

# Chapter 10

## Embodied Reflexivity: Knowledge and the Body in Professional Practice

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Since the theme of incarnation—the ‘question of the body-subject’—forms the point of intersection of critical discourse—phenomenological, hermeneutic, psychoanalytic, poststructuralist, and feminist—it is an appropriate *topos* to deepen our investigation of reflexivity. (Sandywell 1996, p. 277)

### Introduction

Embodiment and reflexivity both are concepts familiar to contemporary professional practice and education scholarship. The aim of this chapter is to explore the fusion of these concepts, considering embodied reflexivity as an approach to knowledge generation in the context of professional practice. In this paper I present reflexive writing about my own personal and professional experiences and observations over several years of employment as an attendant service worker. I aim to show how an embodied narrative about embodied experience can reveal embodied reflexivity, as a form of reflexivity that is felt within the body. I further suggest that attending to embodied reflexivity potentially offers an important avenue for knowledge generation: a path of access to the unique knowledges of individual practitioners, developed through embodied professional experience. As a preface to the reflexive account introduced later in the chapter, I begin by examining conceptual work on reflexivity and embodiment, to consider how a notion of embodied reflexivity may be a salient concept with respect to making tacit or invisible embodied knowledges more visible. It is my intent to demonstrate, by way of reflexive writing,

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how acknowledging and attending to embodied reflexivity offers a unique contribution to how we think about what counts as knowledge, specifically in the context of professional practice.

## **Reflexivity: Thinking Critically About the Generation of Knowledge**

The concept of reflexivity is relatively new to conversations surrounding professional practice. Some examples can be found in the literature on health and welfare (Taylor and White 2000), social work (D’Cruz et al. 2007), education (Cunliffe 2002, 2004), occupational therapy (Phelan 2011; Kinsella and Whiteford 2009) and nursing (Bellot 2006; Cheek 2000). Reflexivity is often described in terms of its etymological roots in the Latin *reflexus*, meaning ‘to bend back’. Reflexive ‘bending back’ is most commonly described as a critical cognitive process that is fundamentally concerned with ‘interrogating interpretive systems’ (Sandywell 1996, p. xiv). At an individual level, reflexivity is about recognizing ways in which the self is implicated in the social production of reality and of interpretive knowledge, and thus recognizing the values, attitudes, assumptions and prejudices influencing the thoughts and behaviours of individuals as actors or interpreters (Bolton 2010). At a social level, reflexivity involves recognizing the socially constructed nature of many aspects of reality (Cunliffe 2004), as well as ‘the sociality of the process of knowledge generation’ (Kinsella and Whiteford 2009, p. 251).

Bolton (2010, p. 14) suggests that ‘[t]he reflexive thinker has to stand back from belief and value systems, habitual ways of thinking and relating to others, structures of understanding themselves and their relationship to the world, and their assumptions about the way that the world impinges upon them’; however she notes that ‘[t]his can only be done by somehow becoming separate in order to look at it as if from the outside’ (p. 14). Watts (1992, as cited in Sandywell 1996) observes the impossibility of such a separation, stating that ‘if you and your thoughts are part of this universe, you cannot stand outside them to describe them’ (p. 103). While Watts expresses concern at the interminability of the process of ‘thinking about thinking, thinking about thinking about thinking, and so *ad infinitum*’ (p. 103), this appears to be the very nature of much of what is taken as reflexivity: an interminable process of critical questioning, in particular the interrogation of knowledge.

Reflexivity, understood in this way as an interminable process of critical questioning, parallels what Richardson (1994, p. 520) has termed the postmodern ‘ideology of doubt’. Indeed, at the centre of much postmodern/poststructuralist thought is an emphasis on reflexivity. Lather (2007) signals Nietzsche’s significant contribution to the philosophy of knowledge, stating, ‘Nietzsche invites us to . . . multiply perspectives toward an affirmation of life as a means of knowledge without guarantee’ (Lather 2007, p. 17). Sandywell (1996, p. 357) suggests a ‘Nietzschean reflexivity’, pointing out the influence of Nietzsche’s radical questioning of the notions of objectivity and absolute truth upon prominent poststructuralist thinkers,

such as Foucault. Foucault's genealogical writings, which are 'aimed at unsettling established models of knowledge and epistemological presumptions' (Grosz 1994, p. 145), at once address and demonstrate reflexivity. In his archeological work *The Order of Things* (1973), Foucault discusses the idea of reflexive knowledge amidst a reflexive analysis of the history of Western thought; he describes reflexive knowledge as 'thought thinking itself' (p. 326). Foucault contends, 'there is always something still to be thought . . . that everything that has been thought will be thought again by a thought that does not yet exist' (p. 372). In much the same way that Foucault's methodological approaches challenge the essentialist assumptions inherent in methodologies that are concerned with the pursuit of absolute truths (Scheurich and Bell McKenzie 2005; Grosz 1994), reflexivity creates space for the identification and consideration of alternative 'truths'; a space for thought about the potentiality that is stifled each time a claim to truth is made.

Perhaps the most crucial function of reflexivity in relation to the generation of knowledge is the capacity for reflexivity to draw attention to and demand awareness of the *situated* and *partial* nature of claims to knowledge. Acknowledging the social construction of knowledge, reflexivity reveals not just the incompleteness of claims to knowledge, but also highlights the tendency of truth claims to mask and serve particular interests. 'Once it is acknowledged that truth itself is constructed not discovered, then specific interests—be they racial, class, sexual or gender—pertaining to the dominant agents of discursive power must clearly affect the content of that truth' (Shildrick 1997, p. 22). Kinsella and Whiteford (2009) usefully employ Greene's (1995) metaphor of a 'cloud of givenness, of what is considered "natural" by those caught in the taken-for-granted, in the everydayness of things' (p. 47) to illustrate the way in which disciplinary knowledge, left uninterrogated, can appear natural, or without alternative. Reflexivity facilitates penetration of such normative conceptions of knowledge, exposing the subjective nature of claims to knowledge, including the values, interests and relations of power wrapped up within them, and thereby creating a space for the development of alternative interpretations.

## **Embodiment: On (the Generative Potential of) the Body and Lived Experience**

Reflexivity, in the tradition described here, is commonly conceived of as a cognitive act, an intellectual exercise of critical interrogation of processes of knowledge generation. My purpose in this section is to reflexively consider how conceiving of processes of knowledge generation as purely cognitive has the potential to obscure the possibility that processes of knowledge generation might also be embodied. I draw on writings about the body, primarily informed by phenomenological, feminist and poststructuralist perspectives, which suggest that constructions which frame knowledge generation as a purely cognitive process spring from a specific historical postulation; namely, the separation of mind and body incited by Cartesian dualism.

The notion that mind and body constitute distinctively separate entities stems from the Enlightenment era, and was famously and most clearly articulated in the writing of Descartes (Matthews 2006). Descartes suggested that truth in the form of objective knowledge could only be achieved by thinking, via the cognitive function of the mind. While the philosophical bifurcation of body and mind had appeared elsewhere in history, ‘Descartes . . . succeeded in linking the mind/body opposition to the foundations of knowledge itself, a link which places the mind in a position of hierarchical superiority over and above nature, including the nature of the body’ (Grosz 1994, p. 6). Descartes doubted the reliability of the bodily senses as a means of capturing the supposed essence of reality, expressing an epistemological orientation that came to represent the philosophical foundation of modern science; in particular, modern science’s rejection of the body as a potential source for the generation of knowledge (Matthews 2006). In the words of Grosz (1994, p. 6), ‘Descartes instituted a dualism which three centuries of philosophical thought have attempted to overcome or reconcile’.

Embodiment is an emerging concept that is beginning to be taken up as a critique of the prioritization or legitimation of the mind at the expense of the body. ‘An embodied perspective begins with the assumption that our bodies are mediums through which we experience the world’ (Park Lala and Kinsella 2011, p. 78). Offering an alternative to Descartes’ framing of the body as distinct from the mind, phenomenologist Merleau-Ponty (1962) suggests a more integrated understanding of body and mind when he says that ‘[t]he body is the vehicle of being in the world . . . I am conscious of the world through the medium of my body’ (p. 94–95). For Merleau-Ponty, consciousness, perception and the mind are embodied phenomena: ‘The body and the modes of sensual perception which take place through it . . . affirm the necessary connectedness of consciousness as it is incarnated; mind for him is always embodied, always based on corporeal and sensory relations’ (Grosz 1994, p. 86). Theories of embodiment aim to recover and legitimize alternative accounts informed by and generated from within sensory experience.

Grosz (1994) links Merleau-Ponty’s emphasis on the primacy of lived experience to a similar vein in feminist contributions to the philosophy of knowledge. Harding (1991) suggests that different knowledges arise from different perspectives on and experiences of reality, pointing to the capacity of thinking from the perspectives of women’s lives to ‘make strange’ what had previously appeared familiar. Grosz finds in Merleau-Ponty three key insights relevant to feminist perspectives on the relationship between experience and knowledge: (1) that experience at once produces and is produced by knowledge; (2) that experience ‘is not only the starting point of analysis but also a kind of measure against which the vagaries of theory can be assessed’ (Grosz 1994, p. 95); and, (3) that experience is at once cognitive and corporeal, and ‘can only be understood between mind and body—or across them—in their lived conjunction’ (p. 95). A focus on the body and attention to lived experience as a path to knowledge highlights and challenges the dominance of cognitivism or intellectualism as the sole avenue for the production of knowledge, and offers an epistemological alternative to Cartesian rationalism.

While some phenomenological and feminist approaches to the generation of knowledge argue that we need to begin with the body, Foucault's poststructuralist critique of rationalism intentionally *decentres* the subject, preferring instead to approach analyses by focusing on language and discourses (Scheurich and Bell McKenzie 2005). While the body and lived experience tend to be downplayed in postmodern/poststructural analyses, Grosz (1994, p. 125) locates critiques of the absence of the body in the work of Nietzsche:

For Nietzsche, consciousness is a belief, an illusion ... a convenient fiction. ... Knowledge, mind, philosophy, as that activity supposedly concerned with reason, is the discipline most implicated in a will to ignorance ... philosophy is based on a disavowal of its corporeal origins and its status as corporeal product. The body is the intimate and internal condition of all knowledges ...

Grosz shows that, in turning a reflexive gaze back upon knowledge itself, Nietzsche acknowledges the bodily origins of knowledge. Although Foucault does not explicitly take up lived experience as fundamental to the generation of knowledge, Foucauldian analytics still facilitate the sort of reflexive analyses that create space for the consideration of alternatives to dominant modes of knowledge generation. Furthermore, Foucault's work on the body, as well as Foucauldian analyses applied to theories of the body, offer important contributions to work on bodily experience in relation to the production of knowledge. Foucault's (1988) assertion that domination 'establishes marks of its power and engraves memories on things and even within bodies' (p. 377, as cited in Scheurich and Bell McKenzie 2005, p. 852) suggests that lived experiences of oppression alter bodies or generate bodily difference. This is significant in relation to Harding's (1991) suggestion that different bodies have the capacity to generate different knowledges. It has also been suggested that the body as theorized by Foucault does in fact presuppose 'an experiential understanding of the body' (Oksala 2004, p. 99), and that this body itself represents a site of potential resistance to normalizing power; and a space for the creation of new possibility (Oksala 2004; Butler 1993).

The generation and application of embodied knowledge has also been taken up in a more practical sense in the work of miners and what has been described as 'pit sense' (Somerville 2006; Sauer 1998). 'In pit sense all the senses are employed in a complex interconnected way ... This includes sound, smell, touch, and kinaesthetic sense as well as other senses that have no name' (Somerville 2006, p. 43). Sauer (1998, p. 134) explains pit sense as a form of 'embodied sensory knowledge' which miners describe as essential to protecting their safety in a practice context characterized by rapidly changing sensory information. Pit sense is described as a unique form of embodied knowledge that is felt in the body and revealed in action, but which cannot be articulated in language (Sauer 1998). Sauer suggests that miners gain embodied sensory information about their work environment on the job and in an embodied way; it is a form of knowledge that cannot be articulated in written reports and procedures, and that thus cannot be acquired apart from embodied experience inside the mine. Sauer's work provides a useful case through which to critically consider conventions of knowledge generation and transfer.

Building upon Sauer's work and extending consideration to embodied experience as an important source of knowledge amongst caregivers, Somerville (2006) is more explicitly reflexive, noting that 'the highest status is reserved for the most abstract and immaterial learning . . . and the lowest status is accorded to concrete, material learning, much of which we learn in daily embodied actions' (p. 39).

## Embodied Reflexivity

Reflexivity has only minimally been written about as an embodied phenomenon. Bleakley (1999) discusses a 'holistic reflexivity', which he characterizes as an 'aesthetic and ethical act of participation in the world' (p. 328). Cunliffe (2002, p. 39) suggests an embodied sort of reflexivity that surpasses 'reflexive intellectual critique' in the interest of 'acting reflexively'. Calling for an embodied reflexivity in qualitative research, Finlay (2005) suggests 'reflexive embodied empathy' as a way of relating to another's embodied way of being, in the service of understanding the intertwined nature of individual subjectivities. Also writing about qualitative research, Burns (2006) demonstrates the potentially cyclical and interactive nature of embodied reflective and reflexive processes. Pagis (2009) distinguishes between embodied and discursive modes of reflexivity, focusing on the 'reflexive capacity of bodily sensations' (p. 265) to inform an embodied consciousness, and arguing that embodied self-reflexivity occurs at a subconscious level before bodily sensations are translated into discourse.

Offering significant depth in structuring his view of reflexivity (which he suggests can be conceived of in terms of incarnation or embodiment), Sandywell (1996) considers the intellectualism inherent in conventional constructions of thought and consciousness. Citing a broad range of philosophers (Heidegger, Merleau-Ponty, Wittgenstein, James, Dewey and Mead), Sandywell (1996, p. 272) contends 'that our taken-for-granted ideas about the essence of thinking are profoundly one-sided, intellectualistic and disabling in their emphasis upon abstract cognition and pure theory'. He notes the presence of the Cartesian separation and prioritization of mind over body in traditional conceptions of reflection that imagine the mind as a separate self, detached from and capable of reflecting back upon the body. In contrast to reflective thought, Sandywell contends, reflexive thought conceives of mind and body in a more unified sense, enabling in reflexivity the bending back of self upon self. For him, reflexivity is a cognitive and embodied process of reflection upon thought (as a process of knowledge generation), which is itself a cognitive and embodied process. Sandywell is reflexive about reflexivity, arguing that 'to "think about thinking" means to abandon mechanistic and reductive models of "thought" and return to the realm of everyday activities which, in their engaged complexity, forces us to question the cognitive model of "thinking"' (p. 272). Following this line of argumentation, Sandywell conceives of an 'incarnate' or 'embodied' reflexivity.

It is important to note that Sandywell (1996) argues for an embodied conception of reflexivity in addition to, rather than instead of, cognitive models.

Sandywell exemplifies reflexivity as both intentional and embodied, as paralleling the postmodern project of deconstruction, and as implicated in particular in the generation of knowledge. The aim of reflexivity, in Sandywell's conception, is to recognize alternative knowledges and ways of knowing or of generating knowledge. Indeed, for Sandywell (1996, p. 282),

consciousness is not a disembodied faculty or stream of ideas; but neither is existence an unformed mass of sensory impressions or unmediated matter; both moments are imbricated in the knowledgeable process of social existence—an interpenetration exemplified by the diverse ways in which human agents find themselves creatively orchestrating the practices and organizations of material existence.

What Sandywell highlights is 'the dialectical relation between embodied reasonableness and formal rationality' (p. 289); the 'interpenetration' of sensory experience and the sense made of that experience. In short, within his conception of reflexivity, Sandywell acknowledges the coexistence of and interaction between cognitive and embodied processes of thought.

### **Excavating Embodied Reflexivity: Storytelling as a Path of Access to Embodied Knowledge**

To this point I have relied upon a heavily cognitive approach to *examine* conceptions of reflexivity, embodiment, and the possibility of an embodied reflexivity. My aim in the next section is to *show* reflexivity, as a process of knowledge generation, in both cognitive and embodied forms. I propose to show reflexivity by way of reflexive writing about my own practice experience as an attendant service worker. I present this story as a case through which to observe and demonstrate reflexivity, and to consider how attending to embodied reflexivity might contribute to the generation of knowledge, in particular by illuminating tacit or invisible embodied knowledges. This writing demonstrates reflexivity as cognitive thought about different (alternative, non-dominant, competing) ways and domains in which knowledge can be generated. This writing also seeks to show that reflexive processes can occur in an embodied manner, such that reflexivity can also take place in the body.

It is perhaps worthwhile to note that this narrative was not produced with reflexivity in mind. I sat down to write about my experience, and the story that follows came out in the form of a stream-of-consciousness narrative. In *The wounded storyteller*, Frank (1995) explores the body's need for voice in relation to experiences of illness: 'The ill body . . . speaks eloquently in pains and symptoms—but it is inarticulate' (p. 2). Stories, Frank contends, are embodied; beyond simply being *about* illness, illness narratives are stories told *through* a wounded body. 'The body sets in motion the need for new stories when its disease disrupts the old stories' (p. 2); the need for illness narratives thus arises when lived bodily experience diverges from dominant narratives.

Frank explains illness narratives as symptomatic of and arising as a form of resistance to the oppressive dominance of medico-discursive constructions of illness.

In modern times, characterized by the Cartesian reification of rationalism, 'popular experience is overtaken by technical expertise' (p. 5). Frank calls this scenario, in which individual voices are silenced by a dominant medical discourse and denied the opportunity to speak for or represent themselves, 'medical colonization' (p. 10). In postmodern times, however, people struggle to identify with dominant medico-discursive representations of their experience, 'feeling a need for a voice they can recognize as their own' (p. 7). 'Telling stories of illness is the attempt, instigated by the body's disease, to give a voice to an experience that medicine cannot describe' (p. 18); as embodied stories of local 'truths', illness narratives represent an important site of resistance to the dominant voice of modern science.

Inasmuch as they stand to challenge the stability of concretized dominant knowledges, illness narratives might be thought of as forms of reflexivity. Frank (1995) describes the voice that storytelling gives to bodies as offering an important contribution to the generation of knowledge. At a personal level, Frank contends, embodied stories validate and attest to the uniqueness of individual experience. At a social level, stories at once reproduce old truths and create new possibilities, drawing on and contributing to the social vocabulary of experience, what Geertz (1973, p. 30) refers to as 'the consultable record of what man [woman] has said'. Storytelling, in Frank's account, contributes meaningfully to the generation of knowledge in postmodern times. 'The social scientific notion of reliability—getting the same answer to the same question at different times—does not fit here' (Frank 1995, p. 22). From a postmodern stance, realities are too complex to ever be completely represented; the best we can do is produce and legitimate more and more accounts, each necessarily local and partial, in order to approximate more comprehensive representations of 'truths'. Embodied stories offer a path of access to diverse accounts of experience, which may diverge from, contest, destabilize and/or expand the scope of dominant narratives that are grounded in, uphold and reproduce objective 'truths'; 'truths' that may be inconsistent with, and which may serve to obscure the reality of, individuals' lived experiences.

Illness narratives in Frank's (1995) account are embodied stories that serve as a medium through which the sensations of a body's 'disease' might be conveyed and validated. The following narrative demonstrates reflexive writing about my practice experience attending to a wound(ed body). Although it is not an illness narrative in the strict sense of a story told through the 'diseased' body itself, it is nonetheless an embodied story that tells of embodied interaction with and embodied knowledge of a wounded body. And although it is not a story instigated by and told through a body afflicted by 'disease' in a medical sense, it is a story told through and at the insistence of a body deeply afflicted by the 'dis-ease' of an encounter with the medical world. Embodied reflexivity, like 'disease', is felt in the body. Like the 'diseased' body, the reflexive body is inarticulate, challenged to communicate its 'dis-ease'. The following narrative demonstrates reflexive engagement with an experience of embodied reflexivity. It tells of a lived experience of the sensations of critical thought processes occurring and felt within the body, and is told through the 'dis-eased' reflexive body. This story illuminates the local and partial 'truths' of (my) embodied knowledge.



## The Pressure Sore

Six years ago, one of the last things I ever could have imagined myself doing, in life and even in my job as an attendant, was caring for a wound. When I was first trained as an attendant I learned about preventative skin care, and about how to treat minor skin breakdowns to prevent them from worsening. I learned about important medical technologies, and with no prior knowledge of skin outside of my own personal experience, was fascinated to see how quickly the right medical supplies can facilitate the healing of some minor skin degradation. Through daily embodied experience with skin and basic medical supplies I gained a fairly thorough understanding of skin; enough to know, one September about a year after I started the job, that the usual measures for clearing up a minor blemish were not working: the hydrocolloid dressing wasn't disappearing the little red spot in the skinfold as it usually did. In my opinion, the red spot was growing, deepening. Its characteristics were changing. The red was joined by some streaks of yellowish-white. It began to look moister than it had. It frightened me to watch the skin change in this way. I soon began to realize that this wasn't even skin I was dealing with anymore, but flesh. This is where my experience with wound care began.

To understand this story fully, it is important to understand my professional position, in particular, my position of power relative to the situation. As a personal attendant, my job description (as it was explained to me when I was hired by the woman to whom I would be serving as an attendant) was to perform the various tasks that her paralyzed body could not perform without assistance. In essence, I was hired to provide substitute hands and legs, to act as her body might. Given this job description, I did my best, as I had been instructed, to check myself at the door; to bring to work my hands, arms and legs, and leave my 'self' at home. On one hand, this task makes a great deal of sense. My employer was looking to hire a competent and cooperative body, not an opinionated or argumentative personality. On the other hand, however, the task of leaving my intellect aside is both impossible and probably, realistically, undesirable. Looking past the impossibility of the task of bringing nothing to work but my physical abilities, I was hired, at least to some extent, on the grounds of my mental—and not solely physical—abilities. Ultimately, the point was not to leave my intellect on the doorstep, but rather to leave whatever beliefs or opinions I may hold about anything I am asked to do on the job—in particular, anything relating to my employer, her body or her disability—at home. The reason for this, as I understand it, has to do with power. In hiring me, an arts and humanities undergraduate student, instead of a trained health professional, my employer was able to assert, and maintain without challenge, her conviction that she is the expert of her own body.

In the year prior to the development of the pressure sore, I had never had reason to question or challenge my employer's chosen course of action as regarded care for her skin or her body. As far as I was concerned, after all, she *was* the expert. And so each day I did my job as I had been trained. I carefully observed and described the red spot. Indicating my concern was the best I could do within my

role. As the days and weeks passed, I observed and described as the spot became deeper, and redder, and scared me more and more.

I don't remember when exactly the breaking point was reached. My employer was very busy that September, as too, I'm sure, were the clinics she would need to make appointments with. What I do remember clearly are the ensuing 4 years of appointments at three different wound care clinics; the interactions with what seemed an endlessly revolving door of health practitioners; the way my job (and life) changed dramatically when my employer was sentenced to bed rest, a course of action whose pernicious and extensive implications the prescribing medic could not have possibly even begun to comprehend. Nor, I suspect, did they have any real sense of the totalizing nature of that pressure sore in my employer's life; for it became a guiding force, a primary consideration impacting the planning of every activity, every day.

Many times over the years since that fateful September I have reflected upon the circumstances under which that wound developed, initially, and as it continually worsened, even after it began to receive the 'proper' medical attention. It is a strange thing to consider, 'possession' of a wound. Of course, it is my employer's wound; it is located on her body. But she never saw it, hardly acknowledged it for the first month of its existence. During that time I was deeply concerned about it and intimately involved with it. I cleaned and dressed it, observed, measured and described it every single day. In a sense, that wound was also mine. A constant presence playing a significant role in my daily experience, I had come to know that wound in an embodied way.

Until we took it to the hospital, care for the pressure sore was informed by the embodied knowledges of my employer and myself. In the hospital wound clinic, my experience was surreal. Although I knew that wound better than anyone else, within the realm of the hospital my experiential knowledge simply did not count. In the view of the staff at the hospital wound clinic, I was, at best, a mere bystander. At worst, I am certain there was speculation that this wound was my fault; that my lack of proper training was to blame for the extreme breakdown of this tiny (1 cm<sup>2</sup>) patch of skin and flesh. In either case, each time a professional entered the room it was as though I had disappeared. Feeling like a useless third wheel, it was then that I retreated and took up residence as a 'disembodied' fly on the wall of the hospital wound clinic.

It's an interesting vantage, the fly on the wall; a silent observer of interactions that typically tend to go unobserved. At times it was difficult to remain silent, in particular when, based on my experience with the wound, I strongly disagreed with a prescribed course of action. I knew the nuances of that wound. I saw how it responded to different treatments, how it changed based on various factors. But doctors didn't want to hear from me, *or* my employer. It was clear to me that our embodied knowledges about my employer's body in general, and the wound in particular, carried very little weight in that environment.

As I sat quietly and observed, I often thought about power; about the constant struggle for legitimacy in which myself, my employer and the clinic staff were engaged; and, ultimately, about the conditions which led my employer to hire me

instead of someone well trained in wound care, perhaps someone whose authority or 'expertise' might have more forcibly insisted she seek medical attention for the skin blemish before it developed into a chronic wound. With time it became clear to me that my employer recognized that I had become the expert of her (specific and context-bound) wound. I could see that she took my knowledge of it very seriously. But still the medical professionals showed little (if any) regard for my knowledge (or hers, for that matter).

One wound clinic insisted that nurses, trained in the generalities of wound care, rather than the particularities of the context, come to my employer's house to attend to the wound. This assertion on the part of the medical institution was particularly interesting: sending professionals trained by recognized educational standards into my employer's home to do the job of the practitioner she had trained herself (i.e. me). My employer had, after all, purposefully elected a model of attendant services that allowed her to customize her attendant services by training and managing her own attendants, rather than accepting a pre-packaged support service provided by an agency. I have reflected a lot on the contested/contestable nature of this scenario, questioning what precisely falls under the jurisdiction of individuals with regard to their own health care and at what point we should reasonably be expected to concede control and management to 'professionals'. Of course, my employer does not require someone trained in a standardized way to assist her in the completion of various activities of daily living, but would it be to her advantage, to the benefit of the collective, to have someone professionally trained interacting with her body? Or would therein lay an assumption about her disabled body, as sick and therefore necessarily requiring constant medical supervision? Surely the same advantages would stand true were my 'able' body constantly subjected to a medical gaze (which, of course, it is not). Why, then, should that gaze be imposed upon someone with a disability?

In my view, it is not a far stretch to shift from questions of this nature to questions about the legitimacy of different forms of knowledge. It is certainly true that when the pressure sore first developed, I had no knowledge of pressure sores, wounds or wound care. Even now, my knowledge of pressure sores, wounds and wound care *generally* remains limited. My knowledge of that one *particular* pressure sore, however, is extensive. I knew that wound in an embodied way, well enough that on multiple occasions I predicted the negative effect that a newly prescribed treatment would have on it. More than once I made a suggestion that was dismissed by my employer, the clinic staff, homecare nurses, or some combination of the above, suggestions based on my very specific knowledge of the wound's behavior, and which I believe may have had a positive impact on the wound. To this day it is difficult for me to accept the possibility that my knowledge of that wound is a legitimate form of expertise, which may offer a unique contribution (however minor) to existing understandings of wounds and wound care. But I am beginning to understand this self-doubt in relation to the dominance of medical discourse, and to see how attending to knowledge that is generated experientially through the body, such as my embodied knowledge of my employer's wound, has the potential to expand concretized 'truths'.

## Embodied Reflexivity and Knowledge Generation in the Context of Professional Practice

I have presented this narrative in an attempt to show embodied reflexivity in the context of professional practice, as a process that offers an important avenue for knowledge generation in professional practice and invites critical consideration of how we think about what counts as legitimate knowledge. Embodiment and reflexivity both are concepts familiar to contemporary professional practice and education scholarship, where an emergent literature on *phronesis* advocates for recognition and legitimation of practical wisdom alongside conventional forms of scientific knowledge and technical rationality (Kinsella and Pitman 2012; Polkinghorne 2004). In this literature, reflexive consideration of the generation of knowledge calls for attention to intelligent action, actively demonstrated in practice contexts, through which embodied or tacit knowledges are revealed. Kinsella (2012) situates embodied reflection and critical reflexivity along a ‘continuum of reflection’ that she suggests is ‘implicated in the development of professional knowledge characterised as *phronesis*’ (p. 35). The fusion of embodiment and reflexivity is foreshadowed in Kinsella’s work by Bill Green’s conception of Kinsella’s continuum as ‘a pulsating quadrant in which any piece might overlap with another at anytime’ (Kinsella 2012, p. 38). The narrative I have presented here makes explicit this suggested connection between embodied reflection and critical reflexivity, demonstrating reflexivity as an embodied process of critical thought that is felt within the body.

One concrete example of the embodied reflexive sensations I felt in a practice context is the fear I experienced while attending to the wound. Within the context of my employer’s home, my embodied knowledge and hers were all we had to work with. As I watched the skin degrade into flesh, I began to sense that the demands of my practice context were surpassing the embodied knowledge I had gained, first through training on the job and then through my own daily experience interacting with my employer’s skin. I became conscious of my lack of formal technical education, and the process of questioning the validity of our combined experiential knowledges manifested in me as fear. I was not yet in a position to comprehend why my employer preferred to manage the deepening wound at home, herself (with my assistance), instead of surrendering care of it to someone more knowledgeable about the generalities of skin or wound care than she or myself.

A second example of the embodied reflexive sensations I experienced in the practice context is the overwhelming feeling of disembodiment I experienced each time we visited the hospital wound clinic. Whereas within the context of her home my employer looked to me as the expert of her wound, in the hospital wound clinic both my voice and hers were silenced. It was then that I began to understand my employer’s hesitance to surrender her body to the medical gaze. For while the hospital’s technical expertise offered a new perspective on the wound, our practical, experiential and embodied knowledges were not included.

In the hospital wound clinic, I found myself caught up in an epistemological clash. The technical-rational approach to knowledge, the modern scientific approach

espoused by the medical institution, asserting its authority so strongly, overpowered my embodied experiential knowledge. I felt so certain of the observations I had made. Yet, unable (not to mention lacking the opportunity) to translate those insights, to express them in the very specific language required of modern science to obtain legitimation, I was silenced, to such a degree as to feel I had been made invisible, at times as though I was not even there. In a different environment, however, at a distance from the oppressive gaze of the medical establishment, my embodied experiential knowledge was recognized, legitimized, and valued very much.

During my experience with the wound, the language of reflexivity was not yet part of my vocabulary. In the years that followed, I was so profoundly struck by that experience that I was driven to pursue academic investigation of it; in the words of hooks (1994, p. 59), 'I came to theory because I was hurting . . . desperate, wanting to comprehend—to grasp what was happening around and within me'. Reflecting now, through a reflexive lens, I am able to describe my experience of attending to my employer's wound in terms of reflexivity; to frame the simultaneously and interpenetratively cognitive and embodied processes of knowledge generation in terms of reflexivity; and to characterize the 'dis-ease' I felt within my body in terms of embodied reflexivity, demanding reflexive thought about what counts as legitimate knowledge, when, where, and for whom.

The writing of this narrative, too, the translation of embodied reflexive engagement with experience into discourse, represents a reflexive act of knowledge generation. Until I was able to tell it, the story weighed heavily within me. And while it still constitutes part of my embodiment, inasmuch as it will always be part of the experience through which my body has lived, it has now also become part of 'the consultable record of what man [woman] has said' (Geertz 1973, p. 30). Translated into discourse via the medium of a story, this narrative is a testament to the experience of embodied reflexivity. As a concrete representation of the local and partial 'truth' of my experience, a perspective that diverges from and contests the at times oppressive dominant voice of modern medicine, this embodied story about my embodied experience of attending to a wound may serve to destabilize and/or expand the scope of some dominant narratives. It is reflexive in its critical questioning of a legitimized form of knowledge, and significant for its contribution to the creation of new possibilities for the generation of knowledge.

## Conclusion

A central objective of this chapter has been to explore embodied reflexivity as an approach to knowledge generation in the context of professional practice. Writing about nursing and health care practice, Cheek (2000, p. 126) notes that 'postmodern and poststructural approaches enable the development of a reflexivity that can challenge and open up to scrutiny otherwise closed and taken-for-granted aspects'. Cheek's words echo a common thread in emergent conversations surrounding

reflexivity in professional practice, which calls for reflexive consideration of the types of knowledge that are allowed to inform professional practice, as well as acknowledgement of the values which permit legitimization of certain knowledges, potentially at the expense of certain others (Phelan 2011; Kinsella and Whiteford 2009; Taylor and White 2000). The particular example taken up in this chapter is the legitimization of technical-rational knowledge at the expense of acknowledging or considering often more tacit or embodied experiential knowledges.

In much the same way that Frank describes illness narratives as symptomatic of and arising as a form of resistance to the oppressive dominance of medico-discursive constructions of illness, I suggest it is possible to think about the emergence of considerations of reflexivity and embodiment in discussions surrounding professional practice in a similar way. ‘Historically, emotional responses of practitioners to the situations they face have been cast as problematic and requiring control’ (D’Cruz et al. 2007, p. 80), a position which reflects values of cognitivism and objectivity. As I have attempted to demonstrate by way of reflexive writing about my own practice experience, reflexivity, as ‘critical awareness of the factors that influence knowledge creation’, demands ‘acknowledgement of the dynamic relationship between thoughts and feelings: how thoughts can influence feelings and vice versa’ (D’Cruz et al. 2007, p. 80). Where affect has conventionally been intentionally suppressed in practice settings, attending to embodied experience demands acknowledgement, as well as critical consideration, of the role of affect in professional practice (for more on the relevance of embodied understanding for professional practice, see Todres 2008; Polkinghorne 2004).

As the notion of reflexivity has attracted increased attention in discussions surrounding professional practice, one facet of the concept that has largely been overlooked is its potentially embodied character. My aim in this chapter has been to demonstrate the value of attending to embodied reflexivity. In particular, I have aimed to show how attending to embodied reflexivity can help to illuminate (embodied) knowledges which, obscured by structures of dominance, might otherwise remain tacit or invisible. If reflexive analysis exposes the insufficiency of models of knowledge generation that are limited to its recognition as a cognitive-intellectual process, then reflexive analysis can also expose the partiality of models of reflexivity that fail to account for its embodied character. A reflexive exercise in and of itself, acknowledging and attending to embodied reflexivity offers a unique contribution to how we think about what counts as knowledge; creating space for the legitimization of new kinds of ‘truths’.

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