Exploring the potential of contemplative pedagogy in health professional education

C. Barratt

Abstract

Introduction: Although interest in and use of contemplative pedagogy is growing, particularly in the US, its potential to contribute to current dialogues about higher education and, in particular, the development of education for health professionals has not received much attention. The aim of this paper is to introduce contemplative pedagogy to educators working within health professional education so that the merits of such an approach can be more extensively debated.

What is contemplative pedagogy? The aim of contemplative pedagogy is the development of students' first-person experience of knowing as a counterbalance and compliment to the objective, third-person, didactic approach, which dominates higher education. Through contemplative practice, students' learning becomes connected to their own sense of meaning and personal values. I start by exploring the concept of contemplative pedagogy. Examples of contemplative practices are briefly introduced so that the reader can better envisage how contemplation can be introduced into the classroom.

Discussion and conclusions: I argue that contemplative pedagogy could help overcome the gap between theory and practice and assist educators in equipping students to care compassionately and effectively in dynamic and demanding healthcare contexts. I finish by emphasising the need for more research to investigate the efficacy of incorporating contemplative pedagogy in the education of health professionals.

Keywords: contemplative pedagogy; reflection; health professional; mindfulness; compassion.

School of Health and Human Sciences, University of Essex

Correspondence
Caroline Barratt
School of Health and Human Sciences
University of Essex
Wivenhoe Park
Colchester CO4 3SQ
United Kingdom
Tel: +44 1206 873832
Email: barrattc@essex.ac.uk

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Introduction

Contemplative pedagogy is an approach to teaching and learning that encourages students to engage directly with their internal, subjective experience. Through the use of "first-person" contemplative practices, students directly engage with their lived experience and make sense of what they are learning in relation to their own values and sense of meaning (Barbezat & Bush, 2014; Britton et al., 2013; Zajonc, 2009). Health professional education is continually evolving, taking steps away from didactic learning to incorporate new theoretical perspectives and methods such as practice-based learning, reflection and inter-professional learning (Mann, 2011), but the complexity and dynamism of modern healthcare demands further change and innovation if healthcare professionals are to graduate capable of offering effective, compassionate care as well as being sufficiently resilient to withstand the demands of their career (Lee & Dunstan, 2011; Sales & Schlaff, 2010; Youngson, 2012).

Awareness of the potential of contemplative practice to aid the intellectual, emotional and social development of students is growing. This is reflected by increasing resources to aid teachers and lecturers (see Barbezat & Bush, 2014; Hassed & Chambers, 2014), the flourishing of organisations such as the Association for Contemplative Mind in Higher Education (www.contemplativemind.org/programs/acmhe) and increasing research and scholarly discussion in the field (see following). Research evidence is also starting to emerge that suggests that contemplative pedagogy may be useful specifically in training health professionals (for example, Dobkin & Hutchinson, 2013; Shaprio, Schwartz, & Bonner, 1998; Warnecke, Quinn, Ogden, Towle, & Nelson, 2011). Yet, overall contemplative pedagogy has not yet received the attention it deserves in discussions about how health professional education should proceed. The purpose of this paper is to introduce the concept of contemplative pedagogy to a health professional education audience and to stimulate debate about its future development in this field.

The growth of contemplative pedagogy

Growing critiques of Western higher education point out that the increasingly narrow focus on critical thinking and reasoning, and the pursuit of technological and scientific knowledge has occurred at the expense of values, meaning and human connection (Barbezat & Bush, 2014; Lin, Oxford, & Brantmeier, 2013; Zajonc, 2009). Contemplative pedagogy acts as a counterbalance to this trend, and as a result, there has been growth in the number of university programs, across the curriculum, that incorporate contemplative elements (Eppert, 2013). The rapid growth of mindfulness practice in all levels of education, particularly in North America (Eppert, 2013; Meiklejohn et al., 2012; Shapiro, Brown, & Astin, 2008), is further evidence of growing interest in contemplative pedagogy.

There is also evidence that contemplative pedagogy is slowly finding its way into health professional education. The Concentration in Contemplative Studies for medical students at Brown University has been available since 2007 and enables students to combine their medical training with contemplation-based courses through which they develop their own first-person experience of contemplative practice. The self-

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development that arises from this practice is believed to contribute to their resilience, skill and compassion as clinicians (Brown University, n.d.). Furthermore, optional mindfulness courses have been established within the curriculum of 14 medical and dental schools is the US (Dobkin & Hutchinson, 2013), in response to increasing research that suggests that health professional students benefit from mindfulness training through improved wellbeing and reduced stress (Newsome, Waldo, & Gruszka, 2012; Warnecke et al., 2011) and improved clinical intervention skills (Gockel, Cain, Malove, & James, 2013; Shapiro, Astin, Bishop, & Cordova, 2005).

The challenge of compassion

Considerable challenges exist in educating and training healthcare graduates who are capable of working within the complex and dynamic healthcare environments of today (Lee & Dunstan, 2011; Sales & Schlaff, 2010). Lee and Dunstan (2011) called for a "re-thinking" of professional education that reconceptualises the gap between theory and practice. In the UK, the shift of nurse training from hospitals to universities has served to widen the gap between practice and theory, a gap that is proving hard for both students and educators to bridge (Morrall & Goodman, 2013). Furthermore, reports about the poor standard of care, such as those describing the failures in hospital care in the UK (see Mid Staffordshire NHS Foundation Inquiry, 2013) have spotlighted the issue of compassionate care and raised questions about how compassionate care can be taught (Adam & Taylor, 2014; Kelley & Kelley, 2013; National Health Service, 2012).

Concerns have been expressed about the inability of medical and nursing education to emotionally prepare students for practice and some go further, suggesting that training may actually be harmful to students, or at least maladaptive for compassionate care (Coulehan & Williams, 2001; Rushton et al., 2009; Shapiro, 2011; Youngson, 2012). Whilst the literature on health professional education points to increasing innovation in teaching that has enriched the experience of students, the challenge of incorporating meaning and emotion to sufficiently serve the needs of students as they evolve into health professionals still remains. I suggest that contemplative pedagogy could help educators to address some of the challenges that health professional education is currently facing.

What is contemplative pedagogy?

Whilst it is recognised, as stated in the introduction, that health professional education draws from a range of pedagogical positions, creating curricula that fully incorporate students lived, embodied experience as students and, crucially, as emerging health professionals is challenging (Tsang, 2011). The first-person approach to learning, which lies at the heart of contemplative pedagogy, allows space for and exploration of emotion and meaning by turning the gaze of the learner inward, thus cultivating greater self-awareness and depth of self-knowledge (Bush, 2011). Barbezat and Bush (2014) stated, "We want to create the opportunity for our students to engage with material so that

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they recognise and apply its relevance to their own lives, to *feel deeply and experience themselves* [emphasis added] within their education" (p. 3). Thus, learning becomes an active process in which students uncover and develop a sense of meaning in their lives.

It is important to note that the development of a first-person approach does not come at the expense or rejection of objective, third-person learning but is an important counterbalance if students are going to reach a better understanding of themselves and who they are in the context of the world around them. Siegel (2007) highlighted the importance of this distinction and the need for educators to be able to identify between these approaches to learning in their exploration of how mindfulness can be understood—in our own experience as well as through scientific experimentation and conceptualisation—but it is, of course, relevant to anything studied. Whatever is taught to students will be processed and made meaningful to each student in a unique way through their own internal processing. Contemplative practice has a strong internal focus whereby students form a deeper and more personal relationship to what is being taught whether that is theoretical or practical. By providing the space and skills to become aware of their internal responses, to both intellectual as well as practical learning experiences, students can become conscious of their learning and how they are affected by it (Barbezat & Bush, 2014). Therefore, we enable students to become better learners who are capable of connecting what they are being taught with their experience of, and actions in the world, thus helping to overcome the gap between theory and practice.

Contemplative practice can lead to a deep sense of knowing that is not offered by intellectual reasoning alone. Zajonc remarked:

> Knowledge, from the point of view of any contemplative tradition, is not primarily object-oriented. It is epiphany—or insight-oriented. It's not good enough to know *about* reality; you need to change how you see reality. Real education is transformation. (as cited in Boyce, 2010, para. 24)

Zajonc (2009) noted that most of our lives, we are relentlessly engaged with our exterior lives. He explained that when we turn inward we do so to meet the other half of our existence, which we usually operate in ignorance of. Only when our feelings or emotions reach either notable highs or lows do we have much cause to turn inwards, and even then, we may try and resist what is there rather than exploring it (Zajonc, 2009). Contemplative pedagogy is, therefore, about helping students develop a curiosity about their inner lives leading to greater self-awareness and refreshed connection to the external world and the knowledge and skills they are learning.

One of the challenges of writing about contemplative pedagogy is that to fully appreciate its value it has to be experienced (Barbezat & Bush, 2014; Zajonc, 2009). Educators who wish to engage with contemplative pedagogy need to know something of their inner life and to have explored this through contemplative practice so that they understand what they are offering to their students, and the fear and beauty that may accompany it (Burack, 2014). Furthermore, contemplative practice can support teaching to the best of our abilities, teaching with all of who we are and fully infusing our teaching with our own values and sense of meaning (Palmer, 1997). It can help us to be fully

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present and awake with our students and develop rich relationships that are satisfying to both teacher and student, opening up the potential for a reciprocal learning encounter (Meixner, 2013). Zajonc (2009) remarked, "If we are to serve with the best of who we are, then we cannot evade the shyness and fear we naturally feel when we confront the open interior space of stillness" (p. 68). To understand the shyness and fear that our students are likely to meet, we need to have become acquainted with them ourselves.

Contemplative pedagogy in the classroom

The incorporation of contemplative pedagogy into the classroom can manifest in a wide variety of forms. I will explore three examples—reflection, mindfulness meditation and deep listening.

Reflection

Reflection, which is used widely in health professional education, can be an effective contemplative practice through which students connect their inner and external experience. Deep reflection allows space for discussion of emotion, feeling and meaning. It takes time and requires internal contemplation as well as the activity of writing. However, the way in which reflection is often taught has frequently minimised its contemplative character. Rodgers (2002) noted that "reflection has suffered from a loss of meaning. In becoming everything to everybody, it has lost its ability to be seen" (p. 843). Rather than providing space for deep reflection, a reflective writing exercise can become a deposit for evidence of learning outcomes. Wear, Zarconi, Garden, and Jones (2012) emphasised the contemplative aspects of reflection, suggesting that reflection should promote "broader understanding and *transformed thinking*, through which students derive a deeper sense of meaning" (p. 608), which, in turn, leads to transformed action in the world.

Mindfulness

Mindfulness practice is possibly the most widespread form of contemplative practice used in education. According to a commonly cited definition of mindfulness, the aim of mindfulness practice is to develop non-judgemental awareness of the present moment (Kabat-Zinn, 1990). Through the development of this one-pointed attention, students and practitioners become more able to focus and less controlled by the so called "monkey mind" (Kabat-Zinn, 1990). In education, mindfulness practice has been associated with improved wellbeing and improved academic performance (Shapiro et al., 2008), and these findings have been similar amongst healthcare students (see Gockel et al., 2013; Newsome et al., 2012; Shapiro et al., 2005; Warnecke et al., 2011). For students training to be healthcare professionals, mindfulness practice has also been associated with improved clinical interventions (Shapiro et al., 1998; Shields, 2011; Warnecke et al., 2011). The potential of mindfulness to improve the connection and quality of care between nurses and their patients has also been emphasised with regards to Watson's human caring theory (Sitzman & Watson, 2014) and Parse's concept of "true presence" (Palmieri & Kiteley, 2012).

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In the classroom, a common approach is to introduce a short period (e.g., 5 minutes) of mindfulness practice—for example a breath awareness meditation at the start of the class. This helps to bring students into the present moment so that they are less distracted by events outside the classroom. Although the full depth of awareness and insight that can emerge from mindfulness practice can only develop with long-term sustained practice, positive benefits have been shown to accrue from limited practice, indicating that it is a worthwhile practice in the classroom even if students are not engaging in similar practices in their own time (Shapiro et al., 2008).

Deep listening

Central to contemplative pedagogy is not just the relationship students develop with themselves but also with other students and the wider community. The practice of deep listening involves being fully present and listening without trying to control or judge what you are hearing (Barbezat & Bush, 2014) and provides a way of building meaningful relationships amongst students. Whilst listening, students are encouraged to stay with their emotional and embodied experience of listening rather than preparing what they wish to say next or working out how they might solve the problem before it is fully explained to them. I am not suggesting that listening skills are not taught in current health professional programs, but the emphasis on open awareness shifts the focus from the ability to listen as a skill to deeply hearing what is said.

In terms of educational value, deep listening as a skill opens up a hugely valuable learning opportunity because in order to deeply listen we must reside in the space of "I don't know". We must choose not to know or make our minds up but simply to remain with what is present. To listen without judging means having to sit with all the vulnerability of not knowing—potentially very hard from a professional perspective when we are keen to defend our identity as "nurse", "doctor" or "teacher". Deep listening is therefore not just another way of teaching listening skills but of sensing and understanding our vulnerability. The potential creativity of vulnerability has also been recognised in nursing literature. Carel (2009) noted, "To be able to love and care about other people and things outside ourselves is to make ourselves vulnerable. But this vulnerability is also the gate to creativity and flourishing" (p. 219). Contemplative practice could provide a gateway to exploring vulnerability, facilitating students to experience its creative potential rather than the anxiety that the unknown can evoke.

I hope that by exploring these examples that readers have a better understanding of the applicability of contemplative practice to teaching. The main contributions that contemplative pedagogy can bring to health professional education are explored in the following two sections.

Contemplation, connection and compassion

As mentioned in the introduction, one of the key challenges facing health and social care education is producing professionals capable of compassionate care in challenging work contexts (Adam & Taylor, 2014; Cook & Cullen, 2003; Kelley & Kelley, 2013). I believe that contemplative pedagogy has much to offer in this

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regard. Firstly, through contemplation we are reconnected more deeply to ourselves and through self-understanding we come to understand other. Asher (2003) asserted, "It is only by looking deeply into one's 'self' that one can see the 'other' and recognise how one's own past, present and future are linked to those of different others and vice versa" (as cited in Blinne, 2014, p. 238). If we fail to engage with our own experience of the world, we remain distant from ourselves and others. As students connect more deeply to their internal experience, they are likely to experience a new level of vulnerability in the class, and this shared vulnerability opens up the possibility of more authentic relationship.

Furthermore, mindfulness training for health professionals has been shown to contribute to increased empathy (Shapiro & Brown, 2007, as cited in Shapiro, Brown, & Astin, 2008; Shapiro et al., 1998). Although meditation is sometimes perceived as a self-centred, distancing practice, this is not accurate. Zajonc (2009) stated "The suffering of others, the needs of the world become all the more pressing and we rise to meet the call with increasing wisdom and strength. Meditation should never take us away from life" (p. 66). Commenting on research with students who had participated in a contemplative course in critical social work, Wong (2013) remarked:

> [Contemplative practices] help bring different aspects of one's self into focus, restore wholeness, and awaken an appreciation of the interconnectedness of all life. …This realization of her [the student's] own wholeness was pivotal to her seeing the wholeness of her clients. It was embodied, not just an idea in her head. When we are grounded in the body, we begin to experience our physical embeddedness in this world and our interdependence with all life. (p. 271)

Contemplative practice and the internal self-awareness that it inherently develops could, therefore, help to address some of the more intractable problems of health professional education. The experience of students, their emotions and their sense of meaning are made central to their learning and development into health professionals. This could improve the resilience of students to cope effectively and remain in touch with the deeper values that brought them to the caring profession, thus supporting sustained compassionate care.

Holding contradiction

One additional area in which contemplative pedagogy can make a valuable and, perhaps, unique contribution to the education of health professionals is through enabling students to hold and honour conflicting, contradictory views about the world. Zajonc (2006) pointed out that whenever we are given a problem, our tendency is to instantly try to solve it, but the complexity of reality often means that we are frustrated in our search for a straightforward answer. Healthcare professionals are trained to alleviate suffering, but at times this may not be possible. Learning to care in contexts where a cure is unlikely or impossible represents a conflicted space that is difficult to reconcile intellectually and emotionally (Rushton et al., 2009). Contemplative practice provides space for students to explore and fully experience their sense of frustration. By

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becoming more comfortable with our sense of "not knowing", we can open into a more creative space that can hold this realisation, rather than continuing a frantic intellectual pursuit for the "answer".

Dyche and Epstein (2011) described how much of the curiosity of medical education has been removed in favour of technical competency but that this ill-prepares students for the complexity of practice. Similarly, Schön (1983) put forward the concept of the "swamp" of professional practice in which theories taught in the classroom are insufficient to ensure effective action in the face of messy and complex real world problems. Schön suggested that the development of reflective practice, a core element of contemplative pedagogy, can help to address this deficit. The practitioner in action needs to be able to hold their objective knowledge and training alongside their first-person experience and understand the relationship between the two, but whilst education fails to include students' subjective experience, this capacity cannot fully develop.

Additionally, by connecting student health professionals with their internal life and their subjective experience of learning, the journey from layman to professional is made more conscious. Students are, therefore, more aware of this essential transformation (Mann, 2011) and can observe how they are being influenced by what they are learning and experiencing, providing them with greater agency over the professional they finally become.

Discussion and conclusion

Although in its infancy, discussion about the potential of contemplative pedagogy and evidence from connected fields, such as mindfulness, suggest that contemplative practice could contribute to the educational experience for student health professionals. There are already some elements of contemplative practice, such as reflection, present within health professional curricula that could be deepened. Including contemplative practices in teaching and learning in health professional education is not about usurping other approaches but broadening the student experience and utilising contemplative approaches where it is appropriate to do so.

Whilst the literature in health professional education suggests a readiness and interest in pedagogic innovation, in reality the construction and delivery of curricula for health professional education are heavily constrained by the broad range of stakeholders involved in their creation and monitoring. In the UK, these range from commissioners (such as Health Education England), purchasers (for example, NHS trusts), professional regulatory bodies as well as university and student expectations. I expect that health education curricula are subject to similar tensions elsewhere; therefore, innovation is likely to be challenging. But curriculum reviews, such as the "Shape of Caring Review" in the UK, which is reviewing the nursing curriculum (Willis, 2015), consider evidence of best teaching practice to develop the education of health professionals. Therefore, there is an urgent need for more research into the use of contemplative practices so that it is possible to provide evidence for which practices might be most useful, how they should be delivered, to whom and when.

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Ultimately, if students are helped to become more self-aware, they are likely to be more able to make informed decisions about how they wish to be in the world, how they want to treat other people and how to make manifest the values they hold dear. The emotional connection to their vocation, which many students feel when they start their training but is frequently lost overtime (Youngson, 2012), could be reinforced by contemplative practice. Contemplative practice provides a way for learning to be more fully integrated and embodied and the connection between external experience and internal feelings and emotions made more explicit and knowable.

Whilst we can tell students about professional frameworks and we can list the characteristics of compassionate care, ultimately each student will make sense of these in their own way based on their own experience and their own sense of meaning. We do not want students just to "know" about how to practice, we want them to embody that knowledge and express it through action. It is unrealistic, perhaps even undesirable, to think that when students embark on practice, their idealistic notions of their profession will not be altered by the realities of practice. But by facilitating the creation of a reflective internal life, we could support students in being better able to deal with difficulty, whilst remaining connected to their own values. Overall, this could support the development of compassionate, effective health profession graduates who are sufficiently resilient to withstand the complexity and challenge of modern healthcare practice.

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