Challenging VET: using auto/biographical research to illuminate struggles for really reflexive professional learning

Linden West, Canterbury Christ Church University, England

Abstract

This paper stems from in depth auto/biographical research into the lived experience of learning as professionals, 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 managerialism and the dominance of highly instrumentalist imperatives in vocational education, to the neglect, for instance, of deeper forms of reflective practice. Ironically, research itself can provide a reflexive learning space, in its own right, in which emotional insight develops alongside critical, social and cultural awareness; biographically informed knowledge of self alongside understanding of the other.

Introduction

This paper interrogates current trends in vocational education and training (VET), including professional preparation programmes, in the light of insights derived from in-depth research into the lived experience of learning among diverse professionals working in difficult social contexts. The definition of VET being alluded to is broad, connecting formal opportunities for learning with informal experience, and placing reflexive practice at the heart of significant learning. There is, of course, a long-standing debate about the nature of professional learning and the crucial role of reflective practice in developing the artistry, alongside the science, of successful practice (Schon, 1987). But there is concern that the paradigm of reflective practice is often superficial while also discouraging any critical interrogation of the way things are (Fook, 2002 & 1993). This in turn can be related to a crisis of trust in professionals. The belief that professionals necessarily act with responsibility in relation to the people they serve no longer holds, at least among policy makers, while the relative autonomy of the professions and their training is under increasing assault from government and its agencies (Furlong, 2000). The sense of crisis surrounding professionalism and its epistemological underpinnings, in the context of the 'modernisation' of human services, is pervasive in many countries and contexts (Anderson, 2006; West, 2001). It applies to relatively high status professions such as medicine as it does to 'softer', 'lower status' professions of teaching, health care and social work. Managerialist prescription rather than sustained reflection seems to be the sign of the times.

Take medicine as an example. In the United Kingdom, Dr Harold Shipman has replaced Dr Kildare, according to the editor of the British Medical Journal, in popular mythology about doctors, and stories of doctors' mistakes and inadequate understanding far outweigh the triumphs (Smith, 2001). Doctors themselves seem unhappy and the causes of unhappiness appear many and varied. Increasing prescription surrounding the role, and surveillance of performance, have been identified as two potential factors (Smith, 2001). The pressure for accountability and the low trust among policy makers find expression in ubiquitous clinical protocols, monitoring of performance, and compulsory continuing

professional development alongside a drive for more evidence-based practice. If reflective practice, at all levels, is trumpeted as a way forward, there is evidence that this can be an empty, unconvincing mantra, with a disturbing neglect of the emotional dimensions of being a doctor, under the pressure to meet targets and perform to higher standards (Burton and Launer, 2003). At the same time, critical forms of learning – placing professional practice in a broader more culturally and socially aware frame – remain marginal (West, 2001; Sinclair, 1997).

The professional context for teachers and their education, not least historically, is different, of course, (including relatively lower status) but there are echoes of similar imperatives. In fact, in the United Kingdom, especially, but not exclusively, central government agencies, rather than higher education institutions, are now prescribing the teacher education curriculum (as they have prescribed what is to be taught in the classroom), with a neglect, as some see it, of criticality or for that matter reflexivity, given the dominance of top-down managerialist prescription and the focus on measurable outcomes. 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 often appears superficial and formulaic, especially when viewed from psychodynamic perspectives (Salzberger-Wittenberg et al, 1999; Froggat, 2002). Teacher education – revealingly rebadged as training in England – has, as the critics perceive it, become narrow and 'technicist' rather than critical or convincingly reflexive (Furlong, 2005; Tomlinson, 2001). The place of emotional learning in VET for teachers – in both their preparation as well as continuing development – continues to have an uncertain place, despite the interest in reflective practice and intuitive forms of learning (Atkinson & Claxton, 2000).

There are similar trends in VET for 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. The extent to which social workers and others on the ground are able, under the pressure of workloads, externally imposed standards and protocols, as well as the gaze of audit regimes, to question their human practice, in more open ended and exploratory ways, may be constrained (Chamberlayne et al, 2004). The basic argument in this paper is that certain kinds of knowledge are privileged in such times: what is easily evidenced or expressed in measurable outcomes, as against what can be more diffuse, biographical, subjective, interpretative, emotionally embedded as well as potentially critical. Despite the fact, as Donald Schon (1987) observed, that subjective and critical forms of understanding, as well as moral sensibility, are essential to negotiating the messy swamp of professional life, the managerialist response has been to seek to tie things down in notions of evidence-based practice. But the evidence that is valued is of a harder more quantitative 'scientific' kind, 'out there' and 'objective', rather than personal and subjective. The paper, as stated, draws on in-depth auto/biographical research among diverse professionals negotiating the swamp of practice. It is suggested, drawing on psychosocial perspectives, that auto/biographical forms of reflexive learning

– connecting criticality with feeling, self with the other, one biography and another – can offer a rich way of thinking about the direction VET for professionals, in the broadest sense, should take (West, 2001).

Researching VET

I have been studying professionals and their learning – in a lifewide, lifelong, holistic sense - over many years, in diverse contexts. I use a longitudinal, auto/biographical and in-depth approach, influenced by the wider turn to biographical, life history and/or narrative research in the study of professional practices and learning, including in medicine, primary care as well as 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 also proving influential in biographical research, including the role of unconscious factors in learning and professional life as well as doing research itself (Froggat, 2002; Hollway and Jefferson, 2000) There is a highly interactionist notion of professional practice and development at the heart of these ideas, rather than the relatively passive and overly cognitivist concepts that can characterise the literature of VET (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).

I worked with 25 doctors, more specifically General Practitioners (GPs), mostly based in inner London, seeking to illuminate how they manage their work and learned, in the context of a changing health care system and in the 'challenging' 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 deeply 'auto/biographical' as well as iterative learning process, in which I was a learner too (West, 2001). More recently, I have researched among 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. And I have recently completed a study of parents and professionals in family support and learning programmes – such as Sure Start (derived from the American Head Start programme) – located in economically marginalized communities (West, 2006). Time has been spent

with individual families and staff, once more, over a period of years.

The methodology is grounded in a commitment to working collaboratively with people, to understand experience subjectively, from their perspectives. Rapport and deeper, respectful and attentive forms of listening lie at the heart of the process, building on the tradition of feminist epistemology. This partly depends on our capacity, as researchers, to feel, identify and empathise with our research subjects as well as to create a good enough facilitating or transitional space in which people's anxieties diminish, relationships strengthen, and curiosity towards experience, and the capacity to think about it, in diverse ways, grows (Winnicott, 1971). Themes emerged inductively, over time, although they are always subject to continuing questioning. Stories we tell as professionals or more widely are often partial, defensive and even illusory, born, for instance, out of unconscious anxiety about the self's capacity to cope with particular experience or of what researchers or our colleagues might think (Hollway and Jefferson, 2000). Participants in all the studies were asked to read transcripts, identify themes and reflect on the process, including how easy it was to engage with it.

A pro-forma was devised to help in the analysis, including interrogating our own response as researchers in the counter-transference (Hollway and Jefferson, 2000; West, 2001). Each pro-forma consists of standard biographical data, themes and reference to relevant literatures. Field notes and diary material are incorporated while members of the research team complete a proforma separately, for every participant, and then compare and contrast material and interpretations. In-depth understanding of individual cases is used to build patterns across samples. The point is to identify the overall form, or gestalt, of professional lives and learning, drawing on diverse philosophical sources, including the theoretical work of Fritz Schutze and the German biographical-interpretative school as well as psychodynamics and even phenomenology (Hollway and Jefferson, 2000). The approach contrasts with conventional code and retrieve methods in computer-assisted qualitative data analysis, or even grounded theory, where data are disaggregated, often prematurely, and then reaggregated with data from different cases, bringing the danger of losing the nuance and inter-connectedness of experience across a life.

Three case studies

I want to use three case studies to illustrate my core argument about the importance of really reflexive learning, beginning with research among General Practitioners working and learning in the inner city. A metaphor of being 'on the edge' emerged at the core of the work (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, informed the metaphor. There are 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). Some doctors talk of there

being an 'epidemic' of mental health problems too. Doctors too can 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; Salinskey 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 the uncertain, sometimes disturbed feelings surrounding it. Balint groups, for instance - specifically designed to enable doctors to explore their feelings, 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 in medical education to disparage the emotional aspects of learning as well as sociological and critical insights, under the continuing gaze of the natural science paradigm and objectivism (Sinclair, 1997). Despite 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 and demanding 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'.

The starting point for the research was an experiment with Self Directed Learning (SDL) groups, which were designed to create a new space for GPs to consider 'critical incidents' with selected patients, which might be causing anxiety. These 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 could 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 a more extended study. Dr Daniel Cohen was one of the doctors who participated in a SDL group, and found it helpful. I want to 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 ago. He was unhappy, he said, while vocational education, of whatever kind, seemed incapable of meeting his needs. Being a doctor forced him to ask questions of himself, at many levels. There was no neat distinction between 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 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 hardly 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. Yet such understanding was at the core of becoming a better, more authentic as well as holistic doctor. 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 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 VET. 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 (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

If Teach First represents a different VET space, there are parallels nonetheless. The programme 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 tended to focus on meeting prescribed standards and outcomes rather than opening up questions to do with difficult experiences, such as distress in the face of pupils and their struggles; or about the purpose and values of schooling, in the context of multi-culturalism.

'Rupal'

I want to use Rupal's narrative to illustrate some of these points. She was working 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'. A rhetoric of leadership, however, in the programme, brought pressure,

including the fear of not living up to high expectations. "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, which merged with problems in her private life. She talked of 'leading a double life' and the 'challenge' of being part of an ethnic minority culture but also embracing London and its hedonistic side. She talked of 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 told us that "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, in new ways.

She began over the first year to articulate what she saw as the weakness of vocational 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 too and craved for a kind of knowledge that might 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 in which to learn. 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 felt there was insufficient support or time to process her confused and painful experience. Yet,

ironically, the research provided space for considering some of these issues, in a more structured 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

A final, much briefer case study derives from research among diverse professionals in family support and learning programmes, based in marginalized communities. The research 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 some sustaining space, especially for mothers, in difficult contexts, as well as building active forms of citizenship by engaging parents in the management of projects 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 spaces provided by projects. The role and personalities of particular workers were frequently 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 experiences 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, many targets – such as increased breast feeding, cessation of smoking, and or parents reading to their children - there was little or no space for serious reflective practice, to consider what they were doing and why, or how things might be done differently. There was a lack of supervision – as form of facilitated learning in relation to live issues - where anxieties could be contained and processed. In this context, ironically, the research itself, with its encouragement to reflexively engage with difficult experience, in all its dimensions, became important to the workers. A speech therapist, despite the pressures, was able to move from a medical model to more of a collaborative, holistic approach, working with other professionals, partly thanks to the auto/biographical learning derived from the research.

Conclusion

Research can serve as an auto/biographical space for learning: using experience as a basis for sustained reflection. This became important for many of our collaborators, given the relative absence of suitable structures in formal training or space in the workplace. A Teach First participant summed this up as follows:

> I know there are connections in life and there are things woven together in ways that we, that you don't always understand when you are in them and if that means what I think it does, this is 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, 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.

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, in personal as well as critical, questioning ways. The meaning-full learning that such an auto/biographical approach can nurture in research can equally be applied in initial and continuing professional training: there is evidence that it is a powerful learning tool while also enhancing the experiences of service users (Chamberlayne et al, 2004; Dominicé, 2000). But such approaches are under pressure: opportunities for profounder forms of learning about self, the other, and from lived experience- which ought to be integral to VET for professionals - are being lost or diminished under the imperative to perform, meet targets, tick boxes or to avoid asking deep questions at all.

References

Andersen, L. (2006). Life History as text and context in human service. Paper to the ESREA Life History and Biography Network Conference. Volos. March.

Atkinson, T. & Claxton, G. (2000) (Eds) *The Intuitive Practitioner.* Buckingham: OUP.

Burton J and Launer J (2003), *Supervision and Support in Primary Care.* Oxford, Radcliffe.

Chamberlayne, P., Bornat, J., and Apitzsch, U. (2004). *Biographical methods and professional practice.* Bristol, The Policy Press.

Dominicé, P. (2000). *Learning from our lives.* San Francisco: Jossey-Bass.

Fook, J. (2002). *Social Work: Critical Theory and Practice.* London, Sage

Fook, J. (1993). *Radical Casework: a theory of practice.* Sydney, Allen and Unwin.

Fox Wilson, D. (2004). *Supporting Teachers and Supporting Pupils.* London, RoutledgeFalmer.

Furlong, J. (2000). Intuition and the crisis in teacher professionalism, in: T. Atkinson & Claxton, G., editors, Op. Cit.

Furlong, J. (2005). New Labour and teacher education: the end of an era, *Oxford Review of Education* 31, 1, 119-134.

Froggett, L. (2002). *Love, Hate and Welfare.* Bristol, The Policy Press.

Hollway, W., & Jefferson, T., (2000). *Doing Qualitative Research Differently.* London, Sage

Salinsky, J. and Sackin, P. (2000). *What are you feeling Doctor?* Oxford, Radcliffe.

Salzberger-Wittenberg, I. Williams, G. and Osborne, E. (1999). *The Emotional Experience of Learning and Teaching*, London, Karnac.

Schon, D. (1987). *Educating the Reflective Practitioner.* San Francisco, Jossey Bass.

Sinclair, S. (1997). *Making Doctors.* Oxford, Berg.

Smith, R (2001). 'Why are doctors so unhappy?' Editorials, *BMJ* 322: 1073-1074, May.

Stanley, L (1992). *The Auto/biographical I.* Manchester, University Press.

Tomlinson, S. (2001). *Education in Post-Welfare Society.* Buckingham, Open University.

West, L. (2001). *Doctors on the Edge.* London, FABooks.

West, L. (2006). An auto/biographical imagination: the radical challenge of families and their learning, in: L. West, P. Alheit, A. Anderson, & B. Merrill (Eds), *Using biographical and life history methods in the study of adult and lifelong learning: European Perspectives.* Hamburg, Peter Lang/ESREA.