Interactive Journals: An Educational Strategy to Promote Reflection

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Reflection is an essential component of clinical reasoning in occupational therapy practice. The specialty area of mental health practice can elicit awareness and introspection for occupational therapy students at personal and professional levels. This article, a qualitative case study, describes the use of interactive journals in the mental health component of an undergraduate occupational therapy curriculum to foster and develop reflective skills. Students kept journals and submitted them biweekly; faculty members responded to the journals in writing within 24 hr. The journals were analyzed for common themes over the length of the course as well as at each biweekly period. Frequent themes were students’ increased awareness and openness to the specialty area and positive changes in attitude associated with new knowledge and experiences. The results indicate that interactive journals in academic courses have the potential to be an effective strategy to promote reflection.

Many occupational therapy students approach the specialty area of mental health with feelings of reservation; some approach with feelings of anxiety and fear. These concerns may be related to the emphasis on interpersonal effectiveness and the affective domain involved in practice in this area and the apparent lack of concrete or technical knowledge and skills (Scott, 1990). Exposure to psychological concepts and an increasing awareness of the complexity of mental health issues lead some students either to question their own mental health and personalize signs and symptoms or to distance themselves from persons with mental illness. Cole (1993) suggested that students can be both eager and afraid to work with patients and are anxious to know how to do occupational therapy. This need to know what to do was also observed by Denton (1987). For educators, focusing on objectives relating to cognitive skill and knowledge is more customary than focusing on objectives in the affective domain. Although content-related knowledge and assessment and treatment skills are essential in competent practice, reflecting on one’s own attitudes and experiences within the learning environment is also important (Landeen, Byrne, & Brown, 1992; Schön, 1987). Davis (1986) stressed that educators must not only recognize the importance of reflective thinking but also must teach it. This article discusses interactive journals as an educational strategy used to promote reflection in the academic mental health component of an occupational therapy curriculum. Interactive journals can be defined as ongoing written dialogue, in journal form, between individual students and a faculty member.

Literature Review

The literature reviewed for this article falls into two categories. The first focuses on reflection as a vehicle for learning. The second category focuses on the use of journals as a medium in the education of practitioners for promoting reflection and, hence, learning.

Reflection

Schön (1983, 1987) maintained that professional education neglects reflective knowledge and favors technical scientific knowledge. He indicated that the ability to reflect upon one’s repertoire of knowledge and experience is essential for competence, but is rarely mentioned in the curriculum. It can be difficult to educate for reflective practice while meeting myriad knowledge and skill objectives. However, reflection within the learning environment is essential if one aims to integrate the content with the life experience of the person who is doing the learning (French & Cross, 1992).

There are multiple definitions of reflection. Houston (1988) stated that reflection is an ancient concept that includes both knowledge and the ability to analyze situa-
itions, recognize nuances, and solve problems. Reflection therefore requires a knowledge base combined with lateral thinking and intuitiveness. Fellows and Zimpher (1988) incorporated a prospective focus in their definition of reflection. They defined reflectivity as a reasoned response, which can be preplanned or spontaneous, in which awareness of past experiences and understandings is linked with present experiences to lead to new understandings and appreciations. This definition was supported by Saylor (1990), who described reflection as the process of reviewing one’s own experiences and knowledge to invent unique approaches to complex clinical problems. This concept of reflection sounds surprisingly similar to Fleming’s (1991) description of conditional reasoning as an imaginative, multidimensional, future-oriented process. Reflection, therefore, provides data for self-evaluation and increases learning from experience. The person uses reflection to transform knowledge, skills, and attitudes into future action. Although reflection is individually centered, some authors have suggested that reflection in isolation is less effective than reflection in community through collegial interaction and dialogue. Pugach and Johnson (1988) maintained that interactive reflection allows sharing of expertise and facilitates the acquisition of thinking processes basic to reflection. Cinnamond and Zimpher (1988) indicated that reflection is an instance of social action that must be understood in the everyday world, and interaction acts as a text that can be used for critical reflection to generate other possibilities for change or for the creation of entirely new possibilities. Therefore, reflection in itself can be seen as several complex skills leading toward the transformation of future action.

Within the allied health professions, reflection has been advocated as an essential component of practice (Jensen & Denton, 1991; Mattingly, 1991b; Parham, 1987). In occupational therapy, establishing an effective relationship is crucial to the rehabilitation process. Development of the relationship requires technical knowledge, skills, and awareness of self and others on the part of the therapist. Reflection can increase awareness of self and others and therefore is an integral part of the therapeutic use of self and the development of the therapeutic alliance. Schön (1987) suggested that reflection-in-action is necessary in teaching, a profession characterized by uncertainty, uniqueness, and value conflicts. Although he was discussing the teaching profession, he could as easily have been referring to occupational therapy, which is characterized by complexity, uniqueness, and value conflicts. The questions are, how might occupational therapy educators teach for reflectivity, and what strategies will facilitate students to become reflective in their practice?

**Use of Journals**

Unlike a diary, a journal not only documents information but also describes a person’s reflection on ideas, concerns, and beliefs. Myerhoff (1992) saw the journal as a means of acquiring knowledge, not merely recording it. The journal becomes a part of the process of personal transformation, a process in which the person contemplates issues related to the self and reflects on the self. This reflection may result in new awareness and knowledge that can be transforming when incorporated into the previous view of the self. Therefore, questions about one’s own mental health, stereotypes, and fears can be addressed through the use of a journal and may become transforming or perhaps even be resolved by new awareness and understanding.

Journals have their application in many diverse domains including the self-help industry, adult education, and health care. The use of journals within the self-help industry for interpersonal learning and personal growth has escalated since the middle of the century, probably because of an increase in introspection by the general public (Christensen, 1981). Journals can be used to develop self-understanding and appear to facilitate growth and change (Baldwin, 1991), the structured use of a journal for intense personal growth can be learned in workshops (Progooff, 1975), and journals can be a source for understanding a person’s lived experience (Manen, 1990).

Within adult education, Christensen (1981) described the use of journals as a means of stimulating thought while planning and evaluating learning projects. Connelly and Clandinin (1988) stated that journal keeping is a process that teachers can use to reflect on their personal practical knowledge in an attempt to make practice more explicit. They indicate that teachers have little opportunity to reflect, because doing things is such a significant part of their daily tasks. Hultgren (1989), a teacher educator, uses journal writing as a method to allow student teachers to connect practical teaching experiences to the everyday themes in their lives. Thus, in education, journals are used to empower individual teachers and their practice.

The use of journals as an educational strategy in health care is common. Nurses use journals in the clinical setting to identify learning needs (Sedlak, 1992), as a clinical teaching tool (Hurtig, Yonge, Bodnar, & Berg, 1989), and to assist students in exploring and changing their attitudes in psychiatric nursing (Landeen et al., 1992). In physiotherapy, according to Jensen and Denton (1991), journals can help students reflect on their clinical education experiences. In the occupational therapy literature, journals have been recommended as an important component of future curriculum development to foster clinical reasoning skills (Crepeau, 1991) and to encourage positive attitudes toward persons with psychiatric disorders (Lyons & Hayes, 1993). They have also been included in an elective course on interpersonal skills for reflection and practice related to students’ interactional styles (Peloquin & Davidson, 1993). These studies indicate that
journal use in health care appears to be directed to the art of practice including reflection, clinical reasoning, and self and interpersonal understanding.

Study Purpose

To promote reflection in the mental health unit of the curriculum at the McMaster University School of Occupational Therapy and Physiotherapy, faculty members implemented interactive journals. A secondary goal of the assignment was to evaluate curricular objectives related to students' attitudes in mental health practice. The mental health component of the curriculum is delivered on two campuses, 1500 km apart. McMaster University, Hamilton, Ontario, and Lakehead University, Thunder Bay, Ontario. The occupational therapy curriculum is based on a self-directed, problem-based learning approach with emphasis on the use of small-group tutorials. The curriculum is developmental in nature and separated into specialty units. Occupational therapy students advance through seven units in the following order: basic skills, child health, adult physical health, adult mental health, aging and health, integration, and a final clinical elective. In the 14-week mental health unit, the first 8 weeks are academic study and the remaining 6 weeks are clinical fieldwork. The academic portion includes 17 hr of in-class time and a minimum of 35 hr of self-directed learning time. The academic portion is intense and totally focused on mental health and mental illness issues. The McMaster University program is unique among Canadian occupational therapy programs in that only mental health and mental illness courses are taught in this component (see Figure 1).

Method

In the first graduating class, all students (21 at McMaster, 6 at Lakehead) were required to keep a journal in the academic component of an inquiry seminar course. The course examines theory, service delivery, and socioeconomic, legal, and cultural perspectives of mental health practice. The journal was a graded assignment in the course worth 20% of the final grade. The criteria from the course outline stated that

Students were informed that entries had to be legible and handed in on time in order for them to receive complete marks for the assignment and that faculty members would respond to the issues and questions posed by the students' written observations and comments (each journal would receive comments from one faculty member). The students could continue with their own reflections or respond to the comments, thus creating an inter-

![Figure 1. The developmental paradigm of the curriculum.](http://ajot.aota.org/)
active journal between student and teacher. The journals
were personal and an atmosphere of safety was seen as
important to the reflective process. To decrease any po-
tential student concerns regarding content shared in jour-
nal entries, faculty members responded within 24 hr of
receiving the journals.

At the end of the course, students were asked to
voluntarily submit copies or originals of the journals.
They had been informed at the beginning of the course
that I was writing a paper on the use of journals as an
educational tool and that they were guaranteed anonym­
ity. Nineteen of 21 students at the McMaster campus sub-
mitted journals. Two of 6 students from the Lakehead
campus submitted journals.

Analysis

Journals were analyzed with a retrospective content anal­
ysis. I read all 21 journals in their entirety twice to ac­
cquire a sense of the whole of each journal. Each journal had
four discrete entries because of the 2-week intervals at
which they were submitted. Each 2-week entry was ana­
alyzed through identification of units of data based on
Lincoln and Guba’s (1985) criteria. The primary units
were feeling or thinking descriptors such as “I’m worried
about” or “I believe.” These units were sorted according
to recurring similarities or distinct differences. Frequency
of similarity indicated a potential category or theme.
Themes were then identified and labeled by their most
salient characteristic. Eight major themes emerged, as
well as a variety of individual topics discussed by fewer
than five students. Examples of these topics included
students’ individual experiences with mental illness for
themselves, friends, or family members, and the purpose
of crafts in occupational therapy mental health practice.

To check consistency of codes, a second reader who was
blind to previous coding read two randomly selected jour­
nals. Peer examination was used to further define and
label themes.

The Interactive Process

The major themes demonstrated reflectivity and learning
on the student part. Overall, the journals reflected an
openness to the mental health specialty area, an aware­
ness of the complexity of mental health practice, a per­
sonal awareness of preconceived or stereotypical atti­
tudes in themselves and in significant others, and a
connection of personal issues to new knowledge. Some
students related their understanding of course work by
including personal responses to required readings and
classroom experiences in their journals. Two of the 21
students primarily used the journals in a documentary
fashion rather than for reflection. This finding is similar to
that of Jensen and Denton (1991) of a small number of
students whose entries were essentially based on patient
data.

The following excerpts from one journal demon­
strate the unfolding and interactive process within the 8-
week time period. This student entered the mental health
unit stating that all she wanted was to get through it in
one piece. Her first position upon graduation was as a
staff therapist in a psychiatric institution.

Entry 1 (at end of week 2): I now have a general under­
standing of what mental health is, although my first thought is that mental
health is the absence of mental illness. . . . I am still unsure as to
why occupational therapy has a special place in psychiatry. . . . I
don’t know exactly how relevant any one model is, e.g., How often
do clinicians refer to Freud’s theory or developmental theory?

The following excerpt is an example of a faculty member
response in the initial 2-week component:

Faculty member comments are empathetic to the stu­
dent’s confusion regarding the role of the occupational
therapist in mental health, identify hope for future clarity,
and suggest a further strategy for dealing with the confu­
sion, if necessary.

Entry 2 (at end of week 4): How effective can occupa­tional ther­ap y be when the consumer/survivor has a negative attitude toward
hospitalization? Are there people who just can’t be helped, and
how do we deal with that? My understanding of the unique
role [occupational therapy] holds in psychiatry is coming together
nicely.

Faculty member comments regarding the struggle of be­
ing client-centered included the following:

Consumer-driven intervention suits some people better than
others—it comes easier to some than others. Thank goodness.
And I must admit I have been dragged, kicking and screaming,
into it myself.

Client-centered practice expands to include group work
and families.

Entry 3 (at end of week 6): The group sessions are particularly
interesting to watch and be in—boy, it’s very clear that psych
[occupational therapists] must be quick to act and think on their
feet, especially when the unexpected crops up. . . . I remember
you saying “You can always go back and repair, start over.” [That]
helps me reduce my anxiety about saying the wrong thing. . . . The
parents of consumers stressed including the family in a client’s
care better than any book could ever do.

Faculty member comments related to the moving nature
of the experiences:

It [the parents’ experience] had a profound effect on me also
(even after all these years). I felt they (the consumers) are excel­
lent mirrors of our consciences in a way—of all we don’t do—and
yet we pride ourselves that we do lots—my own professional guilt.
I suspect.

The impact of the environment on the client emerged, as
did recognition by the student of the move out into the
new environment of fieldwork.

Entry 4 (at end of the academic block): we can’t change gender or economic issues. But because of class discussions we are very aware of them and this impacts on how we approach, assess, and treat clients, and I feel most prepared to enter the clinic as a competent student.

Like the students’ reflections, many faculty member responses related to terminating:

I have really appreciated and enjoyed being a part of your learning.

This student’s journal entries reflect a change in knowledge and perceived skill level but, more importantly, the entries provided an opportunity to puzzle over the concepts and the relevance of mental health for a practitioner of occupational therapy. The interactive process was a shared phenomenological experience: the students reflected on their experience of the mental health course and faculty members shared their lived and learned personal and clinical experience to further enhance reflection.

Emerging Themes

The eight consistent themes in the journals identified the reflective learning process. Emerging in the initial 2-week period were themes of fear and anxiety followed by a growing sense of mastery. Themes of fear and anxiety surfaced in statements such as the following:

I approached the block with some trepidation—I can’t understand or relate to mental illness as I could physical disabilities. I was afraid of harming the patients by saying the wrong things, misunderstanding ones.

I must admit to having feelings of apprehension prior to the beginning of this block. I think it has a great deal to do with fear of the unknown. The stereotypical images of mental health have been primarily negative.

I think what broke the ice was our own group process, as it allowed us to share our fears around assessing and treating the mentally ill.

The theme of a growing sense of mastery was revealed in comments such as these:

I was feeling frustrated with not being able to grasp what occupational therapists do in dealing with the mentally ill. I felt like I was never going to see the light at the end of the tunnel. Well, things are beginning to change.

I might want to work in psychiatry some day.

I am beginning to see the importance of a solid knowledge in psychiatric [occupational therapy] for an occupational therapist. Practice any client could have mental health issues and concerns.

I am finding the fear turning to fascination.

Students described being able to give up their anxiety and fears as they acquired skills and knowledge. At the end of 4 weeks, one ongoing theme was the responsibility of the therapist in client-centered practice.

When offering client’s choices you must be prepared for any choice they make. For me this presents an exciting challenge. I do not feel that asking a client what they want to do in such a manner as to lead and manipulate them into ultimately choosing the goals which I had predetermed is my idea of client-centered practice.

Being client-centered requires more professional skills than medical model practice. Truks following this philosophy in all aspects of client interactions is much more complex than I ever imagined.

Another ongoing theme, not surprisingly, was friendship with clients.

This must be the most difficult of all—walking the fine line between therapist and friend in a client-centered approach.

Also, as a therapist and client become more familiar with each other over years in some settings, ending the therapeutic relationship may involve a mixture of sadness and perhaps, fear (on the part of the therapist).

The most frightening thing about not trying to impose your own values on someone else is how “needy” your own values creep out.

The conceptual struggle for the students appeared to be integrating the role of the therapist with the clients’ own illness experience in their own environment. Writing about these issues was a catalyst for further discussion in class and for understanding in different ways the sophistication of mental health practice.

At the end of 6 weeks, journal entries focused on the impact of three in-class experiences, namely consumer-survivor guest speakers, mothers of children with persistent mental illnesses who shared their experience of the health care system, and a simulated schizophrenia experience. The simulated schizophrenia experience included community living tasks such as buying items at a corner store, taking a book out of the library, and hospital activity groups. Students participated while listening to audiotapes of voices described by patients. A range of audiotapes was used, including benign, distracting, and persecutory voices. Students had the opportunity to discuss the experience. Students also wore tensor bandages at various joints and eyeglasses covered with plastic wrap to mimic the medication side effects of cogwheeling and blurred vision. These experiences were offered to expose the students to the impact of a severe mental illness from three different perspectives and to give a human face to theory.

Students had the following reactions to the consumer-survivor guest speakers:

It was certainly eye-opening to have members of the mental health community present. I can only imagine that it takes a tremendous amount of courage to stand up for one’s rights when one has been suppressed for so long.

I found the session with [speaker] to be the most powerful and moving. I thought that any medium or source of information could have been as inspiring as those men.

[Particular speaker]’s point that human caring is the key to coping with mental illness came from his personal experience and I am in agreement with this.
The visit from mothers of children with severe and persistent mental illnesses brought out the following comments:

I was touched by the honesty of both [parent] presenters regarding the hardships they experienced with their children who had mental illness.

I now realize the importance of self-help groups.

These women definitely drove home the point that the family is as important as the child.

I can see why communication between the health care professional and the family is so vital.

Student reactions to the simulated schizophrenia experience included these comments:

The experience and discussion were very thought provoking. I wish I had it in block one.

The insight I acquired on mental illness has given me sensitivity to the topic which I had not felt before.

Experiencing just a portion of the symptoms of schizophrenia firsthand has made me more aware of what a debilitating, yet in many ways, invisible, disability this can be.

I did not realize how disturbing voices might be.

It helped to go through the step-by-step process of how [ occupational therapists can help someone.]

Several comments related to transformation.

As I look back on the past 8 weeks I am amazed at the amount of information we have covered and the amount of knowledge I have acquired.

I have less fear, apprehension, and prejudice regarding mental health issues and am actually looking forward to my placement.

I feel prepared for clinical placement.

There have been many opportunities to develop and practice skills in the academic part of this block.

The students considered the effect on a person's mental health of societal factors and then were able to expand their perspective to include environmental implications for practice. The final entries also provided the opportunity for the students to see their individual learning and progress retrospectively.

Discussion

The interactive journal was particularly well-suited for use in the McMaster University program because it is a condensed, 2-year program with limited time for reflection. Despite various limitations of the study (participants were not representative of the larger population of occupational therapy students because they were the first graduating class of a new educational program, had a previous baccalaureate degree, and were considered adult learners; the number of students was small; and the themes may be unique to this group of student(s), the findings provide an understanding of the phenomenology of reflection enhanced by interaction within the academic component of one occupational therapy curriculum.

The nature of reflection was demonstrated in the consistent patterns of development seen in the journals. Journals started with an egocentric focus, out of which emerged an awareness of self followed by an awareness of others. Then students were able to appreciate the big picture, a transformation resulting in a deeper understanding of the complexity of mental health practice, a critical orientation, and a call to action. Lastly, the students looked back and reflected on the experience as a whole. Many described what Rogers and Freiberg (1994) defined as significant learning: learning that makes a difference in one's behavior, actions, or attitude.

The interactive element of faculty feedback also affected the nature of learning. What might have been isolated comments by individual students became an ongoing conversation that invited deeper understanding by both students and faculty members and promoted other ways of seeing for both groups of participants. The interactive nature of the journal allowed the faculty member to universalize some of the feelings acknowledged by the student entries and give feedback at a level comfortable for each person. Furthermore, the voices in the journals
offered faculty members a continuing evaluative response to the mental health unit, which could then be used to modify the course work to meet students' learning needs.

The journals also provided the opportunity for faculty members to reflect on and share mental health practice issues. Many of the faculty members' responses were affirming in nature: a check mark in the margin: "Yes, I understand this"; "This is a great thought, idea." A second type of comment was questioning or challenging: "What would you do differently?" "What does this mean for you as a therapist?" "Can you expand on this idea?" "How did this change in thinking happen?" The third category was universalizing responses and personal sharing: "This feeling is not uncommon," "I have felt like this also," "Being client centered is very difficult." The journal allowed faculty members to appreciate the students' lived experience in the course.

The students described use of the journal positively in their entries and at the final evaluation of the unit. Students disclosed more personal feelings and attitudes as trust developed in both the process and the faculty members. These findings are comparable to those of Landeen et al. (1992), who suggested that journals provide a means of communication between students and faculty members about areas that might previously have been difficult to access. An example of increased self-disclosure is the sharing of personal experiences with mental illness. The development of trust permitted a sharing of feelings and concerns engendered by the academic unit itself, but for which little class discussion time was available. The journal permitted students to discuss their own biases and beliefs in a safe place and also enabled them to work through ideas when there was significant disagreement in class. The journal also allowed for an individual, private conversation with a faculty member. The content was related to an appreciation of the complexity of mental health practice, not to specific knowledge or skills. This emphasis on understanding complexity of practice suggests a shift in thinking from first-order thinking, where there is only one version of a concept, to second-order thinking, where one can consider a range and multiplicity of possibilities (Anderson & Katz, 1991).

Friedland and Renwick (1993) indicated that there may be something about the practice of psychosocial occupational therapy that encourages self-reflection and emphasizes insight and understanding. The mental health component of the curriculum, by its introspective nature, encourages reflection and increased self-awareness. Emphasis is on analyzing behavior and experience from the client and the therapist perspective. However, an interactive journal can be used with students in any area of practice to teach the knowledge and skills of reflective practice in a legitimate, valued fashion within the academic context. There are also other techniques that facilitate reflection, such as narrative (Mattingly, 1991a; Rittman, 1992), letter writing (Robertson & Eskow, 1994), picturing, and document analysis (Connelly & Clandinin, 1988). Nevertheless, interactive journals are immediately relevant for students, involve faculty members directly in modeling reflectivity through personal sharing and questioning, and, in this context, are an effective way to do reflection with students.

Conclusion

Occupational therapy educators need to educate prospective therapists to pay attention to the phenomenology of practice (Mattingly, 1991b) in order to prepare them with the ability and skills to deal with a profusion of changing skills and requirements. It is not possible to educate for individual competence in every skill for every potential practice site. Instead, we ought to develop skills of reflection that meet this challenge. Opportunities for reflection within the curriculum will help to educate reflective practitioners. The use of interactive journals has potential to encourage and develop reflectiveness and can be integrated into current educational practice.

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