

'Do not ask who I am...': confession, emancipation and (self)-management through reflection

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Aim This study explores and extends some recent Foucauldian critiques of reflection and clinical supervision in nursing.

Background Although reflection is often accepted uncritically, several writers have claimed that it is being employed (albeit perhaps unwittingly) as a management tool to facilitate the governmentality of the workforce by establishing conditions whereby so-called reflective practitioners monitor and regulate their own practice in an essentially self-repressive way.

Evaluation/examination We evaluated these critiques and extended them with reference to Foucault's later writing, particularly on the 'care of self'.

Key issues and conclusions Our exploration of these critiques prompted us to distinguish between two different projects of reflection, which we term the ontological and the epistemological. The ontological project regards the aim of reflection as personal growth under the direction of an enlightened guide, and we argue that there is a real danger that such an approach might degenerate into what one critic has termed 'a subtle but persuasive exercise of power'. The epistemological project, on the other hand, is concerned with an exploration by practitioners of their own methods of thinking about their practice, and as such, has the potential to become truly emancipatory.

Keywords: autonomous practice, clinical supervision, Foucault, reflection, surveillance

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Introduction

'Do not ask who I am and do not ask me to remain the same: leave it to our bureaucrats and our police to see that our papers are in order (Foucault 1974)'.

This study focuses on reflective practice as one particular aspect of clinical supervision in relation to the management of practitioners. Advocates of reflection in nursing, either in the form of a written journal or as a component of clinical supervision, have tradi-

tionally presented it in a positive light as an important tool in the move towards greater self-awareness, autonomy and professional self-governance. As such, it would appear to mesh perfectly with current management agendas in nursing and health care, particularly in the development of the 'learning organization' and the rejection of blame culture. In addition, reflective portfolios are playing an increasing role in accreditation of learning and ongoing professional registration. However, there is a growing disquiet in some corners of the academy that reflection

(and, to an extent, clinical supervision) is at best a form of repressive self-surveillance, and at worst a deliberate managerial strategy to produce a docile and compliant workforce.

In a discussion of some of her concerns about reflective practice, Cotton (2001) offers a Foucauldian analysis of the way that reflection, firstly encourages the public expression of private thoughts, and secondly, how these public expressions are then used as a means of surveillance and normalisation of practice. Gilbert (2001), who includes clinical supervision in his critique, draws on Foucault's concept of governmentality and self-surveillance to arrive at much the same conclusion. Both writers argue that reflection has been adopted uncritically into the mainstream of nursing practice, and both assert that it is 'a subtle but persuasive exercise of power' (Gilbert 2001, p. 200) which has enabled it to become 'a hegemonic, natural, indisputable discourse, specifying not only what nurses may think, but also how they are to think' (Cotton 2001, p. 514). For Cotton, part of the success of reflective practice in establishing its hegemonic status has been, paradoxically, the fact that it has remained a confused, muddled and ill-defined concept. She outlines a number of different conceptualizations of reflection from the literature, noting that 'they construct different truths, objects and subjectivities, and position subjectivities differently according to their regimes of truth and power' (2001, p. 513). Thus, citing Smyth (1992), Cotton (2001) makes the point that 'reflection can mean all things to all people... to signify something that is good or desirable' (Smyth 1992, cited in Cotton 2001, p. 513).

Whilst, we are sympathetic to this Foucauldian critique of the use of reflection and clinical supervision in nursing, we wish to argue in this study that Cotton (2001) and Gilbert (2001) fall into the trap either of failing to distinguish between different strands and definitions of reflection, or else of over-differentiating to the point where we are left with numerous, equally (in)valid conceptions of reflection, which can therefore mean more or less whatever each practitioner wants it to mean. In contrast to these perspectives, we wish to distinguish and differentiate at least two clear and separate strands of thought in the way that reflection is defined and conceptualized in nursing. Furthermore, we will extend and develop the Foucauldian critiques offered by Cotton (2001) and Gilbert (2001) to one of these strands, whilst arguing that the other strand is largely immune from these criticisms, indeed, that it militates **against** the Foucauldian notion of self-surveillance.

The two reflections

Despite the broad range of definitions on offer, most writers agree that reflection, as its name suggests, entails some form of 'casting back or showing an image of something, such as in a mirror' (Penguin Complete English Dictionary 2006), and that the 'something' which is reflected back to us is some aspect of our 'self'. This, however, is the point at which the two strands of thought on reflection part company. The more traditional strand of reflection, handed down from educationalists, such as John Dewey (1938) and Kolb (1984), is concerned primarily with reflection as a means of accessing the personal 'practice knowledge' that each of us possesses as a result of our prior experiences. This experiential knowledge is 'self-knowledge' in the sense that it is knowledge about how we practice that is known only to our selves, and can be seen in many definitions of reflection in nursing, such as:

'The retrospective contemplation of practice undertaken in order to uncover the knowledge used in a particular situation, by analysing and interpreting the information recalled (Fitzgerald 1994, p. 67)'.

'A complex and deliberate process of thinking about and interpreting experience in order to learn from it (Atkins & Murphy 1994, p. 50)'.

'The systematic and thoughtful means by which practitioners can make sense of their practice as they go about their daily work (Taylor 1998, p. 138)'.

We have presented three examples from a plethora of definitions of reflection in nursing that equate it more or less with the model of learning outlined in Kolb's learning cycle and summarized by Dewey (1938) as: 'we learn by doing and realising what came of what we did'. In other words, the aim of reflection is primarily to uncover what might be thought of as our 'tacit knowledge' in relation to our own practice. Despite Cotton's (2001, p. 513) assertion of 'many and varying conceptualisations of reflection', there is a general and widespread consensus around this particular strand of thought, which some writers have referred to as 'critical reflection' (Burns & Bulman 2000, Rolfe *et al.* 2001).

However, there is a second way of thinking about the nature of reflection which is best exemplified in the writing of Chris Johns (1996, p. 1139), for whom 'knowing self [is] fundamental to achieving therapeutic

work'. Johns (2004) himself recognizes the differences between traditional models of 'reflection-on-experience', and his own approach to 'mindful practice' or 'reflection as a way of being', noting that:

'Reflection-on-experience is typified as a cognitive approach to reflection, that is, as something someone does. In contrast, mindful practice most typifies reflection as a way of being; a way that honours the intuitive and holistic nature of experience (Johns 2005, p. 7)'.

Thus, Johns' (2005) definition of reflection is focussed not so much on our personal 'cognitive' knowledge about our own practice, but on knowledge of the 'self' itself. Thus:

'Reflection is being mindful of self, either within or after experience, as if a window through which the practitioner can view and focus self within the context of a particular experience, in order to confront, understand and move toward resolving contradiction between one's vision and actual practice. (Johns 2004, p. 3)'.

Furthermore:

'I believe that reflection always needs to be guided because it is profoundly difficult for practitioners to see beyond self, to see how their own self-distortions and limited horizons ... have limited their ability to know and achieve desirable work. (Johns 1997, p. 198)'.

The aim of reflection was therefore accurate and undistorted self-knowledge, and this can only be achieved by working with a 'guide', as self-deception and resistance are constant threats to self-understanding. This idea of the wise guide who helps the novice to avoid the traps of self-deception is a common theme in much religious and spiritual teaching, and in his later work, Johns' quest to discover 'self' through reflection has taken on a distinctly spiritual dimension. Thus, he explains, 'my quest for a more adequate representation of reflection led me to explore more diverse influences, most significantly Buddhist and Native American philosophy...' (2005, p. 7).

Johns' writing, seminars and annual conferences have been extremely influential and have brought about the development of 'reflection as a way of being' that is quite separate in philosophy and intent from the traditional educational [or what Johns would call 'cognitive'] model of reflection.

Thus, whilst Cotton (2001) and others, such as Mackintosh (1998) and Carroll *et al.* (2002) might to

some extent be correct in their assessment that definitions of reflective practice are diverse and undertheorized, we have identified two clear strands which, whilst they occasionally overlap, nevertheless present quite different expectations about the primary aim of reflection in nursing. We might refer to these differing approaches to reflection as the educational and the spiritual, or perhaps as the epistemological (with a focus on conscious thought) and the ontological (with a focus on intuition and 'being')*. Our argument is that the Foucauldian analyses of Cotton (2001), Gilbert (2001) and others, whilst pertinent to Johns' ontological project of reflection, do not apply to the epistemological strand. We will therefore begin by restating and extending the Foucauldian critique of reflection as, in Johns' (2004) words, a way of viewing and focussing on self.

The enlightened guide

Johns does in fact anticipate certain aspects of the Foucauldian critique, such as self-surveillance and the 'docile body' in a number of papers (e.g. Johns 1996, 1999). In his earlier study, he merely draws attention to the possibility that guided reflection can, in the wrong hands, serve the function of 'Foucault's surveillance gaze – to produce a self-regulating, competent and docile workforce' (1996, p. 1142). However, he later devoted an entire paper to the issue of reflection as empowerment, his metaphor for which is 'the growth of "voice"' (Johns 1999, p. 242). His starting point here is the notion of reflection 'as a developmental process to empower practitioners to sustain and achieve effective practice' (Johns 1999, p. 241), and his two opening questions are: 'are nurses empowered enough to utilise reflection to become self-determining?' and 'can nurses empower themselves or do they need guidance?' (Johns 1999, p. 241) His answer to both questions is that practitioners are coerced into conforming to the dominant culture, and find it difficult, if not impossible, to 'stand outside it and see it for what it is' (Johns 1999, p. 242). He continues by offering some research evidence that suggests the importance of

'an external enabler, someone to guide the growth of empowerment through reflection... a guiding hand to challenge and support them in peeling away the masks of self-distortion and habitual

*We might argue for a third 'emancipatory' strand of reflection based on critical theory, which would sit somewhere between the two approaches to be discussed in this study.

practice that feed dominant habits of mind (Johns 1999, p. 246)'.

Clearly, this guiding hand must itself be free of such self-distortion and dominant habits of mind. Thus, the questions are raised: 'who might the guide be? Who might be enlightened enough to facilitate enlightenment and liberation within the practitioner?' (Johns 1999, p. 246) Although Johns (1999) does not directly answer this question, he points to his own success in working with 'Helen' in helping her to become empowered. The crucial factor for success therefore lies with the guide, since:

'Helen's story suggests that when the conditions of guidance are genuinely empowering, then reflection is a powerful milieu for enabling practitioner empowerment and transformation of practice (Johns 1999, p. 248)'.

In contrast, Bolton (2005) offers the alternative view that:

'No tutor (facilitator or supervisor) can guide anyone else towards their own emancipation, no one can have this wisdom or power... (Bolton 2005, p. 85)'.

Ultimately, then:

'People cannot be "empowered" or "given a voice" by a more powerful other; they can only give it to themselves – take it, that is (Bolton 2005, p. 84)'.

For Bolton (2005), the emancipatory project of reflective practice, of freeing ourselves through self-knowledge, is fatally flawed, as the 'enlightened guide' is, in fact, no more enlightened than the practitioner who is being guided. It is therefore folly to believe that, whilst the practitioner is not able to stand outside of the oppressive organizational culture to see it for what it is, the guide somehow can. Like it or not, there is no transcendental position; we are all in it together.

From docile body to docile mind

The concept of the docile body to which Johns (1999) makes a passing reference is expounded by Foucault (1979) in his book *Discipline and punish: the birth of the prison*. This is a largely historical work that charts the development of punishment and restraint from the 16th to the 19th centuries. Of particular significance for Foucault (1979) was the profound changes which he believed took place around the middle of the 18th century, as western civilization made the leap from the

episteme[†] of the Renaissance to that of the Classical Age. This epistemic break saw a profound and rapid shift in the way that prisons in particular, but also society in general, sought to control the population. Prior to the mid-18th century, the population was divided simply between those who transgressed the rules and laws of society and those who did not. The former were subjected to physical restraint and often violent punishment, whilst the latter were largely ignored and left alone.

Following the shift from the Renaissance to the Classical Age, Foucault (1979) argues that external physical restraint largely came to be replaced by self-restraint, and his model or paradigm case for this was the 'Panopticon'. The Panopticon was a design by the philosopher Jeremy Bentham for a prison with a central observation tower from which every cell and every prisoner were potentially viewable at all times. The key design aspect of the Panopticon was that the observers or guards should not themselves be visible to the prisoners. In this way, no one would ever know if or when they were being observed.

'Hence the major effect of the Panopticon: to induce in the inmate a state of conscious and permanent visibility that assures the automatic functioning of power.... In view of this, Bentham laid down the principle that power should be visible and unverifiable. Visible: the inmate will constantly have before his eyes the tall outline of the central tower from which he is spied upon. Unverifiable: the inmate must never know whether he is being looked at any one moment; but he must be sure that he may always be so (Foucault 1979, p. 201)'.

The consequence, as Foucault notes, is that it does not matter who is observing the prisoners; it does not even matter that no one might be observing them. What is important is that the inmates believe that they might be being observed, and therefore, to all intents and purposes, discipline themselves; they become 'docile bodies'. Furthermore, in the Classical Age, this panoptic gaze was not restricted to prisons. As Foucault (1979,

[†]Foucault (1974) used the term 'episteme' (and in his later work, 'archive') to describe the sum total of all the discourses available to a culture in any age (for example, the Renaissance, the Classical Age or the Modern Age). The current episteme therefore sets the limit on what can be thought at any particular moment in history. As with Kuhn's (1962) idea of a paradigm, changes in epistemes tend to occur suddenly in 'shifts' or 'ruptures'.

p. 228) asks: 'Is it surprising that prisons resemble factories, schools, barracks, hospitals, which all resemble prisons?' The Renaissance distinction between the law-abiders, who were left largely to their own devices, and the law-breakers, who were subjected to physical punishment, was abolished. In the Classical Age, all were subject to the normalizing (self)-gaze, and all felt under real or imagined pressure to conform to certain societal norms. It should be noted, however, that the principle of the Panopticon applied only to observable behaviour: the guards had little interest in what the prisoners' thought, only in how they behaved.

According to Foucault (1974), it was only following a second epistemic shift from the Classical to the Modern Age during the 19th century that the 'human sciences', including the idea of the psychological control of the mind, became possible. Thus:

‘“the judges of normality” in the figures of the social worker, the teacher, the doctor, are everywhere assessing and diagnosing each individual according to a normalising set of assumptions, or what Foucault calls the “carceral network of power-knowledge” (McNay 1994, p. 94)’.

The normalising gaze, which had previously been extended from legal transgressors to the entire population, was now also extended from behaviour to thought, thereby opening up the possibility of mass self-surveillance through reflection and other internalized normalizing techniques.

The confessional

A key component of this normalization of thought is the concept of the 'confessional'. Gilbert (2001) and Cotton (2001) are both concerned that reflection encourages this 'obligation to confess' (Foucault 1981, p. 60), and this can be seen particularly in Johns' notion of 'guided reflection'. Indeed, a number of the examples of guided reflection provided by Johns appear to focus on the practitioner revealing her shortcomings and human failings to her guide. For example, Johns (1996) presents an excerpt from one of his guided reflections with 'Karen' in which she expounds at length on her personal failures when working with a patient. Johns comments that:

'The reality is that Karen, as all nurses, have (sic) prejudices that impact on the care situation. The skill is to surface, and acknowledge these prejudices in order to work at limiting their constraint on helping potential (Johns 1996, p. 1138)'.

Johns' role as 'Karen's' guide is therefore to encourage and facilitate her to 'surface and acknowledge' her prejudices, and it is only through sharing her shortcomings, both as a nurse and as a human being, that 'Karen' can be helped to improve her practice.

It is in this context that we might argue that reflection is part of a general strategy of self-restraint, the 'docile mind' and the 'confessional', and it is clear why reflection might be of interest to nurse managers, and why Cotton (2001), Gilbert (2001) and others might be wary of its undercurrents of surveillance and control. Clouder and Sellars (2004) attempt to counter Gilbert's (2001) concern about panopticism by noting that surveillance in the health care professions is ubiquitous, unavoidable and is, in any case, a good thing provided it is explicit and visible to all, for example, through clinical supervision. This critique, of course, rather misses Gilbert's (2001) (and Foucault's) point that panoptic surveillance is, by definition, unverifiable and that supervision is merely the acceptable face of the normalizing gaze.

An alternative response to such a pessimistic Foucauldian analysis is that it does not reflect modern managerial theory or methods. Bentham's original idea of the Panopticon was developed in an era when the cornerstone of management was 'a matter of planning, vigilance, inspection and correction' (McKinlay & Starkey 1998, p. 4), and no doubt most health care managers would claim that these are no longer their goals. However, advocates of Foucault (2005, p. 46) would argue that nothing much has really changed, except that modern 'technologies of the self' have shifted the locus of such planning, vigilance, inspection and correction from an authoritarian outside agency to the very subjects of this control themselves. Indeed, this is the nub of Gilbert's (2001) concern: that external, overt managerial control has come to be replaced by internal, covert self-regulation that is operationalized through the 'confessional' of reflective practice and clinical supervision.

Whilst to some extent we share Gilbert and Cotton's (2001) concern about this obligation to confess, and whilst we can see that it is an essential element of Johns' (1996) guided reflection, with its aim of moving beyond self-deception to access the 'true self', we shall demonstrate that these 'meticulous rituals of the confessional' (Gilbert) are neither relevant, nor indeed, useful when the focus of reflection is cognitive knowledge about practice rather than spiritual knowledge about self.

Foucault (1981) notes that this Christian notion of the confessional to which Gilbert and Cotton (2001)

both refer is in fact a corrupt version of the original Greek idea. The Christian confessional which Foucault (1981) refers to in *A History of Sexuality* is essentially a 'hermeneutic of the self' in which 'one learns to confess who one is, in order to learn one's nature' (May 2006, p. 113). This, clearly, is the starting point for Johns' (1996) reflective project. However, in his later work, Foucault returns to an earlier understanding of the confessional. Thus:

'The subject's obligation to tell the truth about himself... did not exist at all in Greek, Hellenistic, or Roman antiquity. The person who is led to the truth through the master's discourse does not have to say the truth about himself. And since he does not have to say the truth, he does not have to speak (Foucault 2005, p. 364)'.

This is an altogether different conception of the confessional, which is concerned not with 'having to say the truth' about oneself, not with self-discovery in Johns' sense, but rather, as we shall see later, with an exploration of how we think and what we know, not even necessarily with speaking at all. Thus, whilst Cotton and Gilbert are perhaps justified in their concern that the ontological approaches to reflection encourage nurses to place their private thoughts in the public domain, where they are open to internal and external scrutiny, control and coercion, we have argued that the epistemological approaches should be founded on a different and more ancient view of the confessional with an altogether different aim. Thus, 'in the [Christian] confessional, one tells the truth; in ancient practice, one learns it' (May 2006, p. 113). The epistemological project of reflection does not entail an examination of 'self' and does not require the practitioner to disclose aspects of 'self' to another person.

The self

We have seen that Johns' ontological project of reflection moves the focus from the other to the self; from the patient to the nurse. For Johns:

'Reflection is **not** primarily a technology to produce better patient outcomes. Reflection is essentially about personal growth (Johns 2004, p. 44)'.

It is difficult to pin down precisely what Johns means when he refers to 'self' as the focus of reflection, as he never explicitly addresses the issue. However, reading between the lines, it would appear that, for Johns, self is the **essence** of a person, a kind of central core which is more or less stable but which is nevertheless amenable to

growth and development. There are clear parallels here with religious ideas of the spirit or the soul, and Johns makes references to Buddhism and other spiritual practices in several places in his writings, for example, in his opening chapter of *Transforming Nursing through Reflective Practice* (Johns 2005). Watson (2005), in her preface to this book, refers to 'spirit, beyond ego self', where reflective practice is 'a process of creating a spirit-filled sacredness and reverence around our work' (p. ix). Similarly, Gully (2005), in the same volume, claims that reflective practice 'enables a metamorphosis, an awakening of the self and a finding of the sacred path of personal knowing and being' (p. 144). She later employs the term 'soul' to describe this 'essence of our very being, the spirit that lies deep within each of us' (p. 150).

This notion of the self, spirit or soul as the more or less stable and enduring core or essence of the person is challenged, either implicitly or explicitly, by a number of other writers. Bolton (2005) argues against the idea that reflection 'can be **self-actualising**... in which each practitioner will find the **real me**, the **me** they were intended to be' (p. 84). As she points out:

'The very notion of **me** is problematic... I am not a static entity, but in the process of being created every day as social and political forces impact upon me; I am a story I tell and retell every day, with fresh facets and new viewpoints each time. I am not so much a thing – static in shape, form and time – but more a verb – not **me** but **to me** (Bolton 2005, p. 84)'.

Foucault (1974, p. 17), in response to an imagined critic who points out the continually shifting viewpoints in his writing, makes a very similar point with his plea: 'Do not ask who I am and do not ask me to remain the same'. Elsewhere, he makes the more complex point that 'self' is merely a linguistic construction. We must be clear exactly what it is one is asking when one asks oneself what is meant by 'oneself':

'Not, then: "What kind of animal are you, what is your nature, how are you composed"? but: "[What is] this relation, what is designated by this reflective pronoun [oneself], what is this element which is both the same on the subject side and the object side (Foucault 2005, p. 53)" ?'

His conclusion is that it is impossible for 'oneself' to reflect on itself, and the question is not ontological, it is not even epistemological: when one asks what is meant by oneself, we are asking a question about how language functions.

Epistemological reflection as caring for the self

The Ancient Greek injunction to 'know thyself' forms the foundation of much spiritual and religious teaching including, we might argue, Johns' ontological project of 'reflection as a way of being'. We have already seen that, for Foucault (2005), this injunction is problematic as there is no stable self to know, indeed, for Foucault, self is a linguistic construction. However, he takes his argument further by arguing that the precept **gnōthi seauton** (know thyself), inscribed over the Delphic oracle,

'did not mean "know yourself" in the philosophical sense of the phrase. The phrase did not prescribe self-knowledge, neither as the basis of morality, nor as part of a relationship with the gods (Foucault 2005, p. 3)'.[‡]

Foucault goes on to argue that 'know thyself' is merely a subordinate clause of the greater injunction of **epimelia heautou**, of caring for yourself. Furthermore, for the Greeks, care of oneself had two aspects. The first was 'an attitude towards the self, others and the world' (Foucault 2005, p. 10) and the second 'implies a certain way of attending to what we think and what takes place in our thought' (Foucault 2005, p. 11). Thus, caring for oneself, in the Ancient Greek meaning of the term, involves holding a certain attitude towards the world, ourselves and other people, and attending to what we think about them. In other words, it involves thinking about our place and our actions in the world, and also thinking about how we think about these things. Or, to put it another way, it involves reflecting on our personal knowledge and thought processes, or what we have referred to here as the epistemological approach to reflection.

In terms of Foucault's distinction, the ontological project of knowing oneself through 'confessing' to a guide is based upon a corrupt misunderstanding of the injunction 'know yourself' which, he claims, gained its modern popularity from Descartes' **cogito ergo sum**. For Foucault, such 'self knowledge' is not possible, it makes no sense except when seen as part of the broader picture of caring for oneself, which as we have seen, relates to the epistemological project of reflection-on-experience. Furthermore, whilst this notion of epistemological reflection as 'caring for oneself' requires what Foucault refers to as a 'master', the focus of the master's attention is rather different from Johns' (1997) 'guide', to whom the practitioner must 'confess' the details of his practice as a form of narrative or story. Thus, 'the

master's position is defined by that which he cares about, which is the care the person he guides may have for himself' (2005, p. 58). The master cares not about the person, nor his experiences, but about the care that the person he guides has for himself[‡].

Translated into the terminology of reflection and clinical practice, the guide or supervisor does not focus on the **person** of the practitioner, nor on the **content** of the reflection, the stories that the practitioner might tell, but on the **process** by which the practitioner reflects on the content. The practitioner is not required to 'confess' his shortcomings to his supervisor; that is not his role. Rather, the practitioner discusses **how** he reflects, his metacognition or thinking about practice. Thus, there is no imperative to focus on 'self', to 'develop' self, nor to aspire to some normative ideal beyond what Johns (1997, p. 198) refers to as the practitioner's 'own self-distortions and limited horizons'. The epistemological project of reflection is concerned only with improvements to **practice**, and makes a very clear distinction between the **person** and the **actions** of the practitioner. We might draw a parallel here with Proctor's (1987) distinction between the formative, normative and restorative functions of clinical supervision, where the ontological project is concerned primarily with the restorative (and, some critics would argue, the normative) function, whilst the epistemological project focuses almost exclusively on the formative.

We might even push our argument a step further and suggest not only that the epistemological project of reflection and supervision is immune from the Foucauldian critique of repressive self-surveillance, but also that it is actively emancipatory. This is particularly apparent in the way that it challenges the established hierarchy of evidence by shifting the emphasis from the findings of large-scale research studies to the knowledge generated by individual practitioners from their own practice (Rolfe *et al.* 2001), thereby promoting practitioners to the status of researchers and theorists in their own right. As Rolfe *et al.* (2001) continue:

'It therefore called into question the entire edifice of technical rationality and created, in effect, a post-technical model of practice in which practical "knowing how" informed propositional "knowing that", and academic researchers and theoreticians no longer had a monopoly on the creation of knowledge (Rolfe *et al.* 2001, p. 10)'.[‡]

[‡]We are following Foucault (who followed the Greeks) in his use of the masculine pronoun.

Concluding thoughts

Our aim in this study has been to explore and extend some recent critiques of reflection and supervision based on the work of Michel Foucault. Whilst we largely support the position taken by these writers, we nevertheless argue that the Foucauldian critique of the dangers of reflection as repressive self-surveillance arises largely from a failure to distinguish between the ontological and the epistemological strands of reflection, between, in Foucault's terminology, reflection as knowing oneself and reflection as caring for oneself. When applied to clinical supervision, the ontological approach stresses the importance of the guide in order to correct distorted thinking about self. However, as some of the Foucauldian-based critiques of reflection suggest, the guide can very easily slip into the role of confessor (Gilbert 2001), and of encouraging the inappropriate intrusion of private thoughts into public places (Cotton 2001). However, if we are concerned primarily with learning about our practice rather than learning about ourselves, then supervision takes on a different focus that does not entail any aspect of personal confession, either to ourselves or to another person.

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