

# Is it me you are looking for?

## Towards Reflective Practice in Massage Therapy

By Earle Abrahamson

Reflective practice is one of the cardinal skills massage therapists have in order to chart progress, develop new ways of working, and thinking about their actions and practices. Reflective practice is complex often demanding a delicate balance between experience and knowledge. This short article provides a basis for understanding reflective practice and how best we embed critical analysis into the work, we as soft tissue therapists, do.

Boud, D., Keogh, R. & Walker, D. (1985), define reflection as an important human activity in which people recapture their experience, think about it, mull over and evaluate it. It is this working with experience that is important in learning'. Tate and Sills (2004), argue that we learn through critical reflection by putting ourselves into the experience and exploring personal and theoretical knowledge to understand it and view it in different ways. Reflection has two dynamic processes: Informal and Formal. Informal reflection involves the use of self-questioning in order to develop our awareness of our own assumptions. Here we need to begin to ask reasoned questions that enable us to consider the foundation of our thoughts, our thinking, our philosophy and personal developments. The focus is on understanding our own process of thinking. Formal reflection draws upon research and theory to evidence thinking and provides a framework for support of theories in practice.

How do we reflect and what is it we are truly trying to understand?

To answer this question, it is important to consider the seminal work of Dewey (1938). Dewey proposed a 5 stage model:

The first stage involves problem identification – here we need to identify a problem that is perplexing and “felt”. In stage 2 we learn to focus on observation and refinement of the identified problem to create a deeper understanding. In stage 3, there is development of a hypothesis or an understanding about the problem and possible solutions. Stage 4 requires the hypothesis be



subjected to scrutiny and reasoning and stage 5 requires the testing of the hypothesis in practice.

This model provides insight into how we order our reflective thinking and learn from our experiences and actions. Many theorists have proposed models to capture the process of reflective practice, predominantly from an educational experiential learning perspective.

John (2000), in his book “becoming a reflective practitioner” elucidates ten constructs for reflective practice development. These constructs help to position the practitioner within the practice and account for difficult spaces within the reflective practice process.

**Commitment:** Accept responsibility and be open to change

**Contradiction:** Note tension between actual and desired practice

**Conflict:** Harness this energy to take appropriate action

**Challenge:** Confront your own typical actions, beliefs and attitudes in a non-threatening way

**Catharsis:** Work through negative feelings

**Creation:** Move beyond old self to novel alternatives

**Connection:** Connect new insights in the world of practice

**Caring:** Realise desirable practice

**Congruence:** Reflection as a mirror for caring

**Constructing:** Building personal knowledge in practice

From John’s ten C’s of reflection it is interesting to note how the shift between knowing and learning influences the therapist’s ability to change practice and

connect with new insight and knowledge. In order to master reflection, Kolb (1984) explains that to truly reflect on experience, the therapist should actively set aside part of their working day to do so.

### Barriers to Reflection – So what’s stopping us?

There are multiple psychological barriers that could deter the therapist from engaging in reflective practice on a continuous basis. These include fear of judgement, fear of criticism, being closed to feedback, defensiveness, and professional arrogance. To overcome such barriers, Ixer (2003) suggests the following supportive mechanisms 1) non-judgemental support e.g. mentor; 2) feeling safe, working in a learning environment where mistakes are acceptable; 3) a role model, e.g. a mentor who reflects on their practice and uses this learning to influence and assist other therapists; 4) knowledge of as many methods as possible; 5) as many opportunities as possible for engaging in reflection, e.g. pairs or group work; and finally 6) time and energy.

How effective are theories and models of reflection if their application in practice is limited? As therapists we continue to build knowledge, to think about our skills, identify areas for future development, and keep up-to-date with our learning. Continued professional development is one vehicle we can use to ensure that what we do has meaning and significance for our practice. Professional learning is more about application of our learning as opposed to quantifying the amount of learning we do. Reflective practice enables the therapist to develop a narrative of their experiences and forge critical links between personal and professional development.

Reflective practice is an important tool that as therapists, we need to keep current

within our clinical toolkit. Unless we make conscious and systematic efforts to critique our own practice, we will be unaware of how and when we are being discriminatory, will not make use of the knowledge base developed by our own profession, will continue to repeat the same mistakes, and our skills will stagnate rather than develop.

Professional associations support practitioner development and encourage therapist growth through carefully structured learning activities. One such activity which provides a supportive and non-judgemental environment is therapist supervision. Through these sessions, the therapist is able to reflect on client-therapist interactions, consider actions and outcomes, and develop new and different strategies to cope with complex and troublesome issues. It is this process of identifying learning, evaluating progress, and transforming work ethic, that becomes crucial to successful reflective practices.

We live and work within a society that has become obsessed with finding answers that we have somehow lost the ability to ask meaningful questions. Reflective practice encourages us to ask these questions and to draw meaning from the work we do.

I conclude with a few questions that therapist may wish to reflect upon:

- **What do I know?**
- **What do I need to know?**
- **How will I develop new knowledge?**
- **How do I know I don’t know?**
- **What is knowing?**
- **How have I applied my learning in practice?**
- **What have I learned through my practice?**
- **What learning activities are useful in advancing my knowledge and practice philosophy?**



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