

How the Reflexive Process Was Supported by Arts-Based Activities: A Doctoral Student's Research Journey

Janet L. Kuhnke and Sandra Jack-Malik

Abstract

This paper showcases how a reflexive practice, that includes arts-based activities, deepened understandings experienced by a doctoral student of psychology while completing the data analysis section of a metasynthesis. The metasynthesis focused on qualitative studies, examining the mental and spiritual care of persons living with diabetic foot ulcers. Reflecting on the experience, this work argues for spaces where researchers stop and engage in reflexivity, making the work more robust.

Introduction

This paper showcases examples of reflexive practice¹ and arts-based activities² completed by Janet, a doctoral student whose dissertation this manuscript references. This paper focuses on the analysis and discussion sections of the qualitative metasynthesis. The metasynthesis³ was part of Janet's doctoral studies (Kuhnke, 2018). It focused on understanding the mental health and spiritual care of persons living with diabetic foot ulcers. As part of the metasynthesis process, Janet engaged in reflexivity activities to improve the validity of the study (Faulkner et al., 2016; Sandelowski & Barroso, 2003, 2007). She also used a reflexive practice to understand the stories she read, particularly to understand the “social, cultural, and institutional narratives within which individuals' experiences are constituted, shaped, expressed and enacted” (Clandinin & Rosiek, 2007, pp. 42–43).

This paper follows a previous publication (Kuhnke & Jack-Malik, 2019) where the authors focused on the literature review of the metasynthesis and how reflexivity supported the exploration of perspectives, biases, values, and knowledge systems, and therefore it added rigour, credibility, and trustworthiness to both the literature review and Janet's clinical work. Questions arising from Janet's reflexive practice were related to clients' struggles, sociocultural knowledge, intersectionality (Crenshaw, 1991), and privilege (Kovach, 2010; Regan, 2010). These questions, and Janet's subsequent reading and reflecting, influenced her understandings and pushed at what she imagined holistic and culturally relevant care might involve.

Background

Reflexivity Comes Alive in Doctoral Studies: Beginnings

The concepts of reflexivity⁴ and reflexive practice were introduced to Janet during her doctoral studies. As a result of the reading she did and the activities she completed, Janet came to understand reflexivity contributed to the rigour, robustness, and validity of her metasynthesis (Finlay, 2012; Horsburgh, 2003;

Jootun et al., 2009; Watt, 2007). As well, she learned it supports qualitative researchers to take responsibility for “one's own situatedness within the research” (Berger, 2015, p. 220) processes in which one is engaged. This was significant to Janet, because at the time, she was working as a nurse specialized in wound, ostomy, and continence care, as she completed her doctoral work.

Reflexivity is an essential part of qualitative research and requires one to examine their presence and positioning within the research processes (Denzin & Lincoln, 2000). Finlay (2017) reminds us that one's approach to reflexivity should align with the purpose of the research and consider introspection, intersubjective reflection, mutual collaboration, social critique, and discursive deconstruction. Janet immersed herself in reflexivity; she created art as the medium to represent her thinking and feeling. She came to appreciate and understand that reflexivity and reflexive practice are different from a reflecting or “a-thinking-about” after life events occur (Finlay & Gough, 2003). Rather, a reflexive process “expose[s] relational and ethical dilemmas that permeate the entire research process” (Finlay, 2012, p. 317). Moreover, Janet came to appreciate the energies and efforts of researchers who illuminated and demystified the art of reflexive practice (Bishop & Shepherd, 2011; Finlay, 2002, 2012; Watt, 2007).

Frameworks Guiding This Work

Theoretical Framework

This study leans into Dewey's (1938) theoretical understandings of experience (interaction and continuity). The first criterion, interaction, happens continually between an individual, objects, and other people. An experience is always what it is because of the transactions between an individual and her environment. Dewey's second criterion, continuity, draws attention to how each experience carries over and shapes and reshapes earlier and later experiences, such that what one learns in one situation becomes a lens through which to experience and understand later experiences. Dewey wrote: “every experience both takes up something from those which have gone before and modifies in some way the quality of those which come after” (p. 35).

Janet's nursing education had trained her to utilize a “logico-scientific reasoning process, which relies on replicable steps, including observation of phenomena, empirical data collection and analysis and the assumption of generalisability of findings” (Clandinin et al., 2016). This training resulted in moments of tension (Clandinin, 2013), as Janet worked alongside individuals in clinic and read articles, including stories of clients' lived experiences. Wanting to understand her tension, Janet leaned into Morris (2002), who described the theoretical differences between thinking about stories and thinking with stories. Thinking about stories, according to Morris, focuses a researcher's attention on stories as decontextualized, objective data. Thinking with stories, on the other hand, “put[s] us in contact with valuable resources for moral thought and action... [and] provide[s] unobtrusive and gentle but steady moral guidance” (p. 56). The stories worked on Janet, her thinking, and her actions. In efforts to understand what she was experiencing, she made art while engaging in reflexivity.

Conceptual Framework

In this study, art, painting, and poetry, express a form of communication and dialogue (Dewey, 1934; Merleau-Ponty, 1945/1962). Dewey noted, “pictures can express every object and situation capable of presentation as a scene. They can express the meaning of events when the latter provides a scene in which a past is summed up and a future indicated” (p. 244). Moreover, Finley (2011), argued arts-based activities utilized throughout the research process can take many forms and “make... use of affective experience, senses, and emotions” (p. 444); art shifts the “focus away from the written text” (p. 436). Janet's reflexivity practice included dialogue, text, images, collages, and art-created (Faulkner et al., 2016). Janet sketched with pencil, created visual timelines, composed poems, ink drawings, oil painting on canvas, and soft charcoal drawings on paper in a wide array of colours (Merleau-Ponty, 1945/1962).

Methodological Framework

Finlay (2012) described a “number of typologies...identifying different ways of doing reflexivity” (p. 318). In this study, contextual-discursive reflexivity was used. This approach to reflexivity “considers the social context and world of shared meanings, in terms of both the proximal research situation and the broader structural (sociocultural) domain” (p. 321). Sandelowski and Barroso (2007) argue:

[. . .] a discursive reading takes what is presented as research findings, not as empirically verifiable results generated from formal modes of data collection and analysis, but rather as the results of language and other social practices (i.e., discourses) involving researchers, research participants, and reviewers of research reports. Research findings are viewed, not as databased truth, but rather as historically and culturally contingent social products of unique encounters between reviewers and texts. (p. 238)

Reflexive data were created over 18 months (January 2017 to June 2018) and again, while collaboratively (Riddell, 2018) preparing this document. At times, the practice of reflexivity was daunting and complex. When this occurred, Janet returned to the literature and read about the “swampiness of reflexivity” (Finlay, 2002, p. 209). Finlay noted:

When it comes to practice, the process of engaging in reflexivity is perilous, full of muddy ambiguity and multiple trails. To what extent should researchers give a methodological account of their experience? How much personal detail can be disclosed and what forms can it take? How are researchers to represent a multiplicity of voices while not hiding themselves? In some ways, embarking on reflexivity is akin to entering uncertain terrain where solid ground can all too easily give way to swamp and mire. The challenge is to negotiate a path through this complicated landscape – one that exposes the traveller to interesting discoveries while ensuring a route out the other side. Researchers have to negotiate the ‘swamp’ of interminable self-analysis and self-disclosure. (p. 212)

Importance of This Work

This work is important because it is an example of what a reflexive practice can involve, and look like, as researchers conduct metasynthesis. It is also important because it provides of a visual and detailed

example of how art and poetry can be employed as mediums to illustrate and express reflexivity in health care (Rae & Green, 2016).

Positioning of Self

As Janet worked toward completion of a synthesis of the literature, she was working as a registered nurse alongside (Clandinin, 2013) clients in a community wound care clinic. Clients shared stories that were similar to ones she was reading in the literature. Janet journaled to understand her experiences:

I wonder and ask with regularity, how are my clinical experiences shaping the metasynthesis? Am I reflecting and creating art solely from immersing myself in the literature? Is the back and forth between my clinical work and the metasynthesis, appropriate or acceptable? My internal dialogue and journaling are regular, asking, and seeking to understanding. (Journal entry, February 2017)

The Parallel Process of Ongoing Reflexivity Activities

Participants' Stories Emerge Through the Reflexivity Process

Through the metasynthesis process, the voices of 206 participants were identified from 18 qualitative studies. Following Sandelowski and Barroso (2007), event timelines were used to describe key findings along a chronological path. Using direct quotes from the studies, Janet created the timelines. They were used to focus the analysis and discussion on key points and themes emerging from the data set. Simultaneously, Janet engaged in a parallel and intertwined process of reflexivity, which summarized what she was thinking, feeling, learning, and wondering about. This paper reports on the reflexivity Janet engaged throughout the metasynthesis process described above. Four themes emerged from the reflexivity activities: timelines (past, present, and future), the importance and weightiness of time, pending amputations, and amputations.

1. Journal Timelines: Past, Present and Future

Janet sketched as she read and reread participants' stories. Over time and after multiple readings, participants' voices emerged as an aggregate.⁵ In her journal Janet created the following aggregate narrative (Dewey, 1938) from the participants' stories:

Past life:

I go to work and fulfill the role my employer asks of me...or, I am self-employed, and I am operating a small, but successful business.

Present life:

I go to work and my day is interrupted by medical appointments, diabetes-related fatigue, yet I continue to work and operate my business. I struggle to go to work. I am using short/long term disability benefits. I have lost business equity due to the foot ulcer. I am being asked many

questions: My use of sick time by my boss, to leave my role, if I have considered accessing government pensions and if I have thought about taking early retirement. I am not prepared to quit my job. I need the benefits and the work sustains me.

Future and forward looking

I am sad I am unable to work. I prefer to be at work...this is not what I planned for my life. I thought I would complete this work project, or develop a unique engineering tactic, or build my family business. I have a sense of hopelessness and powerlessness. Will the ulcer ever heal? I am not always optimistic about the future; I thought this foot ulcer would close, heal, and not come back. (Journal entry, January 2018)

Visual Narratives of Deteriorating Well-Being

To move reflexivity into the visual domain and to utilize Janet's proclivity for visual representation, the first painting created was *I'd Rather Be Working* (see Figure 1). It began as a pencil sketch and, over time, was transferred to a white canvas. Colours were added. A tall, elegant female came to life. Janet's intent was to illustrate how those living with diabetic foot ulcers sometimes feel off balance, leaning to one side, while carrying a bag of prescriptions to be examined by the nurse. All the while, the woman is attempting to compose a meaningful life, including full-time work. The woman created in Figure 1 reflects patients who would rather be at their place of employment; employees who enjoy the comradery of colleagues and miss work routines and being valued and respected through their employment. In her journal, Janet wrote the following reflection:

I painted the woman standing tall to remind me to keep participants' voices at the fore-front of the synthesis. I don't want their stories to get lost in dense, word only, texts. Framing the painting adds permanency to her voice; it is bounded. I have hung the painting in my office as a constant reminder that foot ulcers are a shaping influence on the mental and spiritual stories clients share. (Journal entry, March 17, 2018)



Fig. 1: I'd rather be working (Oil on canvas).

2. The Steps Are Too Great: Use of the Colour Blue and Clocks to Represent Time

To continue to visually represent participant voices, Janet created poems and sketches (Finley, 2011). She purposefully selected colours that increase awareness of movement and time. Merleau-Ponty (1945/1962) reminds us of colours that heighten our “sense experiences” (p. 240) of the topic being studied. Janet drew using blue ink and white, crisp paper. Merleau-Ponty stated the following: “Blue is that which prompts me to look in a certain way, that which allows my gaze to run over it in a specific manner. It is a certain field or atmosphere presented to the power of my eyes and of my whole body” (p. 244).

Time was an important factor in participants' *Joe and Bev's* stories (see Figures: 2 and 3). In an effort to illustrate this reoccurring theme, Janet used clocks. Participants described receiving constant messages from health care professionals to:

Come to the clinic for dressing changes
Lose weight
Manage your blood glucose better
Purchase glucose testing strips
Buy proper shoes
Take your medications as prescribed
Quit smoking
Are you 'still' working?
The doctor wants to see you.
Have you seen a surgeon yet?

Clients received these messages within contexts, including time, employment, mental wellness, self-care management, and the ever-present possibility of wound deterioration. All clients know and are fearful because as the wound deteriorates, the probability of infection and amputation increases.



Fig. 2: Joe, the steps are daunting (Pen on paper).

I created Joe to represent and understand the voices of participants immobilized by the multiple and complex burdens of diabetes mellitus. His wound is slow to heal. He dislikes the off-loading⁶ boot he must wear. He feels off balance and unsteady even when using a cane. He is aware time is not on his side as he observes his glucose levels increasing. He feels hopeless and is fatigued by his efforts to reverse his deteriorating health. (Janet's journal entry, May 2018)



Fig. 3: Be, leave me alone: I am trying to breathe (Pen on paper).

I have been reading about and reflecting on the underlying medical conditions with which persons living with diabetes and foot ulcers often endure. In response, I sketched.

Bev represents participants who do not always attend medical appointments as scheduled. She is telling me that she is “a bit busy trying to breathe”! Time weighs on her; she is tired, fatigued and shames⁷ herself as she knows she should have gone to the clinic. She knows she needs to lose weight; the clinic staff remind her. Costs-associated with diabetes worry her, as she lives on a fixed monthly income of \$1,173. (Janet's journal entry, May 2018)

3. Pending Amputations

Engaged in ongoing reflexivity, Janet moved between her office, where she read the studies, and her easel, where she created reflexive art moving her thinking and feelings to sketch pads, canvasses, and notebooks. She purposefully sketched in charcoal and colored pencils to reflect the seriousness of amputations alongside the professional and medical proclivity to ignore thinking with stories (Clandinin et al., 2016; Morris, 2002). When the focus is solely on thinking about a pending amputation, the only

narrative in the room is medical science. Janet sketched *Robert* (see Figure 4) to illustrate participants feeling overwhelmed by what they perceive as the inevitability of a pending amputation.

The colours in this image reflect Robert's diminishing voice. Grey toned paper, charcoal, and coloured pencils, were used to reflect how his voice is lost to the now dominant medical narrative (Finley, 2011), singularly focused on a scientific lens (Morris, 2002).

In this sketch, Robert appears exhausted. Medical professionals recommend foot amputation. He does not want to participate in these conversations. He delays, pushing the decision into the unknown future. He negotiates for more time because he wants to be a human with two legs. He knows he will not only lose his leg, but his life will also change dramatically. As he waits, his wound deteriorates. Robert is daunted by having to make too many decisions; he continues to live his life and attend to his responsibilities. He receives antibiotics intravenously and regular wound dressing changes. These things distract him from the decision he knows he must make. He develops dark circles under his eyes; some days he struggles to get out of bed. Time presses on his shoulders; he must make decisions about amputation.

He wonders if he waits long enough if the decision will make itself. He remembers a time when he felt he had agency. Now he knows there is a single way forward, amputation. He remembers when he was first diagnosed, he had been offered educational pamphlets. He thinks about all the decisions he has made since his diagnosis and how he could have made others that would not have led to a moment in time when he must decide about having his foot amputated.



Fig. 4: Robert (Charcoal and coloured pencil on toned).

In reflecting on Robert's musings about his self-care, I am thinking deeply about my role and responsibility as a nurse who engages in preventative foot screening and client education activities. I am also thinking about what we can ask and or expect from a person living with a foot ulcer that will not heal and the looming possibility of amputation. It has been my experience that often, clients having to make this agonizing decision are concurrently dealing with many issues (medical, emotional, spiritual, familial, and social). (Journal entry, April 2018)

4. Amputations: Meet "Harry Pain"

In the synthesis, Janet reflected and journaled about participants' pain and their progression to amputations; an aggregate poem emerged, titled "Harry Pain." Harry's voice is a description of his experiences with neuropathic pain.⁸

Harry Pain –
I live with pain.
I try to protect my feet; I have diabetes,
but I cannot bend over to see them.
I live with NEUROPATHIC PAIN but, I **do not** have an ulcer
One day I stubbed my great toe,
I did not feel it!
I have a blood blister on my great toe
I got my wife to peel the top off the blister, oh no, oh no!!
I went to the clinic; they sent me to the emergency department
I have a new and different pain
She gives me a mirror and I see my toe is dark black.
The meds are not working
This morning they talked about amputation.
Early this evening they amputated my toe
And the pain continues.
My wife drove Pain and I home that same day.

Waiting . . . and Worrying . . .

In Janet's reflexivity journals, this individual is waiting to possibly hear devastating news (see Figure 5). He represents clients who have lost one limb and who are at risk of losing a second limb within five years; he may or may not know the statistics are against him (Botros et al., 2021).



Fig. 5: Waiting... (Coloured pencil on toned paper).

Janet drew Worrying (see Figure 6) to create a space where she could safely linger and ask questions. What does it mean to have a limb amputated? What does it look like? How might it feel? Does the individual have regrets? Does she wish she had made different choices? How do nurses feel when they look at this painting? What might a nurse, or health care professional, have done differently that might have prevented this amputation? How do nurse educators train up nursing students to listen to this woman and to think with her stories, in ways that support her and possibly prevent her from arriving at this moment?



Fig. 6: And worrying... (Oil painting).

Discussion

This study highlights the reflexivity activities, including the products Janet created while completing the analysis and discussion phases of her doctoral metasynthesis. Her reflexive activities (painting, drawing, poetry) led to a deepening of her awareness of patient voices, contexts, temporality, and how they are shaping influences within the studies synthesized (Berger, 2015; Faulkner et al., 2016). The reflexivity activities interrupted the reading required by the metasynthesis methodology. It was in moments of reflexivity that Janet paused, imagined, and then illustrated her understandings. As a result of the visuals, Janet imagined and created representations of the people she read about. In so doing, numbers and statistics faded, and humans became more dimensional and therefore less likely to vanish within population data sets. Increasingly and alongside her reflexivity activities, Janet found studies richer when patients' voices were present, because Janet works with humans and not statistics. Reflexivity alongside the metasynthesis allowed Janet to think deeply about her clinical work and how practices and/or procedures did, or did not, result in spaces where clients felt safe to share their stories and where their concerns regarding their psycho-social and spiritual well-being were listened to, respected, and accounted for in the individual's care plan.

Carefully selected colours, artwork, and poetry, allowed Janet to represent individuals' stories while avoiding reducing human voices to mere text (Finley, 2011). Finley's (2011) notion of arts-based activities, states, "creativity is an act of defiance. You're challenging the status quo. You're questioning accepted truths and principles" (p. 438). Reflecting on this quote allowed Janet to ask questions, listen and push back on medical descriptions of human experiences, and to also push back on the proclivity to eliminate voices through statistical amalgamation.

Furthermore, creating “art as event” (Greene, 1995) provided scaffolding for Janet to explore, create, and wonder, as part of her qualitative research process. Finlay (2012) states that qualitative studies, in fact, have “beneath their apparently straightforward stories lurk[ing]—other stories” (p. 321) that can be told. Creating reflexive art allowed those stories to emerge (Rae & Green, 2016). Participants’ stories of loss, pain, sadness, and missing work life, were in the background; they were hidden by health care professionals’ focus on the wound care related to the foot ulcer (Pereira et al., 2014). Through Janet's reflexive practice the background stories were heard, listened to repeatedly, and visually represented.

Thinking With and About Stories

Morris's (2002) distinction between thinking about stories, and thinking with stories, represented new learning for Janet. It interrupted her training which focuses on science, leaving little-to-no room for thinking with the clients' stories. She began to wonder how the provision of care for persons with diabetic foot ulcers and amputations might be different if the medical model shifted to include purposeful spaces to listen to and think with clients' stories (Clandinin et al., 2016). While considering these wonders, she was also working in clinic, experiencing the demand to see clients, treat them, and move on to the next in a timely, efficient manner. She was struck by the irony between the demands nurses experience to provide timely care and the pressures clients experience as they wait (Mate, 2018).

Conclusion

While limited to the experiences of a single researcher, this study showcases how arts-based methods can be advantageously intertwined with a metasynthesis. This paper highlights the importance of enacting a reflexive practice while completing a metasynthesis of persons living with diabetic foot ulcers and/or amputations. Reflexivity, alongside an appreciation for Dewey's (1938) interaction, helped to shift Janet's understandings of what might be accounted for when creating care plans. Listening to and illustrating clients' stories, wonders, and worries, allowed her to know “every art so uses its substantial medium as to give complexity of parts to the unity of its creations” (Dewey, 1934, p. 10). Janet understood this to mean that her reflexive activities represented the complexity of clients' lived experiences. Moreover, Dewey's notion of continuity allowed her to appreciate, by attending to the complexity, the likelihood of the client having an educative (Dewey, 1938) experience with the health care system improved. It was Janet's experience that, in the listening, spaces and time were created where clients could be more than the details of their wound or disease.

Notes

1. Reflexive practice in this paper is utilized as an overarching term in which reflexivity activities emerged including art-as-event (Greene, 1995, 2001), discussions, listening, hearing, writing, and typing (Finlay, 2002). Reflexive journey is used metaphorically as an overarching umbrella to the many activities included in reflexivity practice.
2. Arts-based activities contribute to text and include “visual representations” (Finley, 2011, p. 435).
3. In this paper, the qualitative metasynthesis follows the recommendations of Sandelowski and Barroso (2007). Reflexivity is a “ubiquitous, varied, and, at times, contentious concept in qualitative inquiry” (Faulkner et al., 2016, p. 197).
4. Reflexivity in research is described as the “use of a critical, self-awareness lens to interrogate both the research process and our interpretation our representation of participants’ lives in our social world” (Finlay, 2017, p. 120).
5. Participants voices (in a secondary data analysis) are presented as an aggregated voice (American Psychological Association, 2020).
6. Offloading devices are used to prevent and aid in treatment of diabetic foot complications and foot ulcers (Botros et al., 2021).
7. “Shame is regularly experienced by people, it may lurk in our day-to-day activities, responses to life, body image and perception of shape” (Brown, 2007, p. xxiii-xxiv).
8. Neuropathy related to diabetes “classically present as a distal symmetric sensorimotor neuropathy and is the leading cause of foot ulcers” (Botros et al., 2021, p. 19).

References

- American Psychological Association. (2020). *Publication manual of the American Psychological Association*. Author.
- Berger, R. (2015). Now I see it, now I don't" Researcher's positioning and reflexivity in qualitative research. *Qualitative Research, 15*(2), 219–234. <https://journals.sagepub.com/doi/10.1177/1468794112468475>
- Bishop, E. C., & Shepherd, M. L. (2011). Ethical reflections: Examining reflexivity through the narrative paradigm. *Qualitative Health Research, 21*(9), 1283–1294. <https://pubmed.ncbi.nlm.nih.gov/21508253/>
- Botros, M., Kuhnke, J. L., Embil, H., Goettl, K., Morin, C., Parsons, C., Scharfstein, B., Somayaji, T, & Evans, R. (2021). *Best practice recommendations for the prevention and management of diabetic foot ulcers*. Wounds Canada.
- Brown, B. (2007). *I thought it was just me [but it isn't]*. Avery.

- Clandinin, D. J. (2013). *Engaging in narrative inquiry*. Routledge.
- Clandinin, D. J., Cabe, M. T., & Berendonk, C. (2016). Narrative inquiry: A relational research methodology for medical education. *Medical Education*, 51, 89–96.
- Clandinin, D. J., & Rosiek, J. (2007). Mapping a landscape of narrative inquiry. In D. J. Clandinin (Ed.), *Handbook of narrative inquiry* (pp. 35–75). Sage.
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241–1299.
- Denzin, N. K., & Lincoln, Y. S. (2000). *Handbook of qualitative research*. Sage.
- Dewey, J. (1934). *Art as experience*. The Berkley Publishing Book.
- Dewey, J. (1938). *Experience and education*. Free Press.
- Faulkner, S. L., Kaunert, C. A., Kluch, Y., Koc, E. S., & Trotter, S. P. (2016). Using arts-based research exercises to foster reflexivity in qualitative research. *Learning Landscapes*, 9(2), 197–211. <https://www.learninglandscapes.ca/index.php/learnland/article/view/Using-Arts-Based-Research-Exercises-to-Foster-Reflexivity-in-Qualitative-Research>
- Finlay, L. (2002). Negotiating the swamp: The opportunity and challenge of reflexivity in research practice. *Qualitative Research*, 2(2), 209–230. <https://psycnet.apa.org/record/2002-18136-003>
- Finlay, L. (2012). Five lenses for the reflexive interviewer. In J. Gubrium, J. Holsteir, A. Marvasti, & J. Marvasti (Eds.), *Handbook of interview research*. Sage Publications.
- Finlay, L. (2017). Championing “reflexivities”. *Qualitative Psychology*, 4(2), 120–125. <http://dx.doi.org/10.1037/qup0000075>
- Finlay, L., & Gough, B. (Eds.). (2003). *Reflexivity: A practical guide for researchers in health and social sciences*. <http://dx.doi.org/10.1002/9780470776094>
- Finley, S. (2011). Critical arts-based inquiry: The pedagogy and performance of a radical aesthetic. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research*. (pp. 435–450).
- Greene, M. (1995). *Releasing the imagination*. Jossey-Bass.
- Greene, M. (2001). *Variations on a blue guitar*. Teachers College Press.
- Horsburgh, D. (2003). Evaluation of qualitative research. *Journal of Clinical Nursing*, 12, 307–312.
- Jootun, D., McGhee, G., & Marland, G. R. (2009). Reflexivity: Promoting rigour in qualitative research. *Nursing Standard*, 23(23), 42–46.
- Kovach, P. (2010). *Unsettling the settler within*. UBC Press.
- Kuhnke, J. L. (2018, August). *Quality of life, mental health and spirituality for persons living with diabetic foot ulcers: A qualitative metasynthesis*. (Unpublished dissertation).
- Kuhnke, J. L., & Jack-Malik, S. (2019). Two-eyed seeing, arts-based reflection and collaboration: Reflexivity tools for nursing practitioners working across cultures. *European Journal for Qualitative Research in Psychotherapy*, 9, 48–59.

- Mate, G. (2018). *In the realm of hungry ghosts*. Vintage Canada.
- Merleau-Ponty, M. (1945/1962). *Phenomenology of perception*. Routledge Classics.
- Morris, D. B. (2002). Narrative, ethics, and pain: Thinking with stories. *Narrative*, 9(1), 55–77.
- Pereira, P. M, T. de-J., Salomé, G. M., Openheimer, D. G., Espósito, V, H, C., de Almeida, S. A., & Ferreira, L. M. (2014). Feelings of powerlessness with diabetic foot ulcers. *Wounds*, 26(6), 172–177.
- Rae, J., & Green, B. (2016). Portraying reflexivity in health services research. *Qualitative Health Research*, 26(11), 1543–1549. <https://pubmed.ncbi.nlm.nih.gov/26935721/>
- Regan, P. (2010). *Unsettling the settler within*. UBC Press.
- Riddell, J. (2018, November). Using productive disruption in higher education. *University Affairs*, p. 46.
- Sandelowski, M., & Barroso, J. (2003). Writing the proposal for a qualitative research methodology project. *Qualitative Health Research*, 13, 781–820. <https://journals.sagepub.com/doi/10.1177/1049732303013006003>
- Sandelowski, M., & Barroso, J. (2007). *Handbook for synthesizing qualitative research*. Springer.
- Watt, D. (2007). On becoming a qualitative researcher: The value of reflexivity. *The Qualitative Report*, 12(1), 82–101.



Janet L. Kuhnke is an Assistant Professor of Baccalaureate of Nursing at Cape Breton University with a strong and extensive background in community practice. Her recent research includes qualitative studies related to community members living with diabetes mellitus and being at risk for lower leg ulcerations and amputations. Her work focuses on barriers and inequities in delivering best practices in skin and wound care in rural and remote communities. Janet researches with Sandra, including currere, arts-based creativity, and reflexivity.



Sandra Jack-Malik is an Assistant Professor in the Department of Education at Cape Breton University (CBU). Sandra teaches and learns from preservice, Bachelor of Education students in the field of English Language Arts. She also teaches and learns from in-service teachers in the area curriculum studies through an asynchronous online platform. Sandra researches dyslexia, familial and school curriculum making, and reflexivity as a generative practice, to sustain her career.