engage in activities that facilitated “revealing their personal sides” (Anderson & Carta-Falsa, 2002, p. 137). Regarding transparency, Gillespie (2005) states that “in its entirety, transparency becomes an overt expression of teachers’ beliefs, intentions and the actions that arise from this foundation…the teacher as person, educator and nurse becomes known to students in a meaningful way” (p. 214).
“It is through authentic exchange that we come to know, trust and respect one another and grow through the discovery of meanings around learning experiences. Learning experiences which focus on the discovery of personal stories, lived experiences of caring, and the clarification of beliefs and lasting values facilitate connection” (Cohen, 1998, p. 2). During this first semester of teaching I was caring for my mother who later died; my father suffered a major heart attack; and my only sibling died suddenly (all within a few weeks). In view of my beliefs about transparency and authenticity, I did not try to conceal the overwhelming shock and grief I felt. In class I allowed the students to enter into my life by sharing my “lived experiences of caring” to which Cohen refers, all of which had relevance to being a nurse. In so doing students were given permission to reflect on and share their experiences. Recognition of the meaningful connection between our stories and the ‘concepts’ of study brought learning ‘to life’.

As the semester progressed all of us came to ‘know’ one another; relationships and learning were enriched through the sharing of stories. This knowing had profound implications for the students in that they experienced a sense of shared humanity regardless of differences, simultaneously appreciating a wider range of perspectives. They better understood the universality of feelings as they felt safe to disclose their own and learned to listen more actively to others. They began to articulate the meaning of their experience and its connection to caring for others.

Much of the sharing of stories in ‘Self and Others’ takes place within the contexts of activities created to help students uncover ‘black-and-white’ thinking, stereotyping beliefs, attitudes related to responsibility/blame, the meaning of ‘strength’, their ways of coping with conflict, anxiety and so on. Many discover self-limiting beliefs about their abilities and the way they have defined themselves. Many experience epiphanies about the origin of their values,
family ‘mottos’, and how they may further or impede their capacity for empathy and compassion. Many become aware of the judgments they make of others and their powerful influence on relationships. Most are changed in some way as a result of new awareness.

Dirkx (2001) writes: “The meanings we attribute to emotional states also inform us about ourselves and the broader social world…Emotions always refer to the self, providing us with a means for developing self-knowledge” (pp. 64-65). When we share our stories and reflect on our experiences emotions inevitably surface (Meyer, Licklider & Wiersema, 2009) and in the context of adult education, they are often addressed from the perspective of providing opportunities for students to ‘vent’ so that the class can get on with learning. Dirkx (2001) writes, “Educators within formal settings of adult learning seek to control, limit, or redirect outward expressions of emotions and feelings” (p. 67). However, in Dirkx’ course, participants “typically describe experiences in which there was a strong, positive, emotional, or affective dimension, such as a supportive climate, a caring teacher who listens to us as individuals, a teacher who respects us as persons, or a teacher who involves the whole person in the learning experience” (p. 67) as the most memorable learning. This has been my experience as well.

**Attending to the Here-and-Now**

“Of course, technique has a different meaning for the novice than for the expert. One needs technique in learning to play the piano but eventually, if one is to make music, one must transcend learned technique and trust one’s spontaneous moves” (Yalom, 2002, p. 35). When the ‘music’ in the classroom takes on a discordant note—for example, students are lacking enthusiasm for an activity or I sense unexpressed conflict, I address it, rather than ignoring the ‘elephant’ in the room. A case in point: Small groups of students were revisiting their initial group commitments with the purpose of giving one another feedback. I noticed that one group
was ‘dancing around’ the issue of a peer’s recent non-verbal communication—she often appeared distracted, seldom smiled and had little to say. I could sense that this was having an impact on the group functioning. Some tried hard to include her, while others ignored her. There was palpable discomfort at the table. When I asked how the discussion was going, most smiled and said “fine”. I requested to join the group as a “member”. In a gentle manner I specifically described the non-verbal behaviour I saw, offered a couple of possible interpretations and asked the student for clarification. It turned out that she had been ruminating about a difficult family situation. She stated she was unaware of her presentation and its impact on the group. She expressed appreciation for the feedback. As a group we were then able to engage in a conversation about fears of hurting others’ feelings, assumptions we make and how we can support one another. The students realized that they had expended much energy in avoiding the ‘elephant’ and better understood the value of authentic feedback and its connection to supportive relationships.

At other times in the ‘here-and-now’, I might abandon a plan completely by attending to what seems more fitting to the students’ learning. This is not to say that I advocate an ‘anything goes’ kind of approach to teaching, but I have discovered that allowing ‘side-roads’ to be explored (with guidance) inevitably results in those awe-filled moments when a chord is struck and meaning punctuates the journey. I believe that everything occurring in the classroom is ‘grist for the mill’ of learning—on so many levels. For example, by attending to tension in the room I am modeling assertiveness and the courage it takes to be authentic and congruent as opposed to just talking about assertiveness in ‘Lesson Five’. As Yalom states: “The therapist [teacher] has no more potent method to build behavioral norms than personal modeling” (p. 77). Dirkx (1997) gives a great example of responding to tension by moving into “information-giving” which
essentially avoided the issue and left the class to “limp along emotionally deflated and anemic for the remainder of the term” (pp. 88-89). However, attending to the here-and-now is not for the faint-hearted due to the uncertainty that often accompanies it. But I value this practice as consistent with authenticity and transparency.

**Regarding Reflection**

My reflective ability has served me well in all aspects of my life—some of which I have referred to in this paper; and so it follows that this is a way of being close to my heart that I wish for students to develop. The ongoing development of our reflective selves underpins this paper as a vital aspect of emotional intelligence, which I posit is directly related to the navigation of emotional labour in nursing. But reflection is not that easy to define, let alone to articulate the ways in which it can be ‘taught’. For the purposes of this paper, here is a description (as opposed to a definition) of reflection: It is a purposeful activity inclusive of cognitive, affective and behavioural domains and their evaluation. It is about learning from experience and discovering the meaning of those experiences. It is about looking beneath the surface and challenging what we have taken for granted; and in this way it is potentially transformative. It is a process that is often unsettling but one that can lead to new understanding and perspectives (Horton-Deutsch & Sherwood, 2008; Mezirow, 1991; Pryce, 2002).

The ability to reflect and think critically is highly valued in educational circles and nursing is no exception. Reflective journals soon become part of nearly every course. In Semester I, students have journal assignments (see guidelines in Appendix A) that focus on self-reflection with the intention of developing new insights and awareness. Narrative reflections in subsequent clinical settings prompt students to recount, analyze and assess their practice as a
means for professional development (Levett-Jones, 2006). In a recent conversation about the promotion of self-reflection beyond Semester I, a very wise student said:

I have continued to develop my ability to be self-reflective because I understand its value, but it’s more than an individual process, I think. It needs to also be a dialogic process. I really miss the opportunity to engage with others—to share our reflections and hear other perspectives that spark our thoughts and feelings. Yes, we are encouraged to be reflective in our practice, but it’s more rigid—or structured, I guess—more concerned with what we’re doing than with our ‘self’…generally we keep a lot “inside” I think. For me, I’d like more thought-provoking questions in response to my journals to help me reflect at a deeper level…and maybe some sort of ongoing ‘forum’ for sharing and feedback would be helpful.

Pryce’s (2002) critique of reflective practice expands on this student’s thoughts as he considers the paradoxical nature and the ideological functioning of reflective practice in nursing. He writes:

On the one hand, reflective practice might be described as ideology that is concerned with appearing to elevate awareness while ultimately engaged with simply rearranging the existential furniture and still furthering the dominant bio-medical project! Reflection is sabotaged by routinisation, turning it into another ‘nursing process’ or ‘model’ that can be applied as a veneer to satisfy educators or professional policists, but not sufficiently internalized to disturb the rationality of the clinical ceremonial…The current weakness of reflective practice is the overarching emphasis on individualism, rather than the individual actor being located in a socially constructed universe of time and space….The transformative potential of reflective practice lies with enabling the imagination of the
actor to re-engage with the fictions of socially constructed ‘realities’ of both the institutional culture and the self in the search for the ‘authentic’. (p. 309)

If we agree that “self-awareness underpins all competent nursing practice and leadership” (Horton-Deutsch & Sherwood, 2008, p. 949), perhaps we need to create more space for the ‘self’ as we engage with students during their transitions toward clinical competence which “requires a strong sense of self and emotional intelligence” (Horton-Deutsch & Sherwood, p. 946). What I have learned about creating this space, specifically through the use of reflective journals, is addressed below (in “The Journal: Tough Questions and Evaluation”).

Challenges

The larger culture of teaching and learning has for the most part honoured two sources of knowledge: “empirical observation and logical reasoning” (Palmer, 1998, p. 208). In view of this I start with a perception of the value of ‘Self & Others’ that illustrates this perspective.

Mickey Mouse Doesn’t Live Here

A mentor who previously taught ‘Self and Others’ cautioned me that what I do might not be appreciated by faculty, and students may doubt its relevance. She said, “I hate to say it, but this course is often seen as “Mickey Mouse”. I already knew this from my experience as a nurse outside the ‘norm’, a nurse who just talks to people as I often heard from others who work in highly technical areas, but I welcomed her acknowledgement. In a similar vein, Meyers (2009) writes that some faculty view caring as not part of their job and a focus on interpersonal relationships as “soft” or gratuitous (p. 206). By extension, these are the faculty who would most likely view a course that focuses on self-awareness and interpersonal communication as “Mickey Mouse”. At the start of every semester there are students who question why they are required to take ‘Self and Others’; they want to get on with what they believe nursing is really about—doing
things to people—an image of nursing they have assimilated largely from the media. But, by the end of the semester most have come to realize that self-knowledge is a central requisite of caring for others. I believe that the relationships developed within the classroom play a potent role in this realization by supporting students to risk engagement in the meaningful learning opportunities of ‘Self and Others’—the only course in the program that focuses on self-awareness.

The Student from Hell: Contrary Attitudes and Behaviours

Firstly, in my learning relationships I’ve spent more time as a nurse/therapist and teacher than I have as a student. That said I have come across many more teachers from “hell” than I have clients or students! There has been a couple, however. Secondly, I value my sense of humour and ability to ‘lighten up’ and not take myself too seriously. For example, I tell myself that I am not the centre of the universe when I feel a personal negative ‘reaction’ to a student’s behaviour coming on. I believe it has more to do with them than it does with me. This does not mean to say, however, that I have not had a part to play. The following incident challenged me to choose a course of action.

She sat at the back of the room, but I was always aware of her presence—her eye contact seared through the distance, challenging me to a duel. Sometimes she would turn to her neighbour and utter a complaint while I was talking. I couldn’t hear it, but imagined it was something along the lines of “What’s the point of all this?” or “What a bunch of BS”. One day, she rose up…I knew it was coming. It happened just after she received her paper with a mark of 73%. I guess she thought she deserved more. Actually it was an easy guess on my part because she announced that this was “totally unacceptable” and then asked how I had arrived at that mark. I felt the heat rise from my belly to my head. I tried to keep my cool. All eyes were on me
in breathless anticipation. I managed to find my breath and in a steady voice said, “good question”, and continued to talk about the process of evaluating their journals. She was not convinced. “Who are you to judge?” ricocheted off the whiteboard. My toes curled up within my shoes, my heart beat out an aggressive rhythm and I knew my cheeks were probably flaming. A little voice inside me said, “Put her in her place. You need to maintain control. She has no right to speak to you like this”, but I dismissed it and said “another good question”. Looking back on this experience, at first I wondered if I should have taken the ‘upper hand’ in this interaction, but I have concluded that I handled it well, because whether or not this particular student would choose to examine how she challenges ‘authority’, others in the room might vicariously benefit from their observations of an interaction between student and teacher that did not become adversarial. Later that day we had a discussion about what respectful communication looks like and it is my hope that most students in the class were able to see parts of themselves in me and the “student from hell” and reflect on the meaning this had for them. Further reflection on my response to this challenging classroom moment has led me to a deeper understanding of the value of looking beneath the surface by asking myself questions such as “What is really going on with this student?” “What is this behaviour masking?” and “How can my behaviour help her/him to feel safe to acknowledge and express the ‘real’ problem?” This requires “patience and commitment…a willingness to ‘see’ beyond the external layer that the student presents, frequently asking teachers to look beyond detachment, anger, anxiety, or even skilled social engagement, [thus setting] a tone that is accepting and non-judgmental” (Davies, 2005, p. 213-214).

There is much discussion these days about the “millennial student” who displays a heightened sense of “entitlement” (Lippmann, Bulanda & Wagenaar, 2009; Pardue & Morgan,
While an in-depth review is beyond the scope of this paper, it bares mentioning that I concur that these behaviours are a source of frustration and can consume much energy on the part of faculty. However, I believe that a focus on curbing ‘incivility’ and the ‘consumer mentality’ of students through the use of strategies such as syllabi, rubrics and documents that attempt to address every conceivable situation, run the risk of objectivism driven by fear. On this subject Palmer (1998) writes:

For objectivism, the subjective self is the enemy most to be feared—a Pandora’s Box of opinion, bias, and ignorance that will distort our knowledge once the lid flies open. We keep the lid shut by relying exclusively on reason and facts, logic and data that cannot be swayed by subjective desire (or so the theory goes). The role of the mind and the senses in this scheme is not to connect us to the world but to hold the world at bay, lest our knowledge of it be tainted. (p. 52)

I would rather that these students (by far in the minority) show themselves within the classroom and challenge me to model a respectful way of responding to demanding interpersonal situations and to recognize teachable moments. However this requires that I am comfortable with myself and the learning environment, that I do not expect strict conformity or an iron-clad safety net that protects me from ever having to deal with ‘difficult’ behaviours. After all life is not like that and these future nurses will encounter similar demands in their careers! Pardue & Morgan (2008) assert the importance of building strong reciprocal partnerships with students to “promote personal growth, academic success, and mutual understanding” (p. 79) and Anderson & Carta-Falsa (2002) write that collaborative relationships between teachers and students facilitate learning and also “allow for a safe exchange of ideas among all participants” (p. 137). From my
experience, the strength of these partnerships built on care, trust and mutuality, not only promote student success, but also the self-efficacy of the teacher.

**The Journal: Tough Questions and Evaluation**

In ‘Self and Others’ there are many opportunities for students to engage in activities designed to promote their self-awareness. For example, they present a ‘self-portrait’ to their peers, participate in role-plays and discuss personal experiences and how they relate to nursing. We watch “Wit” (Nichols, 2001), a film that exemplifies concepts such as caring, humanism and hegemony; the discussion following is always fruitful in terms of the development of students’ understanding of the lived experience of a person who is ill. I love this course and would like to be able to share everything that happens within it, but I have chosen to focus on key assignments that are directly related to self-knowledge—reflective journals.

There are two journal assignments in Self & Others. Since I have been teaching this course nearly 500 students have completed these assignments. Many have expressed a degree of anxiety about them; most, if not all, have stated they have benefitted from them. While some are comfortable with self-reflective writing, others are uneasy and apprehensive. It is this knowledge that compels me to devote particular attention to making safety a priority. I ask that they look at themselves, reflect on long-held values and beliefs and explore the meaning of their experiences. These are not easy requests and in order for them to take such risks, I must attend to the development of trust amongst us. In view of that we spend considerable time in class talking about the meaning of reflection and my expectations in terms of these assignments. As I write now, I am reminded of the rich learning opportunities that reside within a sense of ‘confusion’. By ‘confusion’ I mean that students typically seek to cope with their apprehension by requesting prescriptive guidelines. They ask for templates and exemplars. But I resist on the grounds that
they are counter-intuitive. Their confusion and my resistance to clearing it up for them, presents us with amazing opportunities to explore meanings related to uncertainty and how one copes with it. Most importantly this is an example of a discussion that as Johnson (2003) writes, “reinforce[s] the connection between each student’s life and what I’m trying to convey in course content” (p. 238). Who is more uncertain and apprehensive than a person struck vulnerable by illness—and by what process do we develop empathy?

Of course, the intention of my purposefully broad guidelines is to encourage students to reach within themselves as opposed to producing something they think I expect. Understandably there is a tenuous line to be walked and sometimes it feels like a tightrope. On the one hand, while I resist prescription, I do not want to leave them ‘hanging’. Here is where the relationship clearly comes into play. I have found that students are able to rise to the challenge that ambiguity presents and learn from it—if the climate is nurturing. Having said this, I have responsibilities that are necessary to clearly articulate. I need to communicate that this is a ‘confidential’ assignment (with rare exceptions related to serious safety concerns) and due to the nature of personal reflection, I see myself as a ‘privileged witness’ with an ethical responsibility to respond from my ‘self’ in a manner that is respectful and challenging in a positive way. I stress that I am not grading the content of the journals, but rather the level of reflection on content.

The journals are a challenge for me as well, but because I value them so highly, I am willing to meet it. Students often share highly emotional experiences that affect me. Sometimes I experience feelings, such as frustration or sadness as I read. I need to acknowledge my reactions, reflect on their origins and thoughtfully address them in my responses aimed at grasping those teachable moments—this is a delicate and often exhausting undertaking, indeed! My comments and questions on the right side of the page frequently fill the space as I believe students deserve
all the feedback I have to offer. Mostly this feedback takes the form of open questions, such as “Where does this belief come from?”; “How is this significant in terms of being a nurse?”; “What did you learn about yourself and how you respond to conflict?” and so on. I also offer encouragement, acknowledgement and validation; sometimes I ask for clarification. The most ‘difficult’ journal content comes in the form of rigidity, harsh judgments of others and attitudes that appear antithetical to caring. At those times, I step back, take a breath and carefully construct questions/comments that I hope the student will be able to ‘hear’. I share my experience when it is relevant. I stay away from advice, in spite of how tempted I might be to offer it. Here’s a comment in response to a student’s story about a difficult time in elementary school related to her self-concept that illustrates sharing my experience without giving advice:

These experiences are devastating, especially when we are young and so vulnerable to others’ opinions, don’t you think? My daughter had a very similar experience in the fourth grade. As her mother I felt angry and tried to do everything I could to support my little girl! She’s thirty now and still remembers her feelings as a nine-year old. The good thing however, is that she is very sensitive to the ways in which she treats others and perceptive in terms of the choices she makes regarding people in her inner circle. In looking back on this time in your life, what are some other ways that you might interpret it? Is it really “true” that you did something wrong? How can you re-write this story to exclude the belief that you are inherently flawed?

Another issue of ‘delicacy’ is the assignment of a mark. From my own educational journey I am aware of much of the literature on reflection, but my best teacher has been my personal and professional experience. I ‘know’ and ‘feel’ reflective writing when I read it. If the narrative provokes thoughts, feelings and questions within me, my responses flow easily; on the
other hand, if I am at a loss for words or feeling bored, it’s usually because the writing is a description of events as opposed to an exploration of meaning. Some might say that a formal rubric is in order, but my resistance to which I referred earlier, applies in this case as well. What is critically important is the openness with which the classroom ‘conversation’ is allowed to take place.

**Discussion**

In the process of writing this paper my beliefs about the importance of relationships in teaching and learning, as well as the significance of reflection in growth and development, have been appreciably affirmed. I have used many adjectives to describe the nature of the teacher-student relationship that I believe is fundamental to students’ ongoing growth and future success—for example: ‘caring’, ‘trusting’, ‘authentic’, ‘transparent’ and ‘nurturing’. I hope that the reader has been invited to engage with my story and to reflect on the priority of relationships in the development of emotionally intelligent nurses who are better able to navigate the often-rough terrain of emotional labour. I propose that, as educators, we serve our students well by making the emotional aspects of caring for ourselves and others more visible in our ways of being as teachers. Positive teacher-student relationships benefit all. When teachers show that they truly care about students, they receive care in return.

Previously I referred to the value of exploring ‘side-roads’ in the classroom. In the writing of this paper I have become aware of many exciting paths for future travel. Some avenues to explore include: the attribute of resiliency within the construct of emotional labour; the development of an emotionally intelligent faculty community; and the case for continuity in terms of creating space for self-reflection.
Teaching can be a lonely walk of life and ‘hearing’ others’ stories (through the literature) has provided valuable insights into their experiences and contributed to expanding the consciousness with which I practise. Davies (2006) posits that good teaching extends beyond the “privacy of the classroom”…

We must take responsibility for examining the documents and discursive practices that are taken for granted in our schools and universities, and ask what conditions of possibility are they creating and maintaining for us and our students? In what ways do those conditions of possibility afford our students a viable life? And in what ways may they be said to fall short of adequate care? (pp. 436-437)

This meaningful engagement with others has prompted me to reflect on the value of a caring community amongst my peers and the ways in which these relationships translate to the cultivation of connections with students that promote their success. For me this is analogous to a family characterized by the strength of the parental relationship as the key component in nurturing the health of the whole. Fitzgerald, East, Heston & Miller (2002) use the term “professional intimacy” to describe a “community where we can talk and care about teaching, and speak about our teaching lives and what they are like for us, sharing how we fail and what we struggle with in teaching” (cited in Attard & Armour, 2005, p. 203).

Earlier I discussed the theme of ‘self and others’ that emerged as many of my perspectives shifted during my illness. Palmer’s (1998) words eloquently describe a lesson I learned that shows itself in my current work: “We learn experimentally that we thrive on some connections and wither with others, that we enhance our integrity by choosing relationships that give us life and violate it by assenting to those that do not” (p. 17). I feel valued and cared for within the immediate faculty culture of which I am a part. Some of the ways in which this is
evidenced includes our ‘Wednesday lunch bunch’—a group of us get together and share the ups and downs of our day. We eat and laugh…this is so uplifting. Last year a couple of us attended each others’ classes and clinical areas with the intention of offering insights through ‘new eyes’. On April 1st some of us switched classes for a few minutes and presented the students with ‘unusual’ lesson plans as an April fool’s joke and in return the students responded with their own creative jokes on us. These are significant memories for me in terms of the essential nature of caring connections amongst us. But this is a small group—what if all of us felt comfortable to invite others to our classes and share our reflections on a regular basis? I suggest that yet another kind of ‘revolution’ in the way we teach and relate to our students would take place!

I end with a recent experience that spoke to me about the value of relationships: I live in a rural area and the other day I was driving behind a pickup truck with four or five young calves in the back. They were very cute, I thought. The road was quite twisty and I watched them attempt to negotiate the curves. As the truck veered to this side and that, the calves tripped and faltered, but because of their “colleagues”, they regained their original balance. I wondered if the driver cared that these lovely creatures were having a tough time back there. As I had been pondering the meaning of teaching and learning, specifically the relational aspects, this image was significant to me in terms of our collective vulnerability, the crucial nature of ‘support’ amongst us and our responsibility as educators to create safe and caring environments for our students to learn and grow.
References


Austin, W., Bergum, V. & Goldberg, L. (2003). Unable to answer the call of our patients: Mental health nurses’ experience of moral distress. *Nursing Inquiry, 10*(3), 177-183.


A Note About the Appendices

Appendix A consists of guidelines/suggestions for the journal writing process. This forms part of the ‘conversation’ I refer to above. As it is an evolving document, the next revision will include a brief statement regarding confidentiality, ethical responsibility and the grading of reflection as opposed to content (in “The Journal: Tough Questions and Evaluation”)—for the purpose of consistency with the classroom conversation.

Appendix B contains a student’s journal. This is “Journal #2” written a couple of weeks after receipt of the first journal with my feedback. I have obtained written permission from this student to include her journal as well as the quote contained in the text (see p. 33). As the reader will appreciate, this is an outstanding example of self-reflective writing that is grounded in a critical apprehension of meaning.

Appendix C is an assortment of students’ comments sent to me on the ‘eve’ of my retirement. I have included them because they are the words of students and they relate specifically to the teacher-student relationship, learning climate and the connection to their growth. I admit that I was moved by these comments—they felt good to me—but I have shared them not from a place of ego, but because of their meaningful relevance to my project.
Appendix A

Journal Assignments

The purpose of these assignments is to:

- Increase self-awareness through the process of reflective writing.
- Enhance critical/reflective thinking skills.

Guidelines and Suggestions

In preparation:

- Get in the habit of writing in a journal by following the IN REFLECTION suggestions at the end of learning activities and/or writing about something that is significant to you (related to course learning, self-awareness, communication, experience as a nursing student etc).
- Access recommended readings.
- Become an astute observer of yourself and your surroundings!

Getting Started to Write:

- Find the right time and the right place to begin writing.
- Sit quietly and think about what has been particularly significant to you over the last few weeks. It might be a learning activity, an interaction, a connection you’ve made between your classroom experience and other parts of your life. You might have had a “revelation”…this is a great place to start!

Putting it down on the Page:

- Remember the focus is on you and your self-awareness.
- Think of the “self” as a unique, evolving, complex (sometimes confusing) being with thoughts, feelings and behaviours that are all intertwined and influenced by others, culture, context, past experiences….
- Take nothing for granted as a “given” or “right”. Notice any tendencies to think in “black and white”. Ask yourself questions regarding the underlying values/beliefs/attitudes that inform your views. Where do they come from; are they relevant for you now; what are the ways they impact your relationships with others; what choices do you have?
- Uncover and explore the judgments you make.
- Notice the words you use as this can help you to be more aware and self-reflective.
Focus on the meaning of your learning/experiences/newly-gained insights/interactions with others.

- Be specific; use “I”. Avoid vague broad generalizations as these take you away from your “self”.
- Tune into any patterns or themes you notice.
- Avoid a “shopping list” of class activities.
- Be aware of your self-critic and have compassion for yourself.

Journal #2

- Read and reflect on the feedback you received on your first journal.
- Notice any patterns/themes.
- Be aware of your thoughts/feelings regarding the feedback.
- Ask yourself questions…for example, what might have changed (in terms of your perceptions etc.) since your last journal?
- This time you will write and comment on your own journal…as though you are standing “outside” yourself.
- Write in your journal and leave it for a few days. When you return try to see it with “new eyes” and comment/ask questions of yourself on the right-hand side of the page. You might imagine that you are the instructor or another person other than yourself who is reading your thoughts/feelings and wondering about the meaning of what you have to say.

Format and Submission

Journal #1

Use this format: In Word, click on Insert/Table/Insert table/2 columns & 2 rows. Here’s what it looks like:

<table>
<thead>
<tr>
<th>Insert your name here.</th>
<th>Insert instructor’s name here.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Write your journal here…it will expand.</td>
<td>Instructor will comment here.</td>
</tr>
</tbody>
</table>

Then follow instructions in the “Assignment Drop Box” to submit. Your instructor will give you feedback, grade your assignment and return it to you.

Journal #2: Use the same format as Journal #1. Instead of the instructor’s name in the upper right, insert your name…maybe something like “Me, Later” 😊 Give yourself a mark out of 10 and submit in the “Assignment Drop Box”.
Appendix B
A Student’s Journal

<table>
<thead>
<tr>
<th>Journal Entry</th>
<th>Me...later</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Critical Reflection # 2</strong></td>
<td>It’s interesting to see how I have become so much more aware of myself as a result of my learning about behavior and communication.</td>
</tr>
</tbody>
</table>

Upon further critique of my last journal reflection, I have become increasingly aware of how my participation in class, particularly my reaction when discussions are raised to an emotive level, is affected. I have noticed that there have been times where emotional discussions have left me feeling uncomfortable and sometimes withdrawn perhaps to protect my emotional integrity. One event which proves to be salient will help me reflect on the emotional reactions I experienced. A brief synopsis of my story, including my thoughts and feelings with respect to the event will create the foundation to my analysis. As a result, the implications for the future relationships I will encounter in the clinical setting will be discussed. Consequently, I will discuss how this experience has affected my perceptions and my personal meaning from this experience.

My reflection begins with the story of a peer who was participating in discussion in the Self and Others class. The class was engaged in discussion regarding the impact of nursing practice on the families of clients when a peer volunteered a personal story in relation to the discussion. As she spoke of her uncle who was sick in the hospital and the supportive nature of the nurses who cared for him, she began to cry. My immediate reaction to that was shock. As she became tearful, I was frozen with fear. As she cried, I could only look down silently. In reality, I wanted to help her, to do something to make her feel better but I couldn’t figure out what that would be. In my family, emotional expressions such as crying were considered inappropriate and often met with the well meaning “don’t cry, you are much stronger than that.” As I have grown, I have learned to accept my own crying as a healthy emotional response despite these.

I wonder if I am trying to protect my emotional integrity or if I am simply adhering to “rules” set forth by my culture. Perhaps deeper reflection of the effect of my culture on my emotional behavior would answer this.

Upon further reflection, I have noticed that I don’t feel shocked or frozen when someone becomes emotional in front of me in intimate settings such as with friends or family. I wonder if this response is context-specific. Perhaps I have linked certain behaviors as being more appropriate to the classroom environment where there are many people present. I wonder if these same rules would apply in a clinical setting where I would be with less people.
judgments, but I still felt a measure of shame for my peer in this situation.

As I observed myself, I noticed that I had completely turned away from my peer and lowered my gaze. It was as if I had built a wall between my peer and myself! I realized that I had completely dissociated myself from this individual non-verbally. This revelation sparked fear in me. What if in my practice, I was to encounter an emotional client? Is this a supportive response? As I imagined myself in her situation I realized this is not the way I would want to be treated. As the student was given a moment, I wondered how others were responding as I looked around to observe their reactions. Many, like me were looking down and silent; however, one that stood out was the reaction of the instructor. She did not try to silent the tears or avoid the student; she allowed them to occur as she met the gaze of the student with a reassuring smile. Somehow, seeing that response gave me strength. I interpreted this as an invitation to allow my peer to express herself. I thought to myself, this is how I should have reacted. But instead, I could only keep my head down feeling sadness for the individual. Once I summoned the courage to try and connect with the individual, I felt sadness I imagined her to feel in my own mind and it nearly brought me to tears as well.

This experience led me to realize two things. First, when analyzing my own reactions, I noticed that my non-verbal behaviors were a way of dissociating myself from the crying individual. Without intention, I had physically blocked myself from her in an effort to protect myself from her feelings. This led me to the second realization. Once I did allow myself to engage in the environment by looking at the instructor and the individual, I associated my own emotions to her by feeling the sadness that I sensed from her. My only way of connecting with her was to experience her emotions. I realized that instead of being empathetic, I was projecting my own emotions on to the student. By doing this I was focusing on myself rather than the student. As a nurse,

Have I really learned to accept my own crying? Logically I realize that crying is a natural occurrence but my feelings of shame suggest I still haven’t quite recognized it as acceptable. It would be interesting to further investigate where this “shame” comes from. Having shame for my own emotions may be understandable, but why feel shame for another? I seemed to have projected my own emotions on another. This could be dangerous in a therapeutic relationship if I lose focus of the person who is experiencing the emotional issue.

Based on my previous observations regarding interacting with people in more intimate settings, I wonder if I would be more capable of being open to these emotions with a client where the setting is more intimate.

This observation highlights the power of non-verbal communication. I must note; however, that I have focused on the impact of the instructor on me rather than the student who was crying. I have noticed that the discomfort of the situation revolved around what I was feeling rather than what my peer may be experiencing. Once again, I am projecting my OWN feelings on to the student. I wonder how this might have changed if I had actually observed the student or had the chance to interact with her directly.
I expect to encounter situations where a client or their family is feeling sadness, anger or fear. If I were to continue to assume their emotions in order to connect with them, how healthy would it be for me? And how therapeutic would it be for them?

With this epiphany, I realize that I need to build an awareness of how I respond to the emotions others express. My past responses of dissociating myself from the situation entirely through body language or my need to connect with the individual by assuming and internalizing their emotions leave me feeling uncomfortable and unsupportive. When confronted with this situation in the future, I will be cognizant of the response that I was so drawn to – that of the instructor. Positive qualities in her response such as maintaining eye contact, comfortable posture and facing the student allowed the expression of my emotional peer with the respect of acknowledgement and acceptance. Furthermore, it maintained the focus on the student.

This experience revealed to me the power of emotional communication as it impacts others both positively and negatively. Through observation and awareness I was able to discern non-verbal and verbal communication that provided support and left the classroom with a positive atmosphere. While this event initially raised discomfort and fear within me, through critical reflection, I was able to look further beyond my own feelings and usual responses to discover more positive ways to deal with these sometimes difficult situations. Dealing with sadness, anger or fear when experiencing loss or illness can be difficult both for those experiencing the loss and those who support them but through acknowledgment and respect, I think therapeutic healing as I observed in the classroom, can begin.

If I am connecting to her by assuming what she is feeling and internalizing those emotions that would definitely not be an empathetic response. Direct interaction with my peer and observation of HER reactions rather than assuming them would possibly help shift the focus to her and may reduce my own discomfort. This may help illicit a more empathetic response. This may be a more effective strategy in the clinical setting as well.

Why was I so drawn to the way the instructor reacted to my peer? Perhaps it was because her response made ME feel better. How would I know if her reaction helped the student? Maybe interacting with my peer after the incident would have helped clarify how she felt after the experience. I should consider that every situation is different. Certain individuals may prefer to be alone when they become emotional. In that case, perhaps being silent and averting eye-gaze would be more respectful to them. It is important to consider that people are different true caring would require that you follow their lead as opposed to assuming how they would want you to react.

Observing others has been to my knowledge about communication. I have always been able to understand the concepts best when I watch behaviors in real-life situations. Acknowledgement and respect are key to building therapeutic relationships but I should be mindful of when I am projecting my own emotions on to another.
Appendix C

In the Words of Students

*“Expose yourself to your deepest fear; after that, fear has no power, and the fear of freedom shrinks and vanishes. You are free” (Jim Morrison). You taught me to be unafraid and more sure of myself. You are a person I look up to and aspire to be like. You have inspired me to become a great nurse and an even better teacher.

*Thank you for engaging my creativity.

*Thank you for just being you and sharing yourself with us.

*I learnt so much about myself in your class. I found myself again.

*In the beginning of class you really helped us to feel comfortable. Everyone felt welcomed and accepted early on. Thank you for being so open and always sharing your life and story. I really benefitted from your guidance, especially through journaling.

*Your role in my first semester was profound. The environment you facilitate in class is unique, and has made me a better person.

*You made me look forward to coming to school. You’ve inspired me to be calmer, more respectful and take things in stride. The things I learned in your class will help me not only in my nursing career, but also in life.

*I remember looking forward to class, because it was there that we were able to share things students most often do not get to share; their stories. You set the stage for our own personal growth and development by showing us what it truly means to know oneself and to listen to the stories of others.

*To our semester one class, the first few weeks of school was nerve racking, overwhelming and very scary. Coming to your class brought much relief to all of us. You have a special way of
relating to students, opening up your heart and mind to us, allowing us to share with you our thoughts and feelings is something a new nursing student very much appreciates. I have never met an individual who has such a gift in relating to others. You always treated us with the utmost of respect and always cared how we felt. At the time I was in your class, I had experienced some personal challenges, as my Mom had passed away weeks before I entered the program. You were always very concerned with my welfare, and always checked in with me to ensure I was okay.

*Thank you for being our motivation in the first semester. I really appreciate what you have taught us and all the feedback you have given us.*

*I learned a lot from your class. Your comments on my journal opened my eyes.*

*You gave me the confidence to communicate with others.*

*I learned a lot in Self and Others and this new knowledge will be very useful to me I’m sure in my future.*

*You made me think and challenged me in a way that I was not used to. I am a better person as a result because I grew.*

*I learned so many things about myself that I will take into practice and into my own life and personal relationships.*

*Thanks for your wonderful insight into my journals. It really helped me to improve.*

*I want to thank you for teaching me so much. Not about self and others alone, but about how to become a better person.*

*I don’t think I’ve ever taken a class that had such a profound effect on me.*