Really reflexive practice: auto/biographical research and struggles for a critical reflexivity

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Abstract
This paper stems from in-depth auto/biographical research into the lived experience of learning among professionals working in marginalized communities in the United Kingdom. This is related to the crisis of professionalism and of what counts as professional knowledge, as well as, associatedly, managerialism and the dominance of highly instrumental imperatives in professional education, to the neglect both of deeper forms of reflective practice as well as criticality in learning. Ironically, research itself can provide a reflexive learning space, in its own right, in which emotional insight develops alongside critical and social awareness; biographically informed knowledge of self alongside deepening understanding of the other. The basic argument is that critical insight and really reflexive practice, connecting the personal, social and radical thinking, should be considered all of a piece, rather than prized apart because of the emptiness of much so-called reflective practice.

Introduction
I know there are connections in life and there are… narratives…woven together in ways that we…don't always understand when you are in them and if that means what I think it does [it is] a hugely, a hugely beneficial thing to do to draw people's biographies together, because understanding the way that things are woven together and the connectedness of it…can help enormously in the drawing together of programmes for individuals and coping with things that aren't working very well at the time…it is a brilliant process, a brilliant thing to do. (A participant in a teacher education programme called Teach First, based in ‘challenging’ London schools).

This paper stems from three in-depth auto/biographical studies of the lived experience of learning and working as professionals, in ‘challenging’ contexts, in the United Kingdom. This is related to the crisis of professionalism and in what counts as professional knowledge, as well as to the growing dominance of highly instrumentalist, technicist imperatives in professional education. Furthermore, despite the pervasive mantra of reflective practice surrounding professionals and their lifelong learning - in medicine, health care, education and other settings – this, it is suggested can often be superficial, instrumental and formulaic, encouraging compliance rather than questioning. However, it is also suggested that reflective practice, of a serious kind, and more critical forms of thinking should not be considered in either or terms. Rather deeper forms of reflexivity and knowledge of self can lead to profound questioning of what is taken for granted or is the norm in working contexts.

There is, of course, a long-standing belief about the importance of reflective practice in developing the artistry, alongside the ‘science’, of professional work (Schon, 1987). But this had led, in turn, to concern that reflective practice can be superficial and also discouraging of any critical interrogation of the way things are or might be, locked as such practice can be in servicing the needs of the present or in consolidating the way
things are (Fook, 2002; Furlong, 2000). This in turn connects with the wider context of a profound crisis of trust in professionals, especially among policy makers. The belief that professionals necessarily act with responsibility in relation to the people they serve no longer holds, while the relative autonomy of the professions and their training has been under intense assault from government and its agencies (Furlong, 2000). There is a ubiquitous sense of crisis surrounding professionalism, its epistemological base and in the desire of governments to intervene and shape professional educational programmes and practices, as part of the ‘modernisation’ of human services. This is becoming pervasive across Europe (Anderson, 2006; West, 2001). It applies to relatively high status professions such as medicine as it does to ‘softer’, ‘lower status’ professions such as teaching, health care and social work. Managerialist prescription, rather than sustained reflection or critical thinking, appear to be the order of the day.

Take medicine as an example of these trends. Doctors seem unhappy as the serial killer Dr Harold Shipman appears to have replaced Dr Kildare in the popular imagination, and there is increasing prescription surrounding the role of being a doctor and surveillance of performance (Smith, 2001). The pressure for accountability and the low trust of policy makers (as well as their wish to control expenditure) find expression in ubiquitous clinical protocols, monitoring of performance, and compulsory continuing professional development, alongside the drive for more evidence-based practice. If reflective practice is trumpeted, at least in General Practice, as important, this can be an empty, unconvincing mantra, as some see it, with a neglect of the emotional and social dimensions of being a doctor, under the pressure to meet targets and perform to higher standards (Burton and Launer, 2003). Despite the introduction of sociological, psychological and, to an extent, narrative forms of understanding in the professional curriculum, critical and emotional forms of learning – including locating professional practice in a broader culturally and socially aware critique – remain marginal in medical culture (West, 2001; Sinclair, 1997).

There are similar tendencies among teachers although the professional context, at least historically, is different, in the sense of lower status and relatively limited professional autonomy. Central government agencies, rather than higher education institutions, especially in the United Kingdom, are increasingly prescribing the teacher education curriculum (as they have done what is taught in the classroom), with a neglect, some argue, of any questioning of dominant imperatives. Furlong (2005) argues that professionalism has diminished almost to vanishing point as teachers become more like technicians, delivering curricula according to imposed criteria. Similarly, the reflective practice paradigm may appear superficial and formulaic, when viewed, for instance, through a psychodynamic lens, with little attention paid to the anxiety at the heart of learning and professional practice, and the associated defences against learning and thinking for ourselves that this can evoke (Salzberger-Wittenberg et al, 1999; Froggat, 2002). The place of emotional learning in teacher education – in both initial and continuing development – remains uncertain, despite a long standing interest in reflective practice and more intuitive forms of learning (Atkinson & Claxton, 2000).
There are similar trends among health care and social work practitioners. Instrumentalism has strengthened here too, as practice and training become more prescribed, manualised and regulated. Lynn Froggett (2002) argues that the language of feeling and relationship in diverse professional contexts, including educational programmes for social and health workers, as well as educators, has been impoverished, although there are signs of resistance. And the extent to which social workers and others on the ground are able, under the pressure of work intensification, externally imposed standards and protocols, alongside the gaze of audit, to question their human practice, in more open ended and exploratory ways, may increasingly be constrained (Chamberlayne et al, 2004). Moreover, certain kinds of knowledge tend to privileged in such times: what is easily evidenced or expressed in measurable outcomes, as against what may be more diffuse, biographical, subjective, interpretative, emotionally embedded as well as potentially critical. Under the mantra of evidence-based practice, harder more quantitative ‘scientific’ and ‘objective’ evidence may be privileged, rather than what is more personal, subjective and challenging. In this paper, in challenging some of these trends, and as a contribution to the debate about professional knowledge, I suggest that auto/biographical forms of reflexive learning, can offer a rich way of thinking about professional lifelong learning, in the broadest sense: connecting criticality with feeling, self with the other, one biography and another (West, 2001). The personal can deeply social and political, as feminism has taught, leading to radical questioning of what is done, and why.

The research design
I have been working on professionals and their lifelong, lifewide learning, over many years, and in diverse contexts. I have developed a longitudinal, auto/biographical and in-depth methodology, influenced by the wider turn to biographical, life history and/or narrative research in the study of professional practice and learning, including in medicine, primary care and teaching (Chamberlayne et al, 2004). Biographical and auto/biographical approaches derive, in part, from the social constructivist idea – reaching back to symbolic interactionism and the Chicago School - that the social is not simply internalised but is actively experienced and given meaning to, which, can sometimes help change it. Psychodynamic insights are proving influential among some biographical researchers, with attention being paid to the role of unconscious factors in learning and professional life as well as in research (Froggat, 2002; Hollway and Jefferson, 2000) A highly interactionist notion of professional practice and learning lies at the heart of these ideas, with a place for unconscious processes such as resistance, rather than the relatively passive, overly cognitivist notions of professional formation and education that can characterise the literature (Chamberlayne, et al 2004). It should be mentioned that ‘auto/biographical’ research takes the argument a stage further, in challenging the idea of the detached, objective biographer of others’ lives, and the notion that a researcher’s (or professional’s) history, identity, (including gendered, raced, classed and sexual dimensions), and power play little or no part in shaping the other’s story. Liz Stanley writes, instead, of an ‘intertextuality’ at the core of biography, (and by extension professional practice), which has been suppressed in supposedly ‘objective’ accounts of others’ lives. This is part of preserving a kind of de facto claim for biography and life history research as science: a process producing ‘the truth,’ and nothing but the
truth about its subject (Stanley 1992). In engaging with the ‘other’ professional, we need to think deeply about ourselves.

The first study I refer to was among 25 doctors, specifically General Practitioners (GPs), mostly based in inner London. The aim was to illuminate how they manage their work and learning in the context of a changing health care system and in what can be the difficult and draining environment of the inner city. The research lasted four years, involved 6 cycles of interviews, with most doctors, each lasting upwards of 2 hours. Transcripts and tapes were used to establish themes and consider their meaning and significance, collaboratively and dynamically, over time. The study progressed towards a profoundly ‘auto/biographical’ as well as iterative learning process, in which I was a learner too (West, 2001). The second study was with a sample of trainee teachers in a new teacher education programme, called Teach First, based in difficult London schools. Teach First recruits ‘the brightest and best’ graduates from ‘elite’ universities into what is a business-led, mainly schools-based training. The experiences of 17 graduates in the first cohort were chronicled via 5 cycles of in-depth interviews over the two years of the programme. The third piece of research involves working with diverse professionals, as well as parents, operating in family support and learning programmes – such as Sure Start (derived from the American Head Start programme) – located in economically marginalized communities (West, 2006).

The methodology, I would emphasise, is grounded in a commitment to working collaboratively with people, to understand experience, subjectively, and over time, in a respectful, trusting relationship. Rapport and attentive forms of listening lie at the heart of the process, building on the traditions of feminist epistemology. Which depends, in part, on our capacity as researchers to feel, identify and empathise with our research subjects. It has to do with creating a good enough facilitating or transitional space in which people’s anxieties diminish, relationships strengthen, and curiosity towards experience, in all its dimensions, and the capacity to think about it, eclectically, grows (Winnicott, 1971). Themes emerge inductively, over time, although always subject to continuing interrogation. Stories we tell as professionals or more widely can be partial, defensive and even illusory, born, for instance, out of unconscious anxiety about our capacity to cope with difficult experience or fear of what researchers or colleagues might think about us (Hollway and Jefferson, 2000). The point of the research, drawing on diverse philosophical sources, including the theoretical work of Fritz Schutze and the German biographical-interpretative school, psychodynamics and even phenomenology, was to identify the overall form, or gestalt, of particular professional lives and learning, before exploring patterns across samples. This approach contrasts with conventional code and retrieve methods in computer-assisted qualitative data analysis, or even grounded theory, where data are disaggregated, sometimes prematurely, and reaggregated with data from different cases, bringing the danger of losing the nuance and inter-connectedness of particular experience across a life.

Three case studies
I will now use three individual case studies to illustrate the importance of really reflexive learning and how this can be a potential, if somewhat frustrated source of radical
questioning of provision, practice and dominant forms of learning. A metaphor of ‘on the edge’ developed in the study of GPs (West, 2001). The fragmented, neglected condition of the inner-city, and its mounting crisis of social exclusion, escalating problems of mental health, growing alienation as well as increasing inequalities, in health care and life chances, shaped this metaphor. There remain higher levels of mental illness, unplanned pregnancies and substance abuse, as well as higher mortality rates, relative to national averages, in these areas. Two thirds of asylum seekers and refugees in England and Wales arrive and settle in London. There are large numbers of people sleeping rough, squatters, hostel dwellers, while inner-London is the focus of a national HIV epidemic. The capital has the highest levels of mental illness than any other city in the UK (West, 2001). Doctors can also feel ‘on the edge’ when working in such contexts: the morale of many doctors can be poor and incidence of stress, alcoholism and mental health problems, as well as suicide, is on the increase (West, 2001; Salinsky and Sackin, 2000; Burton and Launer, 2003).

There is an absence or closure, as some see it - under pressures to perform and process patients - of suitable spaces in which doctors can be open about and learn from the messiness of practice and what can be disturbed feelings in their work. Balint groups, for instance - specifically designed to enable doctors to explore the affective side of their work, and drawing on psychodynamic insights as a basis for learning - are in decline (Salinsky and Sackin, 2000; West, 2001; Burton and Launer, 2003). There is a continuing tendency, a number of authors note, in medical education, to disparage the emotional aspects of learning, alongside sociological and critical insights, as matters of anecdote and opinion rather than harder and more ‘robust’ ‘scientific’ evidence. The gaze of a positivistic natural science paradigm and objectivism remains strong (Sinclair, 1997). Despite, as noted, the mushrooming of sociological, psychological, communication and reflective practice modules in medical training, emotional learning and critical perspectives, including struggles for self-knowledge, remain firmly on the edge (Sinclair, 1997). Writing on the effects of greater accountability and weeding out the unacceptable in medical practice, Salinsky and Sackin (2000, p144) conclude that the study of interpersonal issues, especially the doctor-patient relationship, is in danger of going to the bottom of the pile, while ‘the archaic system of junior doctor training in medical schools means that many students become less person-centred and lose their humanitarian ideals’. Moreover, as Burton and Launer (2003, p9) have remarked, GPs often have to deal with difficult, demanding and expanding workloads, without guidance. They can, they suggest, ‘easily become brutalised and adopt mechanical working practices. ‘Unreflectiveness’, they argue, ‘has become institutionalised…and the contrast between the neediness of doctors and the myth they are so highly trained, is great’. These are worrying observations by experienced practitioners.

The starting point for the study was an experiment with Self Directed Learning (SDL) groups, which were designed to create space for GPs to consider ‘critical incidents’ with selected patients, which might be causing anxiety. This could include an unexpected patient death, or a doctor feeling inadequate and even disturbed by a patient with sexual or other emotional problems. The intention was to give space to the doctor’s fears and anxieties as well as to consider different management options and what they might need
to learn to progress. Each group consisted of about 8 doctors, was confidential, and led by a skilled facilitator. The idea was to create, like a Balint group, a learning rather than a blame culture, where GPs might be more open about their feelings and muddles and seek to learn from these, with others, without fear of blame or accusations of inadequacy. I was invited to evaluate the groups, which provided the basis for the more extended study. Dr Daniel Cohen was a doctor who participated in a SDL group and I use his material as a case study.

Daniel Cohen felt himself to be an outsider in medicine:

…. I don't believe in what the mainstream believes in…I am…often appalled by the discourse…the whole set of assumptions about the nature of reality, about…the doctor's power and…sexist and racist…ideas and…the collusion around that….I feel profoundly alienated… Like mining a seam of gold called the medical fact…from a pile of shit…the patient's… life…a way of talking about patients as if the patient isn't there…

Daniel experienced a major crisis of career some 8 years previously. He was unhappy at work, he said, while vocational education, of whatever kind, seemed incapable of meeting his needs. Being a doctor forced him to ask basic questions of himself, at many levels as he engaged with patients asking questions of themselves. There was no neat distinction between the questions patients asked: “who am I?” or “where do I come from?” or “why do I have the kind of problems that I think I have?” or even “what is good?” and those of the doctor. There was a seamless web, he insisted, connecting their struggles to his. Daniel used psychotherapy and experiential groups to consider issues in his personal and professional life; he revisited questions about his family history and identity. He was the child of refugees from Nazism, which led him, like many others, into the caring professions. The desire to heal, he thought, was primarily directed at self. He was brought up, he told me, with the experience of Nazism and fleeing persecution, but the emotional dimensions of this were rarely talked about in his family. He was driven by a need to succeed and never to complain or rebel. What right had he to complain about anything given what his family had been through? He described himself as having been outwardly successful but inwardly distressed.

There was, he said, continuing suspicion of subjective and emotional learning within medical culture, or, for that matter, of critical perspectives in what was a practically orientated profession. Yet such understanding was at the core of becoming a better, more authentic doctor, in which the science could be connected with other ways of knowing. He told a story of a Somali woman refugee who came to his surgery:

...A mother and five children, father may have been killed in the war there…Children with a huge range of problems from asthma to epilepsy…the mother…brought me a present for Christmas….I was immensely moved because it was a really strong symbol that we were providing…a secure base…and that she identified me as one white British person in authority who she can trust….we ended up having the most extraordinary conversation about Darwinian evolution in relation to why were her children getting asthma and eczema here when children didn't get it in Somalia….

He found himself, as he put it, having a grown up conversation with this mother and she was transformed ‘from being an exotic stereotype into an intelligent equal’. This was part of a process of her becoming a person again: ‘That she could actually have what I would
guess is her first conversation with somebody British which wasn’t just about immediate needs, about housing or benefits, or prescriptions and that sort of stuff but actually recreate her as an equal adult’. He realised, in telling the story, that he was connecting his own history with the patient’s, for the first time. A GP, in his family narrative, had provided a secure, supportive space for his parents and other relatives fleeing from persecution. ‘…I think it is in a way always coming back to the business of a personal search, actually trying to find out what life is about and what you should be making of it and having others there who listen and encourage’. This was a form of auto/biographical lifelong learning that transcended the dualities of the personal and professional, self and other, thinking and feeling, culture and interiority.

Daniel, like others in the study, was sceptical about aspects of formal professional education. It was not that clinical skills and technical understanding were unimportant, but it was only part of the story. He placed changing relationships at the heart of learning to be a doctor: with two colleagues, a therapist, a new partner and their young children. The journey towards greater insight into emotional life – of self and patients – was one in fact we shared in the research conversations, as two professional men, (I was training as a psychotherapist at the time) in what became a profoundly auto/biographical experience too (West, 2001). GPs, Daniel concluded, were situated between the truth discourse of the mainstream and the uncertainties and messiness of whole people and whole problems. A subversive synthesis was required, taking what was essential from the medical model but locating this within a person and narrative-centred as well as critical cultural awareness, fuelled by a commitment to social justice.

Teacher education
There are parallels in the study of teacher trainees. Teach First recruits, as indicated, from among ‘the brightest and best’ graduates from ‘elite’ universities. Participants have a six weeks induction programme provided by a university and then work towards Qualified Teacher Status (QTS) in the first year, completing a portfolio as evidence of reaching a range of standards, with the support of university tutors and schools-based mentors. Participants complete a probationary second year as well as a management leadership course run by a Business School. They can then choose to stay in teaching or opt for a different career: a potentially alluring prospect given the top companies endorsing the project and providing mentors.

The struggles of particular trainees to understand teaching and how to work in authentic ways - in contexts that often produced confusion and distress - echoed Daniel’s narrative. Feelings of vulnerability, and of a need to learn about self and how best to engage with pupils and their difficulties, came to the fore, as did a whole set of questions about the role of schools in multi-cultural communities. There could be cynicism towards the formal learning associated with achieving Qualified Teacher Status (QTS) (‘jumping, sometimes cynically, through hoops’, as one participant put it, including the hoop of reflective practice). There was concern about the lack of a clear, structured relationship between experiences with pupils, or issues of racism and sexuality in schools, and the formal aspects of training. On the job training, or reflective practice, tended to focus on meeting prescribed standards and outcomes rather than opening up questions about
difficult experience, such as distress in the face of pupils and their struggles; or surrounding the purpose and values of schooling, in multi-cultural contexts.

‘Rupal’
Rupal, a trainee in the programme, was placed in a mixed secondary school with a high level of students eligible for free school meals (over 40%). Educational attainment was poor. One of the things that attracted Rupal to the school, she said, was the diversity of cultures represented by pupils, who often needed support with English as an additional language. She felt ethnic minority pupils would benefit from the presence of an Asian teacher, acting as a role model. She initially embraced the Teach First project because it projected enthusiasm and a chance to ‘offer a ray of hope’. Rhetoric of leadership, however, in the programme, brought pressure, including the fear of not living up to high expectations, which echoed themes across her life. “I’ve always tried to do everything that I can, I always pile on too much and then like drown under everything”. She tried hard with particular pupils:

There’s so much I want to give them to them…I am an Asian girl and I am getting somewhere…There’s…a couple of really bad kids…but most of them are really nice people just looking for attention, they’ve all got problems…and they just want someone to care for them…It’s very difficult…one black guy he’s just a nightmare, he’s got so much attitude…My Year 10…just hell…just taking the piss…they are really pushing me as hard as they can…A lot of time I end up …just going round sorting out behaviour problems…Discussions…I couldn’t do that because they don’t respect me and it’s learning how to do that.

Her anxiety increased as the placement proceeded, intensified by problems in her private life. She talked of ‘leading a double life’ and the ‘challenge’ of being part of an ethnic minority culture while also embracing London and its hedonistic side. She reflected on a difficult family history, of losing a sister to terminal illness, and being an anchor to her parents, one of whom had a severe disability. She had been forced to grow up early, and had needed to earn money while doing her degree. She said, “I still value my religion and the rest of my culture but I still have fun like the rest of them”. The challenge was to reconcile different parts of her life and to feel better as a teacher. She was aware that teaching asked a lot of her and that “I work hard and play hard”. She knew her public self had to appear competent even if this was built on a fragile base. But it was hard to keep up appearances. She turned to counselling to help her understand herself and her needs.

She began over the first year to articulate what she saw as the weakness of teacher education. She talked of the meaninglessness of ‘standards’ when there was little or no space to explore and interrogate what they might mean in the specific context of her classroom:

…maybe we should be responsible for our own learning and progress, but when we are doing a full teaching load you do tend to forget the training stuff. …in some ways it is pointless, going through, doing all this portfolio stuff, making sure you have met each standard to me is nothing.

She became disenchanted with doing assignments and craved, sometimes desperately, for forms of knowledge that could be applied in the classroom:
It is having some knowledge and applying it, but you don't necessarily have to learn knowledge from reading books...You make learning a lot more active and in the same way that in the classroom students are learning. I am learning, I learn every lesson. And that is where the learning is valuable, because I read a paper and I will forget it. I can't remember what I read in that journal in a week's time. It means nothing to me.

The school, she perceived, was not a good space for learning. Her departmental head had been helpful but she had other participants to look after and Rupal could feel abandoned, echoing earlier life experience. Disruptive classrooms, including racism, dug deeply into her. She could empathise with young Asian pupils, and they with her, but she felt undermined by racist behaviour from white and black boys in her class. She thought there was insufficient support or time to process her confused and painful experience, or to think about racism and the role of schools in a multi-cultural environment. Ironically, the research provided some space for considering such issues, in a more structured and supported way:

…it was good to see them [the transcripts]...I think there are times before that we have spoken and I remember coming out it feeling as if I had managed to reflect and actually think something new, because I spent quite a lot of time in the last two months…reflecting on what I am doing here…the whole point of it...I think that the Teach Firsters who haven't had this opportunity...have probably missed out in the sense that if I hadn't this then I would have just been stuck in the school not having any one else to discuss anything with...

Families, professionals and their learning
The final, much briefer case derives from research among professionals in family support and learning programmes. The study sought to chronicle and illuminate the meaning and impact of particular interventions through their eyes (as well as parents). Two projects, in particular, were successful in creating what we termed sustaining space, especially for mothers, in difficult contexts, as well as some transactional space for new forms of active forms of citizenship, by engaging parents in the management of projects, in advocacy work and in questioning the design and delivery of many public services (West, 2006).

We asked parents about the factors enabling them to take risks and claim some of the space provided by projects for their own agendas. The role and personalities of particular workers were seen as essential: “like good parents really”. We explored these processes with the health care and social workers, speech language therapists and early years educators concerned. They told stories of their own learning, and how they frequently drew on personal experience of marginality, and even abuse, in their own lives, to work effectively with families. Crucially, in such programmes, given the pressure to meet, as speedily as possible, diverse targets – increased breast feeding, cessation of smoking, and or more parents reading to their children - there was little space for serious reflective practice, to consider what they were doing and why, or how things might be done differently; except in the research. There was a lack of supervision – as a form of facilitated learning in relation to live issues - where anxieties might be contained, processed and understood. In this context, ironically, the research became important, with its encouragement to reflexively engage with difficult experience, in all its dimensions, including conflicts between their own values and the deficit models of people and communities that can pervade some initiatives. A speech therapist, despite the pressures,
chronicled, for instance, a shift from a medical model of practice to more of a collaborative, holistic approach, working with other professionals. The space provided by the research was essential to consolidating this process.

**Conclusion**

Research, in other words, can provide an auto/biographical space for learning: using experience as a basis for sustained and critical reflexivity, encouraging deeper and more effective engagement with the other. This was important for many of the professionals in the three studies, given, that is, decreasing space either in formal training, the manic workplace or even continuing professional development programmes. It is interesting to consider why the research was frequently so important in learning.

For one thing, people felt free from the gaze, in Foucault’s sense, of the institutions in which they worked and their agendas. They felt able to think more freely about self in context, personally and socially, in potentially radical ways. The meaning-full learning that such auto/biographical approaches can nurture have also been applied and documented in a number of innovative initial and continuing professional training contexts (in the training of adult educators, guidance workers, or among professionals in Doctorate programmes): this can be a powerful learning tool while also enhancing the experiences of service users (Chamberlayne et al, 2004; Dominicé, 2000; Edwards, Reid, West and Law, 2003; Hunt and West, 2006, forthcoming). The success of the research as a site for learning also stems from a set of epistemological and ontological assumptions – influenced by both feminism and psychoanalysis (as in the work of Melanie Klein) – that the personal is also profoundly social while dealing with anxiety is fundamental to thinking and imaginative endeavour at all levels. Yet such perspectives are under pressure: opportunities for profounder forms of learning - about self, the other, and from lived experience - which ought to be integral to professional lifelong learning, are being lost or diminished under work intensification, the imperative to perform, meet targets, tick boxes or avoid asking any critical questions at all. Opportunities for critical reflexivity - grounded in hermeneutics as well as emancipatory values - are easily lost as other agendas, (including managerially constrained, superficial and instrumentalist approaches to reflective practice), increasingly shape the contemporary world of professional lifelong learning. Resistance and subversion have become an urgent necessity.

**References**


