



## Some Thoughts on Reflective Practice

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During my career, now spanning 50 years, I've learned that *reflection* is important for learning and for effective social interaction (as in empathy, which was the topic of my doctoral dissertation).

Reflective thinking, sometimes known as critical thinking about experience, can be traced back to the writings of John Dewey (1933). It began to influence occupational therapy in the United States with the work of Donald Schön, who proposed the idea of reflective practice to improve teaching and many other types of professional work (1987). Of course, many theorists in many fields have proposed models of reflective practice, and fundamentally they

agree that the process involves thinking about actions that have occurred, making sense of them, and using that information to guide further action.

In my judgment, it is the reflective step of *making sense of what has occurred*, that is most critical. Another way of describing this sense-making is that it is the process of making *meaning*. I have claimed in other writings (1999), that making meaning is a critical part of creating an identity or sense of personhood and that this process requires that actions be understood in the larger context of one's personal narrative or life story.

Of course, reflective practice by professionals involves reflecting on what an action can mean for *someone else*. This is why reflection is so closely related to empathy and why empathy is so important to occupational therapists. This is also why knowing information about a client's background and about their life story is important. I would argue that simply knowing about a client's performance limitations (or their medical

diagnosis) does not provide the therapist with enough information to provide fully engage the client or to select the intervention that might be most suitable given the client's particular circumstances and background.

Some years ago, a very thoughtful article was written by Maureen Fleming (1991). It had a provocative title, which helps me remember it even today. It was called "The therapist with the three-track mind." Working with her colleague Cheryl Mattingly, Fleming had done some ethnographic research with occupational therapists to better understand the occupational therapy clinical reasoning process. These two collaborators later co-authored a book on clinical reasoning based on the idea that the most effective therapists think about their clients on three levels or tracks at the same time. They described these three tracks as *procedural reasoning* (thinking about the client's physical condition that requires therapy), *interactive reasoning* (thinking about the client as a person with a life story and what that client might be thinking about their condition in a life context), and *conditional reasoning*, (which consists of integrating or combining procedural and interactive reasoning to make informed choices for intervention). According to Fleming and Mattingly, using the three tracks effectively requires the type of reasoning described in reflective practice, and is necessary for what used to be called, holistic practice, or "treating the whole person."

It's been 30 years since Mattingly and Fleming did their research and recommended the form of reflective clinical reasoning that makes for the most effective therapy, but I suspect that if someone were to repeat their study of how occupational therapists do clinical reasoning today, they might get very different results. My speculation regarding this is based mainly on the fact that the world and the nature of practice have both changed dramatically since that research was conducted. It is important to know that change does not always equate with improvement. Thus, the work of Fleming and Mattingly should encourage us to reflect on our own philosophies and practices and ask ourselves if occupational therapy can still lay claim to the idea that our profession is holistic? What do you think?

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