

Mezirow's Six Levels of Reflective Activity

In Mezirow's (1990) approach, the issues that are reflected on go beyond the immediate situation to a more critical level of reflection. In addition to the personal issues, the social implications and the influence of empowerment within the relationship are considered as essential components of the reflection. Reflection in nursing and midwifery must have this critical intent so that the taken-for-granted assumptions in the clinical world are challenged and debated (Usher, Foster & Stewart, 2008). The critical approach takes reflection to a level beyond that described in other reflective models such as that advanced by Gibbs.

Mezirow makes the distinction between *reflective actions*, such as playing chess (which requires thoughtful action), and *non-reflective actions*, such as driving a car (which encompasses habitual action). Take a moment to consider situations within clinical practice in which you might use reflective and non-reflective actions, respectively. What differentiates the use of reflective and non-reflective action? Mezirow suggests that critical reflection should enable new meanings and judgments to occur, resulting in personal transformation. He offers a model of hierarchical levels of reflection (Box 13-4) which move from consciousness (affective, discriminant and judgmental) to critical consciousness (conceptual, psychic and theoretical) as the individual or group reaches a higher level of reflectivity about a situation or experience.

As you increase your skills and knowledge and become more experienced in the use of reflection in, on and for action, you may wish to consider using Mezirow's six levels of reflectivity to enable you to achieve a deeper understanding of self and the role you play within the context of healthcare delivery.

BOX 13-4 Mezirow's Six Levels of Reflectivity, in Ascending Order

Affective reflectivity is becoming aware of how you feel about yourself, recognising how you think and act.

Discriminant reflectivity is assessing the effectiveness of your perceptions, and being able to identify reasons why you might respond in a particular way, and the impacts that relationships have on your actions.

Judgmental reflectivity is becoming aware of the value judgments you make.

Conceptual reflectivity is being able to critique your own actions, and questioning the adequacy and morality of concepts that you have encountered in the situation.

Psychic reflectivity is recognising your own prejudices by acknowledging that we often judge others on the basis of limited information.

Theoretical reflectivity is changing your underlying assumptions, resulting in perspective transformation or understanding self in the context of desirable action.

Stephenson's (1994) framework for applying a critical approach to reflection uses a similar approach to Mezirow, as shown in the example in Box 13-5.

Reflective Techniques

Now that we have explored the basics of reflection, we will review a number of techniques that you can use as part of your own reflective practice. There are a range of **reflective techniques** that can be used to meet the needs of individuals and groups of practitioners. Developed by a number of theorists, these techniques vary in their depth of reflection and in their complexity. They can involve either a guided approach or may be part of a creative process in which free thinking enables the individual to focus on the elements of the situation that was of most importance to them. Reflection can be undertaken as an individual activity (self-reflection), or can be done with a companion (mentoring or clinical supervision). It can also occur as a group exercise such as in Practice Development when techniques such as active learning groups are used (Manley, McCormack & Wilson, 2008).

Reflecting alone helps you to build confidence in reflective processes and to focus on self (an important component of self-awareness). Teekman (2000) discusses this kind of self-reflection and highlights the significance of self-questioning as a reflective technique. Asking yourself questions such as 'what has happened?', 'am I doing the right thing?' and 'can this assist me in structuring my thought processes and in making meaning?' can assist in highlighting gaps. However, this technique does have limitations, especially in the level and intensity of reflection, and in the level of challenge we provide for ourselves. One type of reflection that may be undertaken either alone or as part of a group is critical incident analysis.

BOX 13-5 Stephenson's Framework: The Critical Approach to Reflection

Choose a situation, and ask yourself:

- What was my role in the situation? Did I feel comfortable or uncomfortable? Why?
- What actions did I take? How did I and others act? Was it appropriate?
- How could I have improved the situation for myself, for the patient and for the others involved?
- What can I change in the future?
- Do I feel as if I have learnt anything new about myself?
- Did I expect anything different to happen? If so, what and why?
- Has this situation changed my way of thinking in any way?
- What knowledge from my theory and research can I apply to this situation?
- What broader issues, such as ethical, political or social, arise from this situation?
- What do I think about these broader issues?

early stages, to guide people whilst they get going with reflection. The model has emerged through Chris Johns' extensive work through which practitioners have explored their experiences in supervision (for example, Johns 1993, 1994, 1995a, 1995b, 2000, 2004; Johns and Freshwater 2005). His work is extremely well known in nursing and across other disciplines and is certainly worthy of further reading. This version also includes an element of reflexivity, which particularly encourages the experienced practitioner to continue to employ reflective effort in tackling a particular practice issue. This is less evident in other frameworks and is a valuable inclusion.

A reflective framework (Stephenson 1994)

I have included another framework, which poses a series of questions for you to work with (Box 9.3). It emerged from the student experiences of Sarah Stephenson, who wrote in the first edition of this book. Sarah was immersed in reflection throughout her pre-registration, undergraduate studies, and her framework remains worth sharing with others. I have used Stephenson's framework particularly with students reflecting on their clinical experiences and they have found it a useful and challenging guide to reflective tutorial groups and so have!!

Box 9.3 A reflective framework (Stephenson 1994, p.179)

Choose a situation from your placement; ask yourself . . .

- What was my role in this situation?
- Did I feel comfortable or uncomfortable? Why?
- What actions did I take?
- How did I and others act?
- Was it appropriate?
- How could I have improved the situation for myself, the patient, my mentor?
- What can I change in future?
- Do I feel as if I have learnt anything new about myself?
- Did I expect anything different to happen? What and why?
- Has it changed my way of thinking in any way?
- What knowledge from theory and research can I apply to this situation?
- What broader issues, for example ethical, political or social, arise from this situation?
- What do I think about these broader issues?

Bulman, C. & Schutz, S. (2008) Reflective Practice in Nursing. UK: Blackwell Publishing