Developing clinical wisdom:

A phenomenographic analysis of Merleau-Ponty's theories of embodied perception

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Attestation of Authorship

"I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning."

Susan McNaughton

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Abstract

This thesis arose from an individual directed study which showed a lack of psychomotor and affective alignment between secondary school science assessments and four different first year clinical assessments. A model for wise clinical education leadership, developed from discourse analysis of educational public health, social justice, clinical wisdom, and ecological paradigm literature, highlighted the necessity for integrated cognitive, psychomotor and affective learning. This has led to a phenomenographic study of Maurice Merleau-Ponty's work to identify categories of meaning and/or themes related to embodied perception, as possible explanations of the holistic integrated nature of the development of clinical wisdom.

Eidetic reduction of the various works of Merleau-Ponty led to the identification of four main themes relevant to the development of clinical wisdom: the body and perception as self-limiting vehicles of engagement with experience and learning; simultaneous past, present and future existence expressed in a personally and collectively constructed language, history and knowledge; irreducible being-in-the-world, interpersonal relations and the soul as the foundations of self and other understanding; socio-political relationships and Merleau-Ponty's engagement with these as a model for wise practice. Each of these themes provided a number of insights into the nature of integrated learning and the development of clinical wisdom in the health disciplines.

Further insights into the life and work of Merleau-Ponty himself were drawn from writings by two editors and by his colleague Jean-Paul Sartre. Of particular note was Merleau-Ponty's commitment to authentic pursuit of his calling, to self-criticism and to prudence in public debate.

The conclusions drawn from this study are: that clinical wisdom should be redefined to reflect its nature as a form of conceptual expansion and of unique moments of emergent relational knowledge, rather than as a characteristic or attribute; that psychomotor learning, as a function of primary shared sensory capacity, should be considered the gateway to integrated interpersonal learning; that engaged empathy and a form of syncretic sociability are at the heart of reciprocal relationships; that the simultaneous conceptual expansion of the multiple dimensions of clinical wisdom in integrated learning would increase the likelihood of engaged empathy and of moments of clinical wisdom; that socio-political involvement provides a context in which engaged empathy is likely to develop, and clinical wisdom expansion thus more likely to occur.

Introduction

As part of the paper component of the Master of Education at Auckland University of Technology (AUT), an Individual Directed Study was conducted. This study compared National Certificate of Educational Achievement (NCEA) Level Three Biology and Chemistry assessments with those from four different first year clinical disciplines at AUT. The study revealed an apparent lack of psychomotor and affective alignment between these assessments, most notably the lack of psychomotor and affective ability assessment in the NCEA papers, and a lack of scaffolding from existing skills to this learning at university level. In the Organisational Culture and Leadership paper, a model for wise clinical education leadership was developed from a discourse analysis of a range of relevant clinical, sociological and educational literature. The analysis pointed towards the integrated cognitive, affective and psychomotor nature of the development of clinical wisdom. Seven main themes emerged (see Appendix A) which were used, along with insights from leadership literature, to produce a model for wise clinical educational leadership (see Appendix B). This model highlights the necessity for integrated practice based on strength of cognitive capacity, self-reflective practice and integrity-rich engagement. A wise clinical education leader exhibits: self-awareness based on a moral foundation of a preferential view of the disadvantaged (Welie, 2006); others-awareness based on enactive collaborative knowledge-creating communities of practice (Frielick, 2004); and a vision of socially just care seen in “presence” with patients (Haggerty & Grace, 2008) and commitment to interrogating obstacles to just policy and practice. The model balances the affective, psychomotor and cognitive aspects of learning and relationships, and identifies key attributes of wise clinical leaders and questions they ask.

This thesis represents the initial phase of an investigation into the complexities of the integrated nature of the development of clinical wisdom in an educational setting. The observation that much less attention has been paid to the psychomotor component than to either the cognitive or affective resulted in the choice of this aspect as an initial focus. The work of Maurice Merleau-Ponty was suggested as a possible source of further insights into this area. The phenomenographic method was chosen because it had the potential to be used to

study a number of works where one was hoping to extract broad themes relevant to an unrelated area, and because the work was completely unknown to the researcher. This latter aspect provided the opportunity for almost perfect bracketing, an important methodological principle in phenomenography. There was also a natural sympathy with the work of Merleau-Ponty who was himself a phenomenological philosopher.

This study was initially expected to be an attempt to grasp aspects of the body's relationship with integrated learning, but, as is inevitable in a study of the vast and absolute unknown, the process took a course all of its own and many other relevant insights emerged which have, to use Merleau-Ponty's own language, opened up a number of fields and horizons.

Literature Review

In recent decades, health professional education has moved steadily towards competency based (criterion-referenced) learning and assessment, and the use of research to underpin evidence-based practice. Many clinical educators have expressed concern that these changes have marginalised less measurable professional attributes such as clinical wisdom (Leung, 2002; Talbot, 2004), and that professionalism has come to mean testable outcomes which can be successfully acquired and taught as part of good clinical education (Kinghorn, 2010). Some have suggested that there has been a general abandoning of moral instruction as an integral part of tertiary education, and that since students have often not wrestled much with the complex moral choices which will assuredly assail them as graduates, the scrutiny of values, morals and ethics in an atmosphere of open debate is critical to a truly student-centred education (Sample, 2010). In the context of clinical learning, ongoing interest in ethical practice and in strategies which incorporate holistic views of patients, clients and practitioners into education and practice, has focused in recent times on the moral and the spiritual (Kinghorn, 2010; Leathard & Cook, 2009).

The concept of wisdom is difficult to pin down, having a variety of subtly diverse meanings in different contexts. The management by values approach to leadership, used extensively in the business sector, has embraced values such as trust, honesty, and articulation of vision and creativity as inspiring and motivating organisational leadership attributes and skills (Dolan & Garcia, 2002; Kouzes & Posner, 2007). Wisdom in these contexts is conceived of as the ability to sense patterns of change and negotiate uncertainty and paradox, while consistently upholding the shared values of the organisation (McKenna, Rooney & Boal, 2009). This has led McKenna et al. (2009) to propose wisdom as a meta-theory which embraces other value-consistent and virtuous outcome theories, and to describe wisdom as:

> ...a process that brings together the rational and the transcendent, the prosaic and higher virtues, the short- and long-terms, the contingent and the absolute, and the self and the collective. Moreover, wisdom accepts the complex, cuts through ambiguity, and derives its energy from the tensions and uncertainties of a complex world. (p. 185)

The authors outline the characteristics of the person exhibiting wisdom as including a highly developed declarative practical knowledge, accommodation of the non-rational and the subjective, and an “agile evaluative capacity” (McKenna et al., 2009, p. 180). These qualities have resonance with the concept of clinical wisdom and also with the call of “new science” to researchers and practitioners to embrace the constant change and discomfort of the erosion of static, adequate or familiar ways of thinking about fundamentals such as the structure of matter, and to accept being constantly faced with the unknown (Wheatley, 1999). For those who work primarily with people, the recognition of the need for non-formulaic approaches is not new, but more widespread adoption of such approaches creates new opportunities for cross-disciplinary understandings. Wisdom has never been needed more urgently. McKenna et al. (2009) refer frequently to the pluralist and contradictory nature of contemporary organisational knowledge, and to the need to construct shared values through dynamic social communication. The professional knowledge found in a clinical teaching environment could be seen as a subset of this organisational knowledge, a knowledge that is less amenable to the use of techno-rational methods of control and implementation (McKenna et al., 2009).

The business model however, does not fulfil all the requirements of a complete model for clinical wisdom because the underlying management by values approach, while useful in business, serves significantly different purposes. McKenna et al. (2009) assert the significance of the spiritual and claim that wise, authentic ethical leaders can be essentially selfless because of value connections to significant others whose well-being is inextricably connected with theirs at the personal or community level. There is nevertheless a managerial component to business wisdom which requires ethical judgement at the end of the day to remain linked to a cost-benefit analysis. The management by values wisdom approach does seek to build a sense of worthwhile effort and equal participation in organisations (Dolan & Garcia, 2002), but primarily it seeks to produce the best outcomes for the organisation. Wise clinical leadership by contrast usually seeks affective and character development in others so that they may fulfil their potential in work for the common good - the organisation is merely a vehicle for the process. Also, while business wisdom recognises the need for making decisions where the choice is between equally virtuous or invidious outcomes, the interpersonal

dimension of such decisions and their effect on relationships is not emphasized. These are critical components of clinical decision making.

Jenkins and Thomas (2005) have derived health professional models for clinical wisdom based on business principles, but these appear to be highly instrumental. Any proposed linear link between ethical choices and outcomes as a model for practical wisdom assumes the existence of a pre-determined consensus on what constitutes the appropriate theoretical base and moral action behind those choices. Not only this, but, as pointed out some years ago by Pasupathi and Staudinger (2001), moral reasoning and personal characteristics such as creativity and intelligence overlap almost completely in wisdom-related performance, making linear links unlikely. Pasupathi and Staudinger (2001) stress the situated nature of complex wise judgements, which are not derived from predictable or static moral principles, but from the use of these principles to provide insight into experience. Haggerty and Grace (2008) assert that "clinical wisdom can be cultivated but not taught" (p. 239). This is in direct opposition to an instrumental or linear approach to the development of wise clinical decision making. Haggerty and Grace (2008) propose three critical wisdom properties, based on evaluating what *should* be done rather than what *can* be done: the balancing of the interests of self and others based on a moral framework of concern for the greatest public good; understanding self and others through affective and cognitive integration; and tacit knowledge which applies itself to fundamental life issues and produces increased capacity for action. In a study of clinically wise nurses Uhrenfeldt and Hall (2007) noted the following qualities: ethical discernment, intention to act, self-awareness, and responsibility for both failure and success. Specific factors such as power struggles and poor working conditions, which reduced the ability to perform wisely, were also identified by the participants (Uhrenfeldt & Hall, 2007).

This work indicates that there are components of psychomotor, cognitive and affective learning in the development of wise practice, and that there is also a significant degree of self-awareness and ongoing self-review in an active development of these abilities in practice. In a similar vein, although again primarily from a business perspective, Cunliffe (2009) suggests that self- and critical- reflexivity are the processes by which a leader becomes responsive to

others and able to engage in disturbing and questioning his or her assumptions and beliefs, to develop new moral frameworks for action. Purnell (2009) identifies "inner transformation" (p. 109) as a key feature of nursing wisdom, in addition to intelligent and developed understanding and experiential knowledge. The self-developmental transformative nature of wisdom highlights both its dynamic and unfolding status, as well as the critical observation that it impacts on the practitioner as much as on the receiver. Egnew (2009) notes that transitions from family physicians to "physician-healers" (p. 170), to engaging at a heart level and being concerned with how they are with patients, can heal the morale of patients and their families as opposed to curing illness, but also offers the doctors the opportunity to rediscover their own calling and energy.

Mindfulness can be defined as the practice of neutral contemplation in order to release selfish, short-term goals for the benefit of long-term public good (Lovas, 2008; Miller, 2006). This concept has resonance with the ethical and public good aspects of wisdom, as well as being a specific tool useful in the practice of self-awareness. Lovas (2008) also asserts the value of mindfulness for improving acceptance and attentiveness to patients as they actually *are*, or would choose to be viewed, rather than any pre-supposed view held by the practitioner. As a component of wise practice, mindfulness is a centring activity, returning the participant to the tacit beliefs and values held by the individual and the profession.

Virtue is best described as a set of personal attributes primarily identifiable as the *volitional* connections a practitioner makes with self, patients, the profession, the community and society (Welie & Rule, 2006). The current resurgence of interest in virtue parallels public demand for the re-establishment of more transparent relationships between health practitioners and the communities they serve. Virtues such as integrity, trustworthiness, respect, compassion, altruism, gratitude, justice and temperance (the ability to control one's appetites), are at work interdependently in wise practitioners (Welie & Rule, 2006). They represent a personal inventory of the qualities which underpin the practices described in the studies by Haggerty and Grace (2008), and Uhrenfeldt and Hall (2007). Together with mindfulness, they allow the seamless integration of personal and professional wisdom.

Phronesis, or practical wisdom, has received a lot of attention in clinical literature in recent times. The original Aristotelian understanding of phronesis is as the practice of discerning the good and finding the correct way to enact it (Kinghorn, 2010). Phronesis therefore stems from virtue, mature intelligence, self-control and good judgement, but also develops these intellectual and moral excellences (Kinghorn, 2010). In contrast to the product or outcome focused technical perspective, phronesis has no specified guidelines, actions or outcomes since each outcome is situation-dependent. The development of phronesis is therefore a slow process, and students need multiple everyday encounters with teachers who practice it as well as an environment which does not inhibit its development, in order to develop it themselves (Kinghorn, 2010). Leathard and Cook (2009) have stated that phronesis is "an intrinsic aspect of the persona of effective clinical leaders" (p. 1319) and "a highly spiritual way of knowing and being" (p. 1324). They maintain that in holistic care, certain specific attributes (respecting, influencing, supporting, highlighting and creativity) are developed through experiential learning and that these attributes, taken beyond praxis into situations where the soul is engaged in weighing risks and contingencies, produce phronesis, a "transformational knowledge that involves spiritual engagement " (Leathard & Cook, 2009, p. 1320). The authors stress the cultivation of the practice of attentive presence, and the accumulation of experiences where one has practised this focused 'being' rather than doing, as the key to phronesis. They also note the importance of contemplative listening and inner stillness, and, like Kinghorn (2010), they articulate the need for clinical leaders to practice these same attributes with students to enable effective learning for holistic care.

From an educational perspective, there are also some relevant insights into the development of wisdom from the literature around emotional competence and intuition. Emotional intelligence has been defined as the ability to reason accurately about emotions and develop emotional knowledge, and to use both emotional knowledge and emotions themselves to impact positively on thinking (Mayer, Roberts & Barsade, 2008). While it does not necessarily follow that the use of emotional intelligence will aid wise decision making, a review of the literature by Mayer et al. (2008) found that overall, emotional intelligence correlated with better social relationships at home and at work and better

psychological well-being. It was also predictive of higher academic achievement. This suggests that emotional intelligence, by contributing to improved social and cognitive performance and self-image, would be likely to enhance decision-making skills. A related concept, emotional competence, has been studied in students. Bandura, Caprara, Barbaranelli, Gerbino and Pastorelli (2003) found that while perceived self-efficacy in expressing positive affect was more significant than negative affect control in terms of self-management beliefs in older adolescents, overall belief in the ability to control the inner emotional life was the key factor. Kingston (2008) noted that first year students with high negative affect, self-doubt and a predominantly internal locus of control were able to address intellectual challenges effectively and took a proactive approach to self-improvement, adapting more easily to changes and relying on their peers for support rather than teachers or institutional services. These findings suggest that there is a significant emotional regulation component to affective development and that this would contribute to the affective and cognitive integration which aids in the understanding of self and others required for clinical wisdom (Haggerty & Grace, 2008). Broadfoot (2003) describes the need in education for involving cognitive, creative, emotional and discretionary faculties through holistic problem-solving, guided by intuitive teaching. This includes a number of the recommendations for holistic and creative teaching and learning made by Leathard and Cook (2009) in the context of developing phronesis in nurses.

In the public health arena, the emphasis on social justice is reflected in participatory partnership models, which empower disadvantaged groups and build capacity for health reform from the bottom up (Baum, 2008). These models, currently evident in many New Zealand health bodies, are based on what Goodman (2001) calls partnership literacy. This means relationships formed to build coalitions of interest in which mutual respect, trust, power-sharing and the valuing of diversity replace relationships which oppress, silence and exploit those at the bottom of the hierarchy. Traditionally in New Zealand, the deficit medical model has framed healthcare delivery. This model views disease or illness and the factors underlying the propensity for these as needing remedy or reversal. In the 1980s New Zealand experienced an explosion in alternative health provision as the public, and especially Maori, became disenchanted with

traditional medicine's failure to deliver in both the personal and public spheres. Government response was often to fund the loudest, most powerful voices, while insisting on ever tighter fiscal accountability and rigorous accreditation of health professionals. More recently the focus has shifted toward prevention, nurturing wellness, and addressing health disparities, resulting in a plurality of health bodies and public health policies focused on quality health outcomes (Barnett, Malcolm, Wright & Hendry, 2004). These bodies are characterised by decentralised, shared governance by clinicians and managers so that there is collective organisational accountability for quality and cost effectiveness. This is a deliberate move away from the managerial model, without neglect of the need for economic restraint, and signals the need for wise practitioners to be actively involved in the political and economic environments in which they practise. For students graduating to work in the public health arena, educational preparation must include the cognitive and affective skills needed to engage in locally governed, collaborative ventures focused on participatory education and prevention (Baum, 2008; Goodman, 2001).

Social justice includes two basic components: democratic power-sharing and the redressing of unjust discrepancies in life experience. For the health educator interested in promoting social justice in the curriculum, cultivation of an obligation to contribute to the common good through what Zarkowski (2006) calls "mission synthesis" (p. 289), is seen as essential. This is the development of intellectual, social and life skills to create socially just, culturally competent, prevention and health promotion oriented graduates. Developing a "person-oriented ethic of care and a principle-oriented ethic of justice" (Goodman, 2001, p. 130), is a central idea behind this skill development. Neither personal nor principle oriented ethics alone are capable of delivering clinically wise practitioners since either can become a mechanistic method of practice which does not engage the whole person. Instead, the combination involves both inductive emotional and moral capacities, and logical intellectual capabilities. Goodman (2001) advocates the careful and consistent exposure of students to conditioned views they have of themselves as members of privileged groups. Miller (2006) suggests that service or community based work amongst needy populations provides opportunities for students to develop the appropriate attitudes modelled by wise practitioners towards social justice. Neo-liberalism has produced a

strongly individualistic culture, directly opposed to the collaborative, participatory, interdependent practices of socially just initiatives (Goodman, 2001). Working together for a common cause can be challenging when uniqueness, emotional responses and simply being comfortable in a team are issues (Wheatley, 1999). Education for clinical wisdom must grow student capacity for socially just, ethical collaborative decision making through cognitive, affective and psychomotor challenges. In addition, Hopkins (2007) makes the point that social justice by coercion or via a default compulsory state benefactor are both unsupportable. Social justice needs to be returned to the conscience (Hopkins, 2007). Clinical wisdom therefore requires the development of a social conscience over a prolonged period of exposure to the real world conditions which necessitate it.

When these components of clinical wisdom are thought about as a whole, a picture emerges of a practitioner who not only serves, but also advocates for the disenfranchised (Welie, 2006), and who embodies a holistic moral flavour, the components of which are unable to be artificially separated. Critical to clinical wisdom seems to be not simply an ability to understand the life-contextualised specific nature of problems for patients, but also insight into and a willingness to work with the ways in which patients, their families and communities deal with vulnerability and suffering, and develop resilience (Haggerty & Grace, 2008; Egnew, 2009). This would seem to require highly developed spiritual and affective capacity. Such integration also highlights the interdependent roles of cognitive, psychomotor and affective learning as bridges to a way of practice which patients and colleagues recognise as worthy, and which has public value.

Changes in the way health care is managed have been alluded to. These are partly the result of more fundamental changes in the paradigms of thinking which are currently influencing policy makers, educators and practitioners. In education, Deakin Crick, McCombs, Haddon, Broadfoot, and Tew (2007) describe "a complex ecology of learning" (p. 267) which includes emotionally literate learner-centred relationships, and environments that improve self-reliance and awareness. This produces the right conditions for students to create new solutions to complex problems, and adapt to constant change. The ecological paradigm has been adopted at AUT in the undergraduate common semester for health, sport and recreation, dance and applied science students. Emphasis is placed on both the relational and socially developed nature of emergent knowledge, and on

intentional reciprocal embedded learning which students experience in a variety of online and face to face contexts (Frielick, 2004). The ecological paradigm also includes the circulation of power within institutional structures, and practices supporting teaching and research for quality learning outcomes (Frielick, 2004). The main benefits for students are specific learning opportunities to promote integrated affective development and the demonstration of what Gibbons (1994, as cited in Moss & Huxford, 2007) first referred to as Mode Two knowledge. This knowledge is characterised by readily identifiable links between technical skill and reasoned application of that skill, and focuses on fitness for purpose rather than any theoretical preference. It is therefore transdisciplinary, heterogeneous, transient and heterarchical, (Moss & Huxford, 2007), all of which are characteristics of the agile, evaluative wisdom described by McKenna et al. (2009).

At the wider level of health practice, an ecological paradigm provides a new way of thinking about the development of clinical wisdom as a constant adaptation to unpredictable evolving realities which require open-minded inquiry and a fluid social intelligence (Frielick, 2004). This is accompanied by a search for harmony between rigour and imagination (Bateson, 1979, as cited in Frielick, 2004), between the need for professionally accountable expertise, and innovative caring practice. There is also commonality in the underlying purpose of the system. In natural ecological systems, species adapt to produce maximum benefit for the population as a whole. Wheatley (1999) describes a similar search in other sciences for strong networks of relationships which will create evolving self-accountable systems capable of interrogating and responding to information and change.

The ecological paradigm creates a natural synergy between individual development of intuitive, emotionally rich, cognitively challenging capacities such as clinical wisdom, and collective development of collaborative, socially responsive, holistic teaching and learning capability for the system as a whole. Within the Interdisciplinary faculty at AUT, democratic reconstruction is recognized as the way to produce maximum benefit for all participants. Students are seen as emerging professionals, teachers as knowledge co-creators, and patients as dignified embodiments of context (Frielick, 2004).

Synthesis of these wide ranging and diverse discourses was challenging, but there were a number of recurring threads. Analysis of these produced seven main themes (see Appendix A) which suggest the need for interdependence, dialogue and scholarly engagement to achieve the transformative practice from which clinical wisdom may emerge. Recurring themes in the current public health, social and educational environments include empowerment, collaboration and participatory frameworks, but also fragmentation, isolation and exclusion. Persisting personal and collective resistance to change, uncertainty and lack of long-term vision also hamper efforts for change. In the areas of teaching, learning and professional practice, these realities favour the continuation of, or reversion to, previous models of engagement. Clinically wise educators and leaders must actively seek the development of decision-making skills in their peers and students. In serving as guides or mentors for others, they model their ability to exhibit a "shared subjectivity through relational attunement" (Haggerty & Grace, 2008, p. 238) in their dealings with patients and students. Through their ability to weigh equally unattractive options with compassion, they exhibit an acceptance of the limitations of knowledge and the self (Haggerty & Grace, 2008), and demonstrate the exercise of phronesis in holistic care (Leathard & Cook, 2009). Finally, they also model the emotional links inherent in "meaningful social justice education" (Goodman, 2001, p. 39), through their passion for and commitment to the public good.

The clinical environment provides an ever-changing diversity of relationships which the clinically wise educator uses to create a positive tension between confirmation (feeling safe and affirmed) and contradiction (being pushed to think critically) (Kegan, 1982, as cited in Goodman, 2001). Their vision of responsive, collaborative, socially just patient care is palpable in both their "attentive presence" (Leathard & Cook, 2009, p. 1321) and heart level engagement with patients (Egnew, 2009), and their willingness to engage with cognitive, affective and social obstacles or institutions which hamper just practice or just health policy development (Welie, 2006). Such educators represent a committed movement towards producing a new type of socially responsive, prospectively (rather than retrospectively) identifying graduate public health practitioner who conceives of the practitioner-patient relationship as an interdependent, and personally connected partnership with the vulnerable (Dharamsi, 2006). The

ongoing development of clinical wisdom is possibly the only way to produce and sustain moral growth in such a graduate.

Assessment of the development of clinical wisdom and other similar abilities deserves a brief mention at this point since this continues to be debated, and pedagogically drives teaching and learning. It was also what prompted the original study which led to this thesis. Exact interpretations of what Dunn, Morgan, O'Reilly and Parry (2004) have called the "soft skills" of professional relationships are fraught with difficulty. Unable to be quantified, they sit uncomfortably in the predominantly competency and standards based training and assessment of the clinical specialities geared to professional benchmarks (Dunn et al., 2004). As Leung (2002) argues, the assessment of the tacit knowledge and expertise implicit in good professional practice cannot be compassed using behaviourist-based assessments of component competencies which miss their underlying meanings and connections. Both Leung (2002) and Talbot (2004) have questioned the use of competency based curricula and assessments for affective skills and professional qualities based on understandings which are not acquired in static or universally distributed ways. Talbot (2004) notes the economic constraints which make slowly developed professional skills such as clinical wisdom unable to be accommodated easily in time-pressed programs, while at the same time warning of the need for assessments which accommodate rapidly changing expectations. Even those who support competency based clinical curricula note that the higher order or meta-competencies, which competency-based assessment can reveal, are impossible to define (Diwaker, 2002). Added to this is the concern that the stressfulness of performance assessments with highly explicit criteria leads to the adoption of mechanistic approaches to learning (Norton, Tilley, Newstead and Franklyn-Stokes, 2004). Avoiding the opposite is also critical, since the same authors noted that students adopted an equally undesirable, cynical, lottery-style approach to learning when criteria appeared to be obtuse or implicit.

Emerging from the literature then is a picture of clinical wisdom as a complex, personal and interpersonal, holistic, dynamic and situated concept which is as yet semi-elaborated and appears to have significant difficulties associated with its interpretation and assessment. It is tempting to define clinical wisdom in the way that a number of others have – as a specific case of wisdom in general, by

which is meant wise judgement and reasoning in health care decision making (Edmondson, Pearce & Woerner, 2009). This focuses on models for wise decision making which, while incorporating the ethical, moral, value-based, emotional and social aspects of knowledgeable reflective practice (Edmondson et al., 2009), nevertheless focus on patients as presenting problems to be solved. This approach, which has its roots in the Aristotelian tradition, may indeed be a feature of wise practitioners in problem solving situations, but it is presented as a skill to be acquired rather than a personal attribute, and adheres closely to the medical model of practice. The "problem" in many clinical situations may in fact be with the system or the practitioner, be unidentified or even non-existent. Further, using wise decision making as a definition for clinical wisdom ignores unexplored power relationships with respect to who makes these decisions and which sources of knowledge are valuable, and frames wisdom as a logical process able to be repeated with practice.

Personal experience in several clinical disciplines would indicate that most practitioners who exhibit clinical wisdom do indeed practise wise decision making, but they also act more generally according to a set of values and beliefs which guides their relationships with patients and others, and is evident in their authenticity, humility, and frequently by their apparent "ordinariness". They do use tacit knowledge but this is embodied in and modified by a self-aware and others-focused individual. At the same time, informal conversations with clinical educators would indicate that in teaching students, the process is reversed: students practise and copy the skills and attitudes and by the processes of socialisation into the profession (Marton & Booth, 1997) and observation of the modelling of their teachers, develop the values and beliefs to become self and others-aware practitioners. This suggests some distinct differences in the way that integrated clinical wisdom may be viewed by professionals and students, which has implications for teaching and learning.

From an educational point of view, the development of clinical wisdom could be seen to be a form of conceptual expansion (Akerlind, 2008). Cognitivist and constructivist approaches to learning promote conceptual change, which involves the logical identification and rejection of incorrect understandings of a concept, usually facilitated by structured confrontation with them, followed by the

conditional and then full acceptance of the new conceptual understanding (Akerlind, 2008). This approach was identifiable in a number of the problem based and situational learning programs mentioned in the clinical and social justice teaching literature. Akerlind (2008) instead suggests phenomenologically based conceptual expansion. This involves the recognition of current concepts as incomplete rather than incorrect, and the development of discernment through exposure to variations of the current concept as incomplete parts of a larger whole, which is presented in both big and small picture ways until the learner moves to a more sophisticated understanding of the concept (Akerlind, 2008). Purnell (2009) identifies a process which resonates with this in the development of caring in nurses. Based on the concept of knowledge growth by intension (Gaut, 2001, as cited in Purnell, 2009), partial and sketched understandings of the whole are clarified and elaborated to fill in the fuller picture of caring. This occurs simultaneously with knowledge growth by extension, the specific and focused study of theoretical detail. As Marton and Booth (1997, p.139) point out, "Learning is mostly a matter of reconstituting the already constituted world", a change in the relationship between the learner and the phenomenon brought about by a change in the "relevance structure" (Marton & Booth, 1997, p.143) of the situation. Learning, they maintain, happens when our "natural attitude" (Marton & Booth, 1997, p.148) of assuming reality and experience to be one and the same thing is suddenly disrupted by a change in the relative positions of the focal and the peripheral, the figure and ground.

Clinical wisdom in action certainly appears to be just such a differentiating process. The situation is never the same, the contexts are never identical, the participants who are a day, hour, minute further on from their last expression may appear to be different people. The figure and ground focus on variations of conceptual understanding shifts constantly during and between interpersonal encounters. Developing clinical wisdom appears to be a process of continual expansion and modification of theory, practice and the inner self. A modified version of conceptual expansion as outlined by Akerlind (2008) could provide the theoretical base for clinical wisdom and suggest ways to better define and observe it. The "expert" or clinically wise practitioner could be regarded as the person who proficiently navigates the breadth and depth of many expanded concepts – that is, the person who has a highly integrated and differentiated phenomenographic

outcome space (Dahlin, 2007). Such a person also has the ability to bring implicitly held conceptual information to light, and the potential to transform concepts and foresee or create new ones (Dahlin, 2007). This is the vision component of clinically wise leadership. Although impossible to define satisfactorily, a working definition of clinical wisdom could be that it is a constantly evolving manner of being, identifiable in personal transformation and in the creation and sustainment of transformative interpersonal situations and outcomes.

While the literature frequently includes detailed descriptions of the characteristics and qualities of clinically wise practitioners and the modes of activity and thought which characterize their practice, how clinical wisdom develops in individuals and how it might be developed in clinical students is not so well elaborated. The development of clinical wisdom appears to be a complex and holistic form of conceptual expansion, including elements of self-reflexivity, moral and affective capacity building and situated learning in the presence of modelling, experience, and motivation, none of which should be assumed to be present.

Possible psychomotor components of wisdom development do not feature much in the literature. One study noted improvements in subjective and objective measures of caring during performance of psychomotor tasks when caring was deliberately included in the skill teaching (Minnesota Baccalaureate Psychomotor Skills Faculty Group 2008, as cited in Purnell, 2009), but the relationship was compromised by caring content in other areas. If the point of learning is to produce a richer, more differentiated and better integrated experience of the world (Marton & Booth, 1997), the psychomotor should not be ignored. For this reason the current study has potential to expand the concept of the development of clinical wisdom, or to at least identify the part that psychomotor experiences such as embodied perception play in contributing to the situated learning experiences in which clinical wisdom is formed.

Methodology

Before detailing the methodology of this study, it is useful at this point to briefly review and critique the theoretical basis upon which it stands, and the relationship between phenomenology and phenomenography. Phenomenology is a philosophical method, one in which Merleau-Ponty was primarily interested, and phenomenography has student learning, to which any insights gained on clinical wisdom will hopefully be applied, at its heart. Marton and Booth (1997) describe the relationship between phenomenology and phenomenography as "no more than a cousin-by-marriage" (p.117). This is based on their repeated assertions that the object of research is quite different. Phenomenological research is interested in elucidating the rich and varied ways in which participants experience a phenomenon, and in developing theories of experience, usually through the in-depth investigation of one's own experiences (Marton & Booth, 1997). Phenomenographic research by contrast, focuses on the critical differences within a finite set of qualitative differences or variations in the way that a phenomenon is experienced by a group of participants (Marton & Booth, 1997). These variations of experience are not independent, but are more or less inclusive and complex representations of the part-whole structure of awareness of an aspect of the phenomenon being experienced (Akerlind, 2008). While phenomenograhic methods were used, the fact remains that because this study involved the use of extensive and in-depth material from a single subject, it retained elements of phenomenological research.

Immediately, the difficulties with using phenomenography to study a set of texts belonging to one participant, as in this study, are apparent. Phenomenology offers an obvious solution to the problem in that a life time of work contains rich and detailed experience in its most expansive form. In this study however, the intention was to extract and apply relevant content to a specific context of which the "participant" was unaware. Phenomenography, with its focus on the variations between the ways a phenomenon is experienced provided a vehicle to channel the material into specific categories related to the chosen context. This could be construed as attempting to fit the material to the purpose, but this was never the intention, and the research was conducted in ignorance of what the work

contained. The question then became whether a large volume of material from one participant, or a range of variations in the experience of one particular phenomenon as experienced by one person over a long period of time, qualified as genuine phenomenographic research material. Marton and Booth (1997) suggest that material from one participant may contain more than one way of experiencing a phenomenon – it seemed reasonable to extrapolate this to the inclusion of an enormous range from one subject only. The remaining methodological concerns were whether it would in fact be possible to fairly represent a life time of work in a limited number of categories, even allowing for the specific applicability restrictions on these categories, and whether, within one participant's texts, there would be sufficiently distinct variations in the experience of the phenomenon chosen. Retrospectively it would seem that for the limited purposes of this study the material had more than sufficient variation within it, but that the exclusion of relevant categories and a lack of complete coverage were inevitable given the time frame of the study.

There were good pedagogical reasons for choosing phenomenography, since the specific application was to clinical education. As a research method, phenomenography became widely popularised with the development of learning theory, based on the concepts of deep and surface learning approaches developed by Marton and Booth (1997). They later incorporated more dynamic considerations into their work to develop what has since been referred to as variation theory. This seeks to define the differences between the ways in which the same phenomenon is experienced (Marton & Booth, 1997); "...discernment, variation and simultaneity are the core of variation theory" (Dahlin, 2007, p.328). Phenomenographic research has been criticised for failing to distinguish between the perceptual, and the semiotic or hermeneutic aspects of the learning object (Dahlin, 2007), between the 'what' and 'how' of phenomenal experiences (Marton & Booth, 1997). Marton and Booth (1997) emphasize the importance of the structure of focal and peripheral awareness through which the relationships between the whole and the parts of a situation or phenomenon are discerned, but maintain that this is inseparable from the referential aspect or meaning since this is specific to the discernment at that moment. From an educational point of view this is critical – neither the discernment nor the semiotic meaning can be interpreted alone, and both contribute to the nature of a learning moment. It is for

this reason that phenomenography offers the potential to inform learning situations, and this is why it was the preferred methodology in this study.

As mentioned previously, there was some natural synergy between the works and the interest in psychomotor and affective learning because Merleau-Ponty was a phenomenological theorist, and because phenomenographic research focuses on the student learning experience. The initial proposal included studying a variety of translated texts and recorded addresses to discover categories of meaning which would hopefully relate to the development of clinical wisdom, rather than the usual phenomenographic study of transcripts of interviews with numbers of people. The question of whether this represents valid phenomenographic material can be answered perhaps by the criticisms of the usual version by Ashworth and Lucas (2000), who note the limited value of short pieces of text which are not contextualised in the subject's life world. Ashworth and Lucas (2000) also affirm the value of an open technique which allows maximum access to a range of experiences. The study of a number of extended texts produced throughout the contexts of a person's life addresses some of these concerns, as well as addressing that of the influence of the interviewer on the subject, which is obviously impossible in this case, and the matter of the transcript being exactly the subject's own words.

There were several other concerns in adopting this approach: firstly total ignorance of Merleau-Ponty's work and whether it might include any themes relevant to integrated learning at all; secondly the question of ways of conducting a methodologically authentic phenomenographic study with such a large volume of material; thirdly the extraction of a set of categories or themes relevant to clinical wisdom development, rather than those which might naturally arise from the material. Chaos theory as defined by Kompf (2005, as cited in Somekh, 2007) acknowledges that research always includes uncontrollable imperatives and constantly changing social and human contexts. While complicating the process, these create the right environment for the discovery of "speculative knowledge or scenarios of possibility" (Somekh, 2007, p. 52). These unknowns also emphasize the nature of discovery as a forward-looking explanation, rather than as a retrospective evaluation, and this seems to counter-balance the inherent tendency of processes like reduction and categorisation to eliminate or exclude

what initially seems not to fit. It seemed prudent to expect and accommodate the uncontrollable in this study, and in fact a number of the initial plans had to be modified on an ongoing basis as a result of the mechanics of the study and what began to emerge. This is in itself philosophically consistent with phenomenology: Schmidt (2005) describes his research process as chaotic, which he states did not mean that it lacked focused direction or rigorous method, but that the end points were completely unknown. The findings revealed themselves in their own synthetic manner, and were sometimes unexpected. The question of whether such findings are in any way reliable is considered in depth by Giorgi (2005), who asserts that a version of qualitative objectivity can be attributed to meanings when they become consistent, repeatedly accessible expressions of subjects' descriptions of their experiences. The reiteration of certain meanings evident in the discussion of the themes extracted from Merleau-Ponty's work provides this sort of objectivity, which is independent of both the object and the subject's acts of consciousnesses (Giorgi, 2005). Consistent, qualitatively objective meanings are more likely to be found with depth and range in the subject's experience of the phenomena, and this study offered this in its unique consideration of a selection from a life's work.

According to Fitzgerald (2007), documentary analysis should include acknowledgement of the "form of voice" (p. 280) used in individual documents, as well as a thorough contextual examination of both the internal range of perspectives and the external framework of interpretation. The initial plan was to address Merleau-Ponty's works in the context of his personal life and the concurrent social and political events. This involved reading some background history information and the reflections of two of the editors of the works used, as well as an article by Jean-Paul Sartre with whom Merleau-Ponty worked intermittently for twenty years. Some insight into the nature of Merleau-Ponty as a person was hoped to be gained in having a native French speaker listen to a recorded interview. Unfortunately the link to this interview was removed in December 2009, and neither it nor the translation of this interview was therefore available for use. Covering a wide range of material seemed to be an appropriate way of allowing Merleau-Ponty to speak for himself (Ashworth & Lucas, 2000), and so the final selection of works included lecture notes, interviews, letters, books, articles, conference debates and one recorded interview, in an effort to

cover different sorts of writing and speaking. The unforeseen consequences of this were that the difficulties of reading translated, totally new material, complete with philosophical jargon and terms, made the proper phenomenographic reduction time-consuming beyond all expectations, but also that a rich source of unexpected relevant themes emerged from the socio-political material. As a result of spending much longer on this phase of the study, almost no time was left for reading other writers as a form of critique.

The phenomenographic process is centred round describing the qualitatively different understandings which arise from the subject's reporting of their experiences, rather than from the researcher's knowledge (Dall'Alba, 2000). The length and enormous diversity of the works studied and the manner in which they were presented meant that the original plan of drawing up a list of open-ended questions as one would for an interview (Bowden, 2000), was abandoned as unhelpful. A repeat reading of the works as a chronological whole was effectively the only way to grasp the bigger picture which slowly emerged with familiarity with the material and Merleau-Ponty's rather meandering style of writing. In the re-reading of the various texts, what Fitzgerald (2007, p. 286) describes as "deriving an understanding from the qualitative significance of the words/terms and images" became a definite focus of the investigation, as well as attempting to derive insights into the broader themes and concepts which make such sources social as well as intellectual products (Hammersley & Atkinson, 1995). In reading across the lifespan, it became clear that Merleau-Ponty did not appear to lack either the narrative capability to tell his own story, nor sufficient academic and social capital for it to be recorded as he wished it to be (Watts, 2008). His work presents itself as a valid subjective capture of his ideas, and also as a personal journey. This confirms Watts' (2008) assertion that a life history narrative powerfully expresses deeply held values and beliefs, perhaps even beyond the author's intentions. There was however, much that was *not* said or possibly said between the lines (Fitzgerald, 2007), particularly with regard to his personal views and opinions. Only in his letters to Sartre (Stewart, 1998), and in fragments of what others said about him were there glimpses of the "other narrative", of Merleau-Ponty the man.

A modified form of narrative analysis was needed to elaborate the emerging themes and their development over the chronological sequence of the works. In his classic review of the place of narrative analysis, Franzosi (1998) refers back to Kohler Reissmann who stated that narratives, as meaning-making structures, require a respect for preserving the whole rather than a piecemeal analysis. In the present study, the "narrative" was the unfolding of theories and ideas across more than twenty years of Merleau-Ponty's working life, and there was definitely a sense in which unity of the whole, incidentally a theme referred to constantly in the works, was evident in them overall. More recently, Keats (2009) has suggested that the particular perspective on life revealed in the various forms through which a narrative is related, require a general reading and a search for the relations within and between the multiple means of the author's expression as texts, visuals and audios. This general reading concept fits well with the phenomenographic method of an initial whole reading of all transcripts (Marton, 2000).

The first part of the study involved reading and listening to all the works in their entirety, in an effort to hear in them the whole in the parts (Walsh, 2000). This is central to the phenomenographic method and does not include either analysis or interpretation. It is rather a search for patterns of meaning and broad "sensitising concepts" (Blumer, 1954, as cited in Hammersley & Atkinson, 1995) prior to any attempt to develop categories, as described in the ethnographic analysis of Hammersley and Atkinson (1995). Ashworth and Lucas (2000) suggest an empathetic "..."dwelling with" the train of thought of the research participant..." (p. 305), and also recommend splitting the transcript into identifiable sections denoted by shifts of meaning. In this study, the nature of the works allowed the subject full development of thoughts and concepts, and shifts in meaning were evident both within and between chronologically separated works.

Following an assimilation period (Marton, 2000) of three weeks after the initial whole reading, the works were re-read and summarised in written form while focusing on *describing* rather than trying to explain what they contained (Patrick, 2000; Prosser, 2000). Usually in the phenomenographic process, a limited number of provisional categories of conception emerges and is

reconstituted into a co-dependent set (Prosser, 2000). In the case of this study, a very large number of provisional categories emerged which needed to be further summarised with a focus on relevance to integrated learning and clinical wisdom to achieve a manageable set. In keeping with the method, significant portions of text were chosen as illustrators of the limits of meaning between categories (Entwistle, 1997), and as "markers" of the chronological progression of meaning within categories. This also needed to be modified since the chronological progression of meaning within categories was a result of one subject's change in thinking rather than subtle variations between subjects. Similarly, the categories necessarily overlapped in meaning more than one would perhaps expect in a study including a number of subjects. The re-reading of the works was performed over the next month, in an effort to satisfy the criterion of ensuring that the categories were exhaustive enough to cover the material (Dunkin, 2000), although as mentioned before, this was limited to material relevant in any conceivable way to integrated learning and clinical wisdom, and not to a large number of other categories which could have been extracted.

Entwhistle (1997) has noted that paying attention to emotional components helps to reveal affective and cultural aspects of transcripts. Initially the focus needed to be on cognitive understanding to produce adequate descriptions of content, but in later readings, attention was paid to any emotional components which appeared to be present. In addition, a French audio recording was listened to in order to assess the verbal style of Merleau-Ponty. Other cultural aspects were attended to by reading some background information about France in the early to mid twentieth century. Ashworth and Lucas (2000) have warned of the danger of proceeding too quickly in the formation of categories which can limit empathetic engagement with the subject's life world, but in this study, the reverse was experienced: Merleau-Ponty's passion for his ideas and their development made it difficult to take a dispassionate stance and select categories which could encompass the expansiveness of his thoughts, all of which seemed to be important. The aim of confirming that the chosen categories were related to one another (Prosser, 2000) was eventually achieved, although there are clearer connections between some categories than others. A significant limitation of this study was expected to be the inability to check the transcript with the subject, or ask further questions to elaborate on meaning. It was hoped

that concurrent 'reading' of Merleau-Ponty's life story would aid with placing the categories of meaning within his experienced life world, but in the event, this was of limited use because Merleau-Ponty related virtually nothing of his life directly. Other people's interpretations were used, but these are secondary sources. At the same time, in retrospect it seems this was not such a limitation since Merleau-Ponty was not relating his experiences with integrated learning or clinical wisdom. What he has written is its own progressive testimony to his ideas and lived experiences, and the themes extracted relevant to clinical wisdom do not require his interpretation. It seemed important to avoid misrepresenting the work of Merleau-Ponty as something other than what it is, which is not a treatise on integrated learning or clinical wisdom, but rather the life-long development of a philosophy.

The deliberate choice to neither read nor refer to other writers' interpretations of Merleau-Ponty's work prior to conducting the study was made in order not to acquire any prior knowledge or theories. This completely fulfilled the criterion of "bracketing" (Marton, 1994, as cited in Asworth & Lucas, 2000), since the study was begun in total ignorance of Merleau-Ponty, and in fact of philosophy, except in a most general way. However, since researchers and their work have historical, social, economic and cultural context, even ignorant work is not neutral (Ayers, 2006; Gadamer, as cited in Scott & Usher, 1996). Scott and Ussher (1996) declare research to be about knowing *differently* rather than about knowing more, and therefore it is the way in which the material is approached which either maintains or compromises subjective bracketing. Ayers' (2006) principles of rejecting dehumanisation of the subject, empathetic portrayal of the complexity of identity, and maintenance of a learner attitude were adopted as fully as possible for this study. Hammersley's (2002) practice of adopting a telescopic view of the phenomena being investigated, seeking to extend the outer horizon by viewing the background, was relatively easy to maintain initially with the benefit of total ignorance of what was foreground, but required a more disciplined effort later during the reduction.

Following the analysis, a commentary on Merleau-Ponty written by Sartre, the introductions of two editors, and the cultural and historical information were each read to gain other perspectives on Merleau-Ponty's life. These contributed

somewhat to understanding the man, and were helpful in a general way with regard to the extracted themes. When there is difficulty in faithfully representing the material in related categories of meaning, Ashworth and Lucas (2000) recommend the use of themes instead as part of a flexible plan for phenomenographic research. In this study themes were chosen rather than categories because the material related to broad clinical wisdom concepts, and because a number of different categories contributed to each theme. The lack of critique or review of these themes is in some ways less of a problem than it would be in a different sort of study. As Sandbergh (1997) points out in his review of inter-judge agreement as a check for reliability in phenomenological studies, the notion of scientifically reproducible results is at odds with phenomenological philosophy, which values the researcher's construction of categories. Category reproducibility does not consider the methods used to derive them, which may be heavily influenced by the pre-conceptions of both the researcher and the judges (Sandbergh, 1997). Sandbergh (1997) advises vigilance with respect to interpretive awareness, especially in the recognition and addressing of any intentional subjective relationships with the material. Maintaining a deliberately uninformed openness to all the material, using descriptive analysis as necessitated initially by complete lack of understanding, and inclusion of both conflicting and divergent ideas right up until the finalising of the themes extracted have hopefully fulfilled these requirements.

List of Merleau-Ponty Works Studied

Work and brief description of type of content	Date Written	Translation
1. The Structure of Behaviour (book)	1938	1942
2. Phenomenology of Perception (book)	1945	1962
3. The Primacy of Perception (collection of essays)	1947-1961	1964
4. World of Perception (series of public radio lectures)	1948	2004
5. The Debate between Sartre and Merleau-Ponty (letters and book extract)	1953	1998
6. Texts and Dialogues (articles, interviews, conference proceedings)	1933-1960	1962
7. Themes from the Lectures at the College de France (lectures)	1952-1960	1970
8. Adventures of the Dialectic (book)	1955	1973
9. Par Lui Meme (audio interview)	1959	
10. The Visible and the Invisible (unfinished book)	1959-1960	1968

List of Themes Extracted

1. The body and perception as self-limiting vehicles of engagement with experience and learning.
2. Simultaneous past, present and future existence expressed in a personally and collectively constructed language, history and knowledge.
3. Irreducible being-in-the-world, interpersonal relations and the soul as foundations of self and other understanding.
4. Socio-political relationships and Merleau-Ponty's engagement with these as a model for wise practice.

Discussion

In keeping with phenomenographic philosophy, this discussion will focus not only on the individual themes, but also on how they relate to each other and to the development of clinical wisdom as a whole. There will be consideration of the way in which the concepts and ideas in Merleau-Ponty's work have formed and changed chronologically, but this should not be taken to infer that earlier ideas or concepts have necessarily been superseded. In the context of insights into such an elusive concept as wisdom, the following passage from Merleau-Ponty (1955/1973, p. 3) seems an appropriate introduction:

> We are thus allowed to report our experience frankly, with all its false starts, its omissions, its disparities, and with the possibility of revision at a later date. By doing so we manage to avoid the pretense *[sic]* of systematic works, which, just like all others, are born of our experience but claim to spring from nothing and therefore appear, at the very moment when they catch up with current problems, to display a superhuman understanding when, in reality, they are only returning to their origins in a learned manner.

Theme 1: The body and perception as self-limiting vehicles of engagement with experience and learning

This theme would probably be extracted in any phenomenographic analysis of the work of Merleau-Ponty, and encompasses most of the concepts and ideas which Merleau-Ponty himself was interested in developing. It is the foundation for the other three themes and has been the source of many general and particular implications with respect to the development of clinical wisdom. The term self-limiting here is taken to mean that the limits to the body and perception are those prescribed by their own natures, and engagement to mean full participation in ("Engagement", 2000; "Self-limited", 2000).

Perception as conceived of by Merleau-Ponty in his earliest writings (1933/1992a, 1942/1963) cannot be explained by intellectualist theories in which constructions of the mind, formed from sensory interpretative operations, constitute an objective universe. Neither can it be explained by empiricist theories of linked sensations organised by predictable neurophysiological mechanisms and

causal relationships. For Merleau-Ponty perception is, from the beginning, the recognition or differentiation of a "general factor which is not necessarily tied to any of the materials of behaviour" (Merleau-Ponty, 1942/1963, p. 30). The special roles of movement and the generation of representative or symbolic relationships between perceived stimuli and interoceptive stimuli, are what give man the unique ability to find the invariants of objects beneath their diverse aspects and views, to treat all the different properties and qualities as aspects of one and the same object, and therefore to be able to treat both the virtual and the "real" as a total field of things. Beneath each and every perceived thing lies a single structure of figure and ground with a common signification (Merleau-Ponty, 1933/1992a), which allows the perceived and the perception, the expressed and the expression, to communicate internally through the intrinsic relationship between the different motor movements needed to perceive or express (Merleau-Ponty, 1942/1963). There is no question of perception being a mental construction: the world of things is a world of horizons for perception, of matter pregnant with form, the foundation of all value and existence, interpreted not conceived of, by the perceiver (Merleau-Ponty, 1947/1964a). It is in this way that the body is at once the immediate possibility of communion with a limitless field of phenomena, and the one and only inescapable vehicle of perception. Pure sensation, which would give us instant and complete access to the qualities of the thing through sensory receptors and physiological responses, is not accessible to us: perception, the interpretation of sensory information to produce not the physiological but the functional meaning, is the only access we have. This interpretation is not something we construct in our minds from ideas and previous experience – it is rather the taking up again, or resuming of, previous contact with the world, to further elaborate our understanding of it (Merleau-Ponty, 1945/2002). This concept of open revision through embodied situated living or being is expanded in later work to include not only perceptions, but all forms of human knowledge (Merleau-Ponty, 1955/1973).

For Merleau-Ponty, the signification immanent in things, the internal properties of structure which allow an inexhaustible multiplicity of perspectives, and even the symbolic forms which produce behaviour, are part of one global structure which has meaning for the organism at a level beneath any subsequent meaning given to it. Merleau-Ponty returns constantly to the singular, embodied, integrated and inseparable nature of our perception of things and the grasping of

meaning through action in the concrete world (1945/2002, 1948/2004, 1964/1968, 1970). Perception and perceived objects are paradoxical: perception grasps the transcendent whole while only actually grasping a perspective or part, and the immanent object exists only if it can be perceived and is knowable, although never completely (Merleau Ponty 1947/1964a). Perception therefore cannot be an intellectual synthesis of ideals, but rather "the infinite sum of an indefinite series of perspectival views" (Merleau Ponty 1947/1964a, p. 15), "the outcome of a flow of subjective appearances" ((Merleau-Ponty, 1945/2002, p. 380). As Merleau-Ponty asserts, immanence and transcendence are not contradictory if we consider the sort of evidence which perspectives authentic to our experience would need for us to recognize them.

The immediate implication for this with respect to clinical wisdom, which is also developed through perceptual interactions with the world, is that the whole is not only more than the sum of the parts, but it cannot be revealed, understood or expressed by a systematic examination of the components. Leung (2002, p. 694) has criticised the competency based approach to clinical assessment because, "It ignores the connections between individual tasks and the meaning underlying each task. It therefore cannot represent the complex nature of situations in the real world." In integrated learning that leads to clinical wisdom, there must be an overarching whole or total meaning of which the various psychomotor, cognitive and affective components are parts, each yet containing the unmistakable grasp of that whole. Wisdom has this indefinable quality of wholeness which permeates and expresses itself in actions and thoughts but is not reducible to any one of them. How this whole can and should be expressed and grasped is the question.

Whatever we conceive of as the "real world", it is apparent to us even from basic human existence that it is a "seamless" experience of a certain unity of shared existence in which we are mostly unaware of any separation between what we and others perceive and what actually exists. Merleau–Ponty (1964/1968) attributes this to the unity or pre-existing harmony between the bodily perceptions, and also between all elements of the totality because of their commonality of origin and style of being. The synergy of the body creates a kind of internal language so that the sensory particulars of one modality can be translated into the "language" of others so that they recognize that sensory perspective of the thing without ever experiencing it (Merleau-Ponty, 1945/2002). In a similar way, the things in the

world come to have common and interrelated qualities through human experience which mean that any object's style of being or existence "makes it a mirror of human modes of behaviour" (Merleau-Ponty, 1948/2004, p. 69). Merleau-Ponty (1948/2004) suggests that the behaviours which perceptions create are a dialogue between ourselves and external objects: they provoke bodily reactions in us, without which the objects would be virtually meaningless. The implications of these ideas are that integrated learning is the normal mode of function in perception and essential for adequate interpretation of external things, and that the natural synergistic functioning of bodily perception may have unexplored possibilities for psychomotor learning in particular. Awareness of the use of internal language between the senses could be an interesting starting point for a different understanding of psychomotor learning.

The ambiguous manner of interpreting stimuli is described by Merleau-Ponty (1945/2002) as a circular process between situation and reaction, dependent on the signification or meaning we grasp from objects we perceive in what is described as 'fields of forces' (1942/1963, 1945/2002, 1955/1973) and later 'a flow of things' (1964/1968, 1970). This implies that everything is unstable, that existence can be continuously withdrawn from one form in favour of unpredictable and new emergent ones which are yet part of the meaning of the whole (Merleau-Ponty, 1942/1963). In 1989, Chopra (as cited in Wheatley, 1999) suggested that a cell is a memory constructed of matter which rebuilds itself daily around a specific pattern – this is the new science of internal signification, and it is not difficult to see that both it and ecological paradigms have their origin in Merleau-Ponty's ideas. Crucially for integrated learning and clinical wisdom, behaviour is also subject to the circular dialectic of general structure and 'laws', expressed in individuals as interplays between an unlimited realm of new possibilities and a set of norms or self-imposed limits (Merleau-Ponty, 1942/1963). This would seem to imply that there is an unresolved tension or dynamic of behaviour which could perhaps be envisaged as a spiral of development. Individuals would move in either upward or downward directions, perhaps intermittently both, as they progress toward more or less integrated forms of self- and other-awareness and self-understanding. In the area of clinical wisdom one could conceive of Haggerty and Grace's (2008) balancing of needs, affective and cognitive integration, and capacity for action as spinning off from this

spiral and returning to it to inform the process. The insights of Merleau-Ponty into the "boundness" of the body to perception and bodily engagement with the world ground all self-growth processes including the development of clinical wisdom, in a non-utopian, error-ridden reality. While behaviour, actions and even intentions and higher motivations can be replaced, reshaped and re-integrated, they can never achieve perfection or universality, but must be constantly examined and released, sometimes as soon as they are formed. This represents a significant challenge since unrelenting change can create internal dissatisfaction.

Recognition of the inexhaustible nature of perception is also relevant to clinical wisdom since it speaks to the folly of seeking persistent or universally applicable solutions in decision-making. Ambiguity and constant changes in the meaning of what we perceive are challenges to our sense of stability and order, to previously held ideas and established practices. Resistance however represents the inability to cede control and stifles fluid knowledge sharing in organisations (Wheatley, 1999). This resistance is almost the default position – even wise nurses admitted to reverting, almost without noticing it, to personally disappointing controlling behaviour when under pressure (Uhrenfeldt and Hall, 2007). When knowledge is viewed as a commodity rather than as a source of nourishment and growth, new meanings and fluid organisational responses are not able to emerge Wheatley (1999). The implication for clinical wisdom is that the sort of functional organisational knowledge which perception might generate is subjective and experiential, and not of the order of knowledge which has been demanded until recently in evidence based practice. The latter tends to conform to the empirical paradigm in being objective and measurable, a base of techniques and practices with cumulative support, which give some assurance of reliability in the scientific sense. This has been heavily influenced by a climate of increasing accountability, consumer pressure and preference in clinical education programs for behaviourist-based approaches (Talbot, 2004). While the move away from a culture of unquestioned professional control has been positive, the replacement with reciprocal partnerships has not always been well received, leaving a climate of uncertainty, insecurity and even mistrust. The resurgence of interest in more holistic styles of clinical practice has made the space for functional knowledge such as intuitive understanding (Broadfoot, 2003; Talbot, 2004) to be valued, although the literature reviewed would suggest that ways to describe or assess this in

context are still unclear. Merleau-Ponty (1964/1968) criticized both science and psychology for devising rules for conducting investigations in order to avoid confrontation with the immeasurable. He instead advocated a return to investigation of what *is* - i.e. the lived world, complete with the apparently immeasurable. The ecological paradigm, which focuses on producing relational functional knowledge, could yet provide tools for a valid but non-empirical form of investigation, and also bridge the gap between professional accountability and innovative caring (Frielick, 2004).

Analogies from the world of physics to describe the nature of bodily perception appear throughout Merleau-Ponty's works: forces and fields used to describe the world which the body and consciousness move towards (Merleau-Ponty, 1942/1963) are slowly transformed into levels, fluxes and dimensions which the body and consciousness open onto (Merleau-Ponty, 1964/1968). In his descriptions of praxis as a new mode of historical existence, Merleau-Ponty (1955/1973, p. 49) uses the terms "a vector, an attraction, a possible state" in what is both a premonition of new science and reference to the physics of the day. This seems to be a sort of self-identification: the struggles of physicists to adequately capture their experiences with the material and ultra-material world mirror Merleau-Ponty's own struggle to adequately capture perception and bodily existence which have similar properties. As stated in his first book, *The Structure of Behaviour* (1942/1963, p. 199), perception:

> ...is a question of an inspection of the mind in which events are known in their meaning at the same time as they are lived in their reality...by its general structure at least [it] eludes natural explanation and admits only of an internal analysis.

Over ten years later in a series of public lectures, Merleau-Ponty refers to man as having an ambiguous relationship with a world which is simultaneously revealed to and hidden from him (Merleau-Ponty, 1948/2004), and later still in lectures to his students (Merleau-Ponty, 1970), perception is simultaneously perception of the foreground and imperception of the background, the elucidation of the patterns and orders of images, sounds and textures, and a horizon of unelucidated perceptions. The perceived world is one of "discontinuity, where there is probability and generality, where each being is not constrained to a unique and fixed location" (Merleau-Ponty, 1970, p. 86). Finally in his last, unfinished

book, *The Visible and the Invisible* (Merleau-Ponty, 1964/1968), the relationship between perception and signification is almost reversed and completely internalised – perception now arises from the certifying power of thoughts which have reached and determined the meaning or significance of the thing, so that the physical movements needed to attain the perception respond to what the perceiver thinks is perceived to create its appearance. The private world of perception is a singular relation between things and the body, where all the components of perception are part of a relationship in a total field, "the ambiguous order of perceived being, upon which functional dependence has no "grip" " (Merleau-Ponty, 1964/1968, p. 22). Perception has evolved to become direct contact of the mind with ever-replaceable realities, each of which surpasses and will be surpassed, like progressive approximations, yet always pre-possessing the already present totality. These chronological changes in the conceptualization of perception show a continued affinity for terms and ideas from the world of science and especially physics, but also adherence to the initial conception of perception as the irreducible totality of the lived experience of intentional beings, accessing a realm of transcendent things with inexhaustible richness (Merleau-Ponty, 1942/1963). In an unpublished late work, Merleau-Ponty returns to original conceptions of the primary nature of perception to produce what is perhaps the most easily understood summary of his ideas:

> Now if perception is thus the common act of all our motor and affective, no less than the sensory, we must rediscover the structure of the perceived world through a process similar to that of an archaeologist. For the structure of the perceived world is buried under the sedimentations of later knowledge... We find that spatial forms or distances are not so much relations between different points in objective space as they are relations between these points and a central perspective – our body. In short, these relations are different ways for external stimuli to test, to solicit, and to vary our grasp on the world, our horizontal and vertical anchorage in a place and in a here-and-now. We find that perceived things, unlike geometrical objects, are not bounded entities whose laws of construction we possess *a priori*, but that they are open, inexhaustible systems which we recognize through a certain style of development, although we are never able, in principle, to explore them entirely... (1962/1964b, p. 5)

A number of fundamental, recurring ideas are included in this passage, particularly those of anchorage in the body in both the horizontal and vertical dimensions, and the sedimentation of knowledge and ideas. Not only are the body and perception self-limiting vehicles of engagement with the world, but the body is

the pivot and focal point for these relations. The body is the means by which we organise our connection with the world as our "zero of orientation.... an absolute foundation in the relative" (Merleau-Ponty, 1955/1973, p. 165), and this explains why classical science, as a human invention, is also founded in the relative. The quotation above also highlights the distinct links between this theme and the themes of the constructed nature of personal history and knowledge, and of the role of perceptual meaning and significance in the affective. Bodily perception is the self-limiting vehicle of engagement at the sensory, relational, affective and, although not mentioned directly in this passage, interpersonal level also. This speaks to a fundamental tenet of wisdom, which is that knowledge, even unconsciously sought perceptual knowledge, cannot be limited or possessed but is a never-ending unfolding of understanding which should be sought afresh in all areas of integrated learning equally. Merleau-Ponty also seems to be suggesting here that the mental constructions we form as a result of bodily perceptual interactions can form layers of familiarity which blunt our subsequent contact with things. This is highly relevant to the development of clinical wisdom where deliberately practised awareness and sensitivity are vital in situations which at first appear to have been encountered many times before but will always have unique characteristics. The tendency to act on the basis of a presumed familiarity with a situation is perhaps the biggest barrier to clinical wisdom development, especially for students seeking to cement regular patterns and ways of operating to gain confidence.

An initial sense of frustration in working through the writing of Merleau-Ponty at the vagueness and generosity of interpretation in his concepts of perception and consciousness eventually gave way to the insight that this lack of definitiveness is what makes them recognizable as authentic descriptions of experience. We, and the world, are an "unfinished task" (Malebranche, as cited in Merleau-Ponty, 1962/1964b, p. 6). Acceptance of the endlessness of cognitive knowledge is not enough. The continually unfolding potential with respect to the development of psychomotor knowledge is often ignored or constrained within prescribed methods of task performance. Affective or emotional knowledge on the other hand, is not only unfolding and inconstant, but appears under certain inspections to be almost completely unknowable, even for the self. This will be returned to in the discussion of the second theme.

On the nature of the body, it should be noted that Merleau-Ponty insists that the body is not an object, since it cannot have an objective relationship with itself, but is rather a presence to and intimacy with self (Merleau-Ponty, 1936/1992b). Much time is devoted in his earlier works to showing that the neurophysiological body does not have a cause and effect relationship with perception nor with consciousness (Merleau-Ponty, 1942/1963, 1945/2002). Neither can the body nor other existing things be explained by or understood as the conglomerate of waves and particles that make them up, but only through their real essence, which intellect, initially through perception, determines (Merleau-Ponty, 1948/2004). Later in his lectures to students, Merleau-Ponty (1970) adds that even fundamental biological acts are submitted to the conditions of beings conducting themselves in symbolic and meaningful ways as a result of the dynamic, fluctuating systems of both physiological and behavioural living. The undivided nature of higher order behaviours decentre and rearrange already latent activities so that "...one cannot conceive of the relation between species or between the species and man in terms of a hierarchy. What there is is a difference in quality" (Merleau-Ponty, 1970, p. 97). The body is a particular type of a shared lived and symbolic existence. In what is almost a prophetic insight into the commonality of DNA, Merleau-Ponty references what he calls inter-corporeality back to embryology where he sees each possible bodily form "not as another eventual occurrence, but as an ingredient of the existing world itself, as general reality" (Merleau-Ponty, 1970, p. 98). In his last work, the double role of the body is returned to, sensing and sensed, "flesh as visibility of the invisible" (Merleau-Ponty, 1964/1968, p. 127), but now bodily experience is seen as the source of the power of ideas and explanations, especially those which, "like the presence of someone in the dark" (p. 150), cannot completely encompass the experience but only grasp at it with intellectual metaphors.

These insights into the nature of bodily existence as inescapably linked to the lived experience of perception, behaviour and meaning, are relevant to the integrated learning of clinical wisdom in that they expose the inadequacy, even foolishness, of relying on physical, cognitive or behavioural learning alone, or treating them as separate processes. They suggest that there is merit in providing opportunities for cognitive and affective engagement with psychomotor learning as it happens, and also for acknowledging and sharing the inexplicable and the

contradictory in these activities. Students often suppress their frustrations and feelings of inadequacy during complex motor skill learning. Giving clinical students the opportunity to express negative affect and self-doubt, features of emotionally competent students (Kingston, 2008), could potentially lead to better understanding of the relationship between the body, behaviour and perception, as well as allow insights into self-awareness, including the ability to recognise external conditions which produce less than ideal outcomes (Uhrenfeldt and Hall, 2007). The key difficulty would be the creation of such opportunities as close as possible to an actual clinical situation where the student's relationship with the patient or client must not be compromised. The creation of positive tension between confirmation and contradiction (Kegan, 1982, as cited in Goodman, 2001) could develop important motor sensitivity components of clinical wisdom in the psychomotor area of learning, such as the ability to judge early when a procedure is not going to go well or be the best option, and to act on this with confidence and integrity. This deliberate self-scrutiny, which as a component of authenticity is critical to clinical wisdom (Haggerty & Grace, 2008), can be fostered by an atmosphere of open, non-punitive comparison of what seems to be the usual, common sense or even prescribed way to do something, and what would be ideal. As a deliberate activity of thinking about one's own thinking during psychomotor learning, this represents what Diwaker (2002) describes as a higher order competency or meta-competency. Merleau-Ponty's ideas in the previous paragraph suggest that such higher order processes are intrinsically capable of modifying fundamental motor tasks in a dynamic and ongoing way. As a practised way of learning, this could also reduce the likelihood of the adoption of mechanistic approaches to performance during stressful situations (Norton et al., 2004). Finally, this approach acknowledges what is known but mostly hidden in clinical situations under the guise of professionalism – that error is unavoidable in bodily and perceptual engagement with the lived world.

The notion of a difference in quality, rather than a hierarchical relationship in higher order embodied behaviour between individuals and species (Merleau-Ponty, 1970) also has implications for clinical wisdom. Competitiveness, strongly adhered to beliefs and methods, and external prescriptions of standards all appear in the clinical disciplines, and can result in an unwillingness to engage with alternative ways of performing specific psychomotor tasks. On the other hand, the

strong move toward evidence-based practice favours the use of practices which have the most documented evidence for their efficacy and safety and are therefore legally and morally justifiable. It is the task of clinical wisdom to straddle documented evidence and embodied individuals, since no single situation ever falls neatly into either. While moral sensibility is key to this (Haggerty & Grace, 2008), there is also a role for integrated learning since this can develop insights into the different meanings and interpretations of behaviour which may direct towards or away from a particular practice in a given scenario.

Merleau-Ponty's bodily perception theories are also an illustration of the rich seeding of ideas from interconnections between the knowledge of disciplines – biology, psychology, physics, the visual and performing arts, politics and history, were all drawn on to inform and develop his ideas. It is common for broad interdisciplinary approaches to be thought of as too hard in our complex current world, where there is more than enough knowledge to acquire within disciplines, let alone between them. This demonstrates the continued hold of the empirical and intellectualist schools of thought. However, the benefits of maintaining links to the way others are thinking about theory and practice in completely different contexts translate into wise practice. Clinically wise decision making impacts on the complexities of patients' daily personal, social, economic and political lives, not simply the functioning of their bodies. To engage with learning outside one's own discipline is an opportunity to expand one's cognitive, psychomotor and affective capacities, but as importantly it is the opportunity to expand the capacity for mindfulness and "relational attunement" (Haggerty & Grace, 2008, p. 238) by engaging in the way others think and act. This seems to be a neglected area in most clinical programs which, pressed for sufficient time to address their own learning outcomes, leave the development of the whole person to the student. Investigation of particular areas of thinking and extra-disciplinary engagement which may be beneficial, including understandings which mature students bring with them, could be a useful next step in identifying areas which would promote the development of clinical wisdom. This should include psychomotor and affective skills and attitudes, not simply cognitive knowledge, since the former are in fact more likely to inform learners about their patients' bodily experiences.

The concept of a unified totality of meaning rather than correlations between them is powerful in that it suggests that individuals create this personal unity as they modify the milieu in which they find themselves, rather than have it created for them by external events and forces (Merleau-Ponty, 1942/1963). This is an exciting prospect for integrated learning: it suggests that a particular worldview or philosophy, such as wisdom, can hold together the various aspects of learning in a strong framework which has personal significance for the individual, and which they then build and modify given timely and challenging experiences. It is also however a reminder of the self-limiting nature of bodily engagement with the world - the tendency to anthropomorphic projection of human feelings and experience is more dangerous than just the everyday unconscious practices such as the endowment of animals with human emotions (Merleau-Ponty, 1942/1963). The unconscious projection of an individual's totality of meaning onto the experiences of other people or organisms, even the universe itself, has the potential to produce an absolute lack of insight into the possibility or value of other totalities of meaning, which may be more just or socially responsible, or simply different from one's own. It could also potentially blind a person to alternative interpretations of experiences from those which normal human function and habitual interpretation familiarise us with, or those which empirical science has taught us to discount as mystical, psychological or socially constructed.

In *Phenomenology of Perception* (Merleau-Ponty, 1945/2002) embodied perception is elaborated further to include the concept of primordial perception or experience, which Merleau-Ponty believes allows us to know the world and things in an objective way. This primary perception is a fund of unreflective experience which human beings can draw on to experience the body as a permanent means of communication with the world of things. Initially proposed in *Phenomenology of Perception* as a pre-existent, pre-objective and non-positing phenomenon, this concept is developed further to include the anchorage and initial projection of the body into a natural, non-human space which is always perceptible beneath the human world (Merleau-Ponty, 1945/2002). As an initial layer of perception, it is ambiguous and synaesthetic, like the sound and shape of a movement first noted on the edge of our perceptual horizon (Merleau-Ponty, 1945/2002), or the immediate and uninstructed recognition of the apparent sizes of objects or their colour (Merleau-Ponty, 1947/1964a). As the various senses modulate the object

through its significant core, it moves from a vague unrealistic representation to the cohesive object we identify (Merleau-Ponty, 1945/2002). The existence of this "primordial layer" (p. 255), from which all subjects and objects come into being, means that we are unable to distinguish between *a priori* truths and factual truths, between what the world should or might be and what it actually is (Merleau-Ponty, 1945/2002). The "What is reality?" question is the ultimate dilemma for philosophy and for human consciousness. In answer to this Merleau-Ponty proposes a primary faith in natural perception – we believe we see what we see without verification. No adequate proof could any way be given, since for us all phenomena have their essences in their appearance. This primary faith "binds us to a world as to our native land" (Merleau-Ponty, 1945/2002, p. 275), to a world which is a constant background of horizons full of ready-made objects, each of which is simultaneously "the unchallengeable presence and the perpetual absence" (p. 271) of all other perspectives.

Expanding the primordial layer concept further in lectures at the College de France, Merleau-Ponty speaks of "pre-objective Being, between the inert essence or *quidditas* and the individual localized at a point of space-time [which]... has no cause outside of itself, and moreover is not the cause of itself... is without ground, being the absence in principle of any ground" (Merleau-Ponty, 1970, p. 110). This expresses Merleau-Ponty's assurance that the situation of brute being cannot be proved using any scientific or intellectual principles, and on that basis, should be accepted for what it is purely in experience. Influences from Sartre's thinking on nothingness, commented on in a number of essays and lecture courses, appear to have crept into the understanding of primordial or brute being at this point. In his later work, Merleau-Ponty (1964/1968) insists that brute or wild existence is the clearest form of the universe of things, that it is the totality and pure signification of a thing, complete with all the latent content of the past and future. Space, time and objects are merely presentation variants of that which surges up to be the concrete existing thing we perceive. Brute being is the common place of origin of all essences and ideas, the common fabric of all things, the enigma left intact by both science and philosophy (Merleau-Ponty, 1964/1968). Merleau-Ponty claims that perception must be interrogated using only what originates from brute being, the present world and the natural interactions between them. These are the

grounds for our perceptual faith that something or someone, rather than nothing, is out there (Merleau-Ponty, 1964/1968).

What relevance does this primordial or brute being of bodily existence and perceptual experience have to clinical wisdom? Since this primordial layer is already existent and the origin of all perception, we can never have a fully objective view of it, but rather glimpse its edges. What exists at this level is not subject to our total inspection, control or manipulation. It is perhaps a natural human tendency to assume that perception is “true reality” because it appears to be exactly the same for us as it is for others (Merleau-Ponty, 1964/1968). Merleau-Ponty seems to be suggesting that this is so at the level of brute being where our orientation toward the world is of the general pattern of all humanity, because the primordial layer is not contingent on the manner of our co-existent engagement with it. The body therefore has “unconscious” typical relations with the world prior to perception as well as those considered in perception. These relations can perhaps be discerned in some of our common involuntary intentions towards objects - not the instincts or reflexes which are reactions to them, but the human style of the automatic movements we make towards them, which immediately suggest that we expect to find them there, or that we have already some potential concrete relationship with them (Merleau-Ponty, 1948/2004). This implies also some basic human psychomotor activity prior to any conscious cortical regulation of movement, activity which we could perhaps be more aware of and use to aid our understanding of how the body learns. It also implies that humans are intentional beings, seeking direct and perpetually renewed contact with the world of things as a meaning-seeking performance, not merely as an exercise of bodily capabilities. The expression of these basic movements is presumably modified by individual motor capabilities and by volitional intentions we have towards the objects as well as by cortical influences. Merleau-Ponty (1945/2002) suggests that scientific thought which “seeks to *anchor* itself in the reality that it *manipulates*” (Emphasis in original, Merleau-Ponty, 1960/ 1992c, p. 5) has produced an approach to perception which has resulted in the loss of our ability to generate knowledge from the naturally ambiguous primary experience or to reconnect with the already formed projects of significance between us and things. The sort of knowledge which might be generated is not elaborated on. Merleau-Ponty (1970) suggests that it is impenetrable to reflection because reflection thinks on the past, and that

it is neither self-created nor acquired but rather a saturation of our consciousness by space and perception, which are our communication through birth with a pre-conscious world (Merleau-Ponty, 1945/2002). This need not mean it is completely inaccessible - perhaps the practice of mindfulness or a deliberate excavation of the sedimented layers of meaning over it may reveal the original one. It is likely to be ambivalent, but at least this would be knowledge which reflected the human experience – "ambiguity is the essence of human existence, and everything we live or think has always several meanings" (Merleau-Ponty, 1945/2002, p. 196). With regard to clinical wisdom, the dissatisfaction expressed with the competency based approach (Leung, 2002; Talbot, 2004) may have its roots in the loss of this sort of knowledge since competency leaves no room for ambiguity. A wisdom based approach to integrated psychomotor learning may be to embrace ambiguity, step back from adopting a deductive mechanistic or logical progression view of motor learning and psychomotor processing, and instead work from the natural or primordial approach we adopt toward an object or task. With appropriate guidance, students could integrate the individual elements of tasks and skills at individual learning moments. The critical thing here is that even new motor tasks are of the same general pattern we already embody, and therefore our body will already have a way of relating to them. This will provide self-informing clues as to why we approach particular sorts of tasks in certain ways, and what our natural attitude produces in terms of possible motor responses and barriers. While possibly not the most effective way or even the way we eventually choose to perform them, initial approaches to tasks should not be dismissed as irrelevant or simply ignorant.

The relationship between the body, the mind and consciousness, occupies much of Merleau-Ponty's writing. Consciousness is seen the result of an embodied mind and soul, as a network of signifying intentions, a lived duality of consciousness of life and consciousness of self, although never fully possessing itself (Merleau-Ponty, 1945/2002, 1947/1964a). We are not self-transparent thought, present without bodily interference, but rather a relationship of reciprocal exchange between mind and body, where the body is the instrument of the mind which gives back to the body what it receives and more (Merleau-Ponty, 1962/1964b). Perception is the original modality of consciousness, and the irreducible contradictions of perception are the exact conditions of this kind of

consciousness. Perception is not judgement but apprehension of the inexhaustible: consciousness is not apprehension but the judgement which makes expression possible (Merleau-Ponty, 1945/2002). As thinking beings, we are mostly unaware of our conscious state, but we are aware of the inescapable bodily bond between the ideals of intellection and the "truths" of perception, and also of the temporal changes and re-integrations of our thoughts (Merleau-Ponty, 1947/1964a). What Merleau-Ponty points out is that "at each moment our ideas express not only the truth but also the capacity to attain it at that given moment...[and] our ideas...are capable of being true provided we keep them open to the field of nature and culture which they must express" (Merleau-Ponty, 1947/1964a, p. 21). In this way, consciousness is linked to perception through a *cogito* which grasps itself as thought engaged in action, a thought which doubts everything but itself, "which *feels* itself, rather than *sees* itself, which searches after clarity rather than possesses it, and creates truth rather than finds it" (Emphasis in original, Merleau-Ponty, 1947/1964a, p. 22). This is something of a restatement of a previously expressed idea regarding perception, which is that objects and their significance would not be sought unless we had both already found them in thought and expected there to be something to find (Merleau-Ponty, 1945/2002).

While deconstructionists may argue that this truth is relative like all others, it is nevertheless the only *accessible and self-cohesive* one since, as Descartes pointed out, I can only be certain of existing when I am in the process of thinking that I do, which, by Merleau-Ponty's (1947/1964a) reasoning is what provides the capacity to attain the truth of my existence at any given moment. One could however question Merleau-Ponty's underlying premise for the assertion of the possibility of truth, which seems to be that action is a more reliable verification of certainty of self than thought. After all, external actions cannot be properly verified without reference to what others suggest they observe, and then the question is whether someone else's external verification of the certainty of my existence is more trustworthy than internal verification of self. The philosophical argument could begin in earnest at this point, but is outside the scope of this discussion. It is however worth noting that while Merleau-Ponty questions anthropomorphic assumptions behind intellectualist views of perception and consciousness, his own do not escape the same ontology. Experience would indicate that we are ourselves equally in private thought and embodied action, even if the default position in life,

history, and especially in our definitions of success, is that action is what defines who we are. This is perhaps the inevitable consequence of living lives measured by the days, hours and minutes of events in which one's mark can be recorded in deeds. The impression left by our thoughts and beliefs on others has no guarantee of leaving any record, and this is a challenge to the verification of our existence.

There is however a consistency between the perceiving body and consciousness in Merleau-Ponty's conception of them – neither admits separation nor unity of appearance and reality, and truth error and doubt are all possible in lived ambiguity (Merleau-Ponty, 1945/2002). Doubt and error are in fact foundational to the work of the consciousness Merleau-Ponty proposes since "neither error nor doubt ever cut us off from the truth, because... the teleology of consciousness summons us to an effort at resolving them" (Merleau-Ponty, 1945/2002, p. 463). This resonates well with the bodily tension and resolving work needed for the presence/absence dichotomy of perceptual perspectives. It is not the work of consciousness to eliminate doubt by a search for criteria, nor to assemble some pre-existing content of things into appearances, but to render intelligible the significations of the intentional acts of perception (Merleau-Ponty, 1936/1992b). This is the basis of provisional thought which allows us to doubt but not endlessly, which allows "truth" to be modified to fit experience, and previous truths and knowledge to be seen as conditional (Merleau-Ponty, 1962/1964b).

Doubt and provisional thought are significant features in both integrated learning and the development of clinical wisdom, providing both the seeds of change and self-growth and also the inspection of self needed for authenticity. In an essay on the psychological condition of *ressentiment* , Merleau-Ponty (1935/1992d) notes that it is the inability to doubt self or perceive the value of others without reference to self which chains the man of *ressentiment* to his desire for revenge or hatred. Doubt is in many ways the primary exercise of self-examination, and without this there can be little chance of moving from dearly held ideas or values to the dangerous but necessary state of ambivalence, and from there to a different paradigm. Merleau-Ponty(1935/1992d) suggests that a philosophy of *ressentiment*, of denial and restraint, have resulted from what Scheler described as a reductionist approach to life, an approach which began with Lamarck and Darwin and the elimination of aberrant or unfit organisms. This

philosophy reduces the vital to the mechanical and the spiritual to the vital by focusing on the elimination of doubt and error (Merleau-Ponty, 1935/1992d). There appears to be a current parallel in the dependence on evidence-based practice. While no practitioner would wish not to know what best practice is, the danger is that the same philosophy leads to a reductionist attitude toward patients who become examples of a type rather than individuals, and toward practices which are deemed generally unfit on the basis of single cases. Doubt serves a protective function at both the individual and collective level, and elimination of doubt can never really be anything more than repression of it in the lived world. The question for integrated learning and clinical wisdom is where the balance between "constructive" and "destructive" doubt lies. As Uhrenfeldt and Hall (2007) point out, external conditions contribute to the ability to practise wisely, and doubt may not always mean healthy self-assessment. In contrast, Egnew(2009) notes that a healthy sense of awe and mystery in the face of the unknown can restore vitality to healer-patient relationships. Study into the particular cognitive, psychomotor and affective skills which can help practitioners to use doubt in a positive way may elucidate this further.

The relationship of consciousness to reflection is touched on in *Phenomenology of Perception* (Merleau-Ponty, 1945/2002): consciousness is a duality, being revealed to itself in reflection but also affected by itself as an act which institutes thought in time. In this way, man is "wholly active and wholly passive" (Merleau-Ponty, 1945/2002, p. 457), and consciousness "takes everything upon itself but it has nothing of its own" (p. 526). The continually updated nature of reflection is a natural consequence of the re-working of the fund of ideas from which it draws. To the self one is any number of possibilities, but at the same time, thought has no actual location, consciousness too is diffuse (Merleau-Ponty, 1947/1964a), and reflection, since it requires a sort of objectivity, cannot occur simultaneously with experience which is subjective (Merleau-Ponty, 1945/2002). The possibilities of self do not give our reflections any stability. Even after extensive exploration of negintuition and nothingness, Merleau-Ponty returns to settle on Being as the only possible outcome of a search that begins with nothingness, although in the experience of bodily existence, neither pure nothingness nor pure being exist for us (Merleau-Ponty, 1964/1968). Every thought and act of consciousness must be ambivalent to accommodate our actual

experience of being. For the development of clinical wisdom this has at least two consequences. Firstly, reflection must be viewed as an ongoing but limited form of learning which reveals imperfectly. Like a reflection in water, it is a representation of the real thing which can never be recaptured exactly, but it is nevertheless the link between the mind and the world (Merleau-Ponty, 1964/1968). Thinking and cognitive learning which have so much emphasis placed on them as the active engagement of consciousness, are incomplete without the "passive" task of reflection. The literature reviewed made oblique reference to the need for reflective and contemplative activity as essential for developing wisdom. Sadly, little time is given to contemplative reflection in most clinical programmes and reflective techniques, particularly reflection *in* action, are often not taught or taught briefly. If Cunliffe (2009), Egnew (2009) and Purnell (2009) are right, the practice of critical self-reflection is the key to moral change, to becoming someone who is concerned with who they are rather than what they do, and this may be the vital difference between competent and wise practice.

Secondly, if consciousness of self is always ambivalent, it is an unreliable sole indicator of who we are in the world we inhabit. Wisdom requires others to reflect to us the images we do not see, and requires us to welcome these insights with humility. Collaborative integrated learning with peer feedback is difficult to maintain, requires a climate of non-punitive trust, and is time-costly, but it has no equivalent alternative. In the teaching of clinical subjects, peer review should be more than the formally assessed student peer review. The assumption that students will esteem peer review because it is assessed is questionable if it is not modelled as valuable in a formative way by teaching staff. This aspect of the nature of consciousness highlights the strong links between the theme of embodied perception and consciousness, and that of irreducible being-in–the-world and interpersonal relationships.

Merleau-Ponty provides evidence in support of his concepts of the body, perception and consciousness from pathological conditions and from childhood, and also uses these to contextualize some of the more abstract ideas. This is in keeping with his insistence that evidence be drawn from the lived world as it presents itself to us - pathology and childhood are natural parts of this. The most salient examples with regard to integrated learning and clinical wisdom will be

mentioned here. Pathological conditions of the body and especially of the mind are noted in Merleau-Ponty's earliest writings as examples of deficiencies or dysfunctions in the perceptual viewpoint. In *The Structure of Behaviour* (Merleau-Ponty 1942/1963) pathology presents as a loss of the differentiation of figure from ground, resulting in more general and amorphous behaviour rather than the more organised and specific behaviour needed in response to questions posed of the organism by its environment. Merleau-Ponty (1942/1963) notes that while the fully functioning person can clearly grasp the significance of whole phenomena without reference to their physical or intellectual parts, the person with a brain lesion is unable to separate the necessary from the superfluous details, and uses a range of laborious substitutions to finally reach the meaning required. This, he suggests, is evidence of the loss of the signification or structure of the whole. In support of this understanding Merleau-Ponty (1945/2002) notes the patient who can scratch an itchy spot on his body but not point to it, demonstrating the ability to respond to the concrete relationships of a phenomenal whole, but not to imagined relationships, a more complex form of global bodily apprehension. The fully functional human incorporates objects he can manipulate into his bodily space and can therefore perform tasks such as entering a doorway while carrying an object without hitting the sides. The patient with a cerebellar disorder cannot perform the same task because the disordered manner in which he perceives objects disrupts the whole of his motor function (Merleau-Ponty, 1945/2002). Giddiness and nausea are evidence of our primordial relationship with a spatially constructed existence (Merleau-Ponty, 1945/2002).

Similarly, in the normal development of psychological maturity, more sophisticated understandings of behaviours replace less well integrated ones, thus the person suffering from a complex demonstrates rigid and immature behaviours and understandings, overlaid by the superficial integration allowed by a fragmented and equivocal consciousness (Merleau-Ponty, 1942/1963). The man of *ressentiment,* trapped in a state of impotent hatred, loses his ability to perceive anything noble outside himself and therefore shrinks the perception of his world and his interpersonal behaviour from an inexhaustible totality to a blunted singularity (Merleau-Ponty, 1935/1992d). By contrast, the man with a physical brain lesion is incapable of placing himself in situations where affective or sexual thought or behaviour is required because perception has lost the associated

meanings which generate the patterns for these (Merleau-Ponty, 1945/2002). Aphasia and amnesia are examples of the loss of the notional significance of words, since speech is the motor expression of thought (Merleau-Ponty, 1945/2002), and can be physically or psychologically induced. Hallucinations are specific demonstrations of the use of the sensory and bodily fields to create representations of significance which have the value of reality when none exists, while the schizophrenic patient demonstrates the loss of the proper lived distance and causality between things so that events and objects appear linked when they are not (Merleau-Ponty, 1945/2002). Each of these observations supports the concept of a lived totality as a general order to which the details are subject.

Children provide Merleau-Ponty with a number of insights into the development of perception and language. In early work, Merleau-Ponty (1942/1963) claims that the structures of primordial perception and the predisposition for speech must be innate in the infant; otherwise he would only be able to construct movement and sound from sensory input, which would result in disengagement from rather than clarification of human meaning. The human world is demonstrated to have privileged importance in the infant's consciousness, since he discovers the meaning and use of objects in observing and using them (Merleau-Ponty, 1942/1963). The child's acquisition of the underlying principles and system on which all languages are based is linked to affective development, not in a linear or causal way, but through lived experience. Similarly, it is the child's habitual use of motor and sensory fields and the learning of their structure which enables him to acquire motor habits, speech and ultimately the adult view of the world (Merleau-Ponty, 1960/1964c). Merleau-Ponty (1960/1964c) is at pains to emphasize that the child's understanding of the world is not a primitive version of the adult's. He uses the example of a child's drawing which is not a poorly formed adult drawing, nor a progressive step towards accurate visual representation, but an expression of his relation to things exactly as he finds them, which is, unlike the adult's, of the same nature whether the thing is imagined or concrete. Merleau-Ponty (1960/1964c) asserts that the child does not initially distinguish between the real and the imaginary but learns, through intellectual operations anchored in bodily perception and expressed through language, to impose progressively more articulated configurations on what is for him initially an undifferentiated whole of experience. Since the child cannot see his own body, his identification with other

human bodies must be on the basis of the global totality, an identification which begins with the development of awareness of others outside his own body and is shaped by the social conditioning which attends his affective environment (Merleau-Ponty 1960/1964c, 1970).

The relevance of these observations and ideas to clinical wisdom development is that defining the significant features of the "unlearning" of pathological and "pre-learning" of childish de-differentiation of the order and structure of perception might provide insights into the integrated learning of new ideas and tasks, which also appears to proceed from less to more sophisticated understandings of order and interpersonal relations, especially in the psychomotor domain. The acquisition of motor habits and the notional significance of words by habituation are relevant to the psychomotor and affective domains since practical expertise and sympathetic dealing with the moods and feelings of the patient or client both require habituating practice. There is also an implication with regard to the primary importance of integrated real life interaction with patients, since imagined action as an operation of consciousness is linked to a whole series of intellections attempting to pass as realities, and can never include the precision and detail of motor experience (Merleau-Ponty, 1961/1964d).

The lesson from the essay on *ressentiment* (Merleau-Ponty, 1935/1992d) and from the deductions made about other psychological disorders is that wise practice requires self-scrutiny for any sign of a blunted view of the world and others, or rigid ways of relating to them. The insights from hallucinations and schizophrenia suggest that situational and personal factors may precipitate less differentiated or orderly perceptions and behaviours, akin to the reversion to automatic function described by the wise nurses under stress (Uhrenfeldt & Hall, 2007). Finally, the "agile evaluative capacity" spoken of by McKenna et al. (2009) is not acquired by remaining in fixed relationships with the lived world, and the ability to respond flexibly to ambivalent situations is a crucial element of wisdom. Reflective practice is one currently used tool which could be expanded to accommodate integrated learning as a whole experience. In clinical settings the usual version of reflection on practice could instead include self-reflexivity such as that recommended by Cunliffe (2009), based on phenomenological principles. This includes questioning not only the way one acts, but also ways of being and making

sense of lived experiences (Cunliffe, 2009). Clinical portfolios could include deliberate reflection on whole person development rather than only compartmentalised reflections on particular cognitive, psychomotor or affective aspects of practice. It is worth noting Cunliffe's (2009) assertion that this should be accompanied by internal critical reflexivity and challenge to the system within teaching institutions.

Theme 2: Simultaneous past, present and future existence expressed in a personally and collectively constructed language, history and knowledge.

A great deal of Merleau-Ponty's writing concerns the redefinition of space and time. This is closely linked to the concept of the body as the self-limiting vehicle of perception. Spatial redefinitions allow the body to become the centre of communication with the space into which it extends and within which it experiences the horizons of its motor powers, a space which is already constituted and communicated to us through the significance of objects rather than through our comparing of their relative positions (Merleau-Ponty, 1945/2002). The redefinition of time allows the existence of a simultaneous past, present and future, and the concept of personally and collectively constructed language, history and knowledge.

Merleau-Ponty's (1936/1992b) early ideas about the redefinition of time centre around the problem of the past and memory, especially as expressed in the work of Marcel, who suggested that there is no historical sedimentation, but that the actions of recall or commitment act on the past and the future respectively to bring them into the present. While not completely satisfied with Marcel's explanations, Merleau-Ponty nevertheless carried the germ of them into his own work, and developed the notion that contradictions are the exact conditions of time and space (Merleau-Ponty, 1947/1964a). It is here that we find the seeds of current scientific thinking in which plurality and disruption are the accepted norms for emerging scientific constructs, and science, the "dominant thought form in our society"(Wheatley, 1999, p. 161) has responded by recognizing the place and value of holistic non-linear thinking and systems (Wheatley, 1999).

For Merleau-Ponty also, time is neither restricted to the objective linearly progressive view we have of it from classical science or recorded history, nor to the sequential snapshot view imposed on it by the chronological lens. The present is simultaneously grasping the past and the future, that is, the totality of time, recapturing and renewing the meaning of the past and filling each instant of consciousness with both past and present (Merleau-Ponty, 1945/2002). In this way the ambiguity of bodily existence and of time are synonymous; an amputated limb from the past comes to live in the present as a phantom limb, a "quasi-present" (p. 98). Memory is understood as a function which allows us to re-open the past and bring it into the present, and history is a "unique movement which creates stable forms and breaks them up" (Merleau-Ponty, 1945/2002, p. 101). This sort of time is constituted by consciousness, since the subject is not situated in time, but intentionally present to a passing past and a future entering the present, both of which are therefore immanent objects in consciousness (Merleau-Ponty, 1945/2002). Internal significance provides a way to understand memory since it does not require some physiological storage of information, but rather a connection which is re-established in the present by consciousness which takes it up, although never completely (Merleau-Ponty, 1945/2002). The present signs and the past significances are all part of the primordial unity which connects them in an unbroken chain, such that time can be seen as "a mobile setting which moves away from us, like the landscape seen through a railway carriage window. Yet we do not really believe that the landscape is moving" (Merleau-Ponty, 1945/2002, p. 487). Constituted time therefore both establishes and confirms itself in an instant, but in our inescapable temporality we can never actually fully seize the present, ourselves, or a fixed past and it is this temporality that situates events and experiences and creates the illusion of eternity (Merleau-Ponty, 1945/2002). As situated beings, we are a dialectic or duality of acquired experience and future experience – we are at once a consciousness which reflects on time's flux and is inserted into it (Merleau-Ponty, 1945/2002) and an intentional body which needs a thinkable order in which to place the perspectives it explores (Merleau-Ponty, 1961/1964d).

Merleau-Ponty's development of these ideas led to his reformulation of history. No longer to be viewed as an empirical collection of chronological facts, history is a construction or recording of perspectives which never fully express all

the available meaning (Merleau-Ponty, 1945/2002). Accordingly, the "true" event is "what comes about on the fringes of all perspectives and on which they are all erected" (Merleau-Ponty, 1945/2002, p. 422). History is an intentional act seeking to discover the sense in what it looks into (Merleau-Ponty, 1961/1964d), which is the acts we spontaneously perform and pattern our lives with, to collectively create the sediment of civilizations (Merleau-Ponty, 1945/2002). Merleau-Ponty (1961/1964d) asserts that this subjectively conditioned nature of man's existence is why Husserl's phenomenological reduction is needed, since it seeks to reveal the pre-suppositions and affirmations which attend every instant of thought. In the same way that perception is bound to the living body, yet we grasp an intelligible structure and concrete knowledge through eidetic analysis, the contingencies which bind consciousness are also surpassed in attaining an intuition of the structures and sense of events (Merleau-Ponty, 1961/1964d).

Merleau-Ponty also noted that the prevalent Western conception of history is not shared by cultures in which the present is ever-renewed and historicity has no meaning, implying that historical knowledge is always co-existent with cultural meaning and classification of the facts according to their value and truth for that culture (Merleau-Ponty, 1961/1964d). For the Greeks, who were similarly interested not in the past but the present, time was conceived of more as a destructive and regenerative cycle mimicking that of nature (Merleau-Ponty 1956/1992e). To explain what he describes as the new notion of historical time in which past, present and future are simultaneously at one, Merleau-Ponty (1956/1992e) points out that one cannot subscribe to a logic of history which assumes that the seeds of current philosophies or events were already hidden in the past, that is, that the past is a rough outline of the present. This reduces history to a form of retrospective logical connection (Merleau-Ponty 1956/1992e). History is not simply another causal order of pre-determined outcomes – rather the present degenerates and leaves the field open for a new present: "time does not carry its future within itself, except to the extent that it excludes certain impossible restorations" (Merleau-Ponty 1956/1992e, p. 128). Merleau-Ponty suggests that a more speculative view of the present might be a more productive way of predicting the future, rather than by attempting to extrapolate from the past, since history for him is "not the discovery of a thing, a force or a destiny; it is the discovery of a questioning and, you might say, a kind of anguish" (Merleau-Ponty 1956/1992e, p.

128). Merleau-Ponty (1955/1973) vigorously rejects any pre-written future for humanity, continuing to maintain to his last work (1964/1968) that time is a relative and not an absolute system of equivalences in which all durations and Being are integrated into a single vertical history. Just as perception involves taking up the world, for Merleau-Ponty (1970) history involves taking up the lived past and present, and is where:

> ...there is a logic *within* contingence, a reason *within* unreason, where there is a historical perception which, like perception in general, leaves in the background what cannot enter the foreground but seizes the lines of force as they are generated and actively leads their traces to a conclusion. (pp. 29-30)

History then is the result of enacted decisions and choices which bind time together into one whole, within which today's questions can only be, and are whether we realise it or not, answered today (Merleau-Ponty, 1945/2002). The philosophy of history invests it with the status of a permanent investigation of the documented record of empirical history in search of the "lineage of truth" (Merleau-Ponty, 1955/1973, p. 57). Merleau-Ponty intermittently likens art to history in that a great art work opens up a field in which it then appears in a new light, to become an unending reinterpretation of itself (Merleau-Ponty, 1961/1964e). In the same way that the art critic seeks the symbols and signs of the meaning of the art work beneath the layers and within the textures of the paint, history too finds a thickness of meaning within itself (Merleau-Ponty, 1961/1964e). Finally, Merleau-Ponty suggests that the unity of history is not altered whether one observes it or assumes it as a responsibility – the historian knows the consequences which the man living it cannot see, but only the man living it understands the true meaning of his situated actions (Merleau-Ponty, 1955/1973). Pre-empting new science theories, Merleau-Ponty (1955/1973) suggests that it is the frequency of encounters of various ambiguous elements and structures in society which causes systems, and thereby history to emerge, and it is the very plurality of historical facts which causes the different orders of thought and action such as religion, politics and economics to come together in the "unitary web of human choices." (p. 19)

When all of this is drawn together, a theme of simultaneous past, present, and future personal and collective existence emerges. This existence is the lived

history of people, whether perceived through the lens of chronological time or in a more relative way. The implications for integrated learning and the development of clinical wisdom are profound. If the past is not merely a reservoir of thoughts, images and meanings we can draw on, but rather part of an unbroken chain of meaning which we grasp and restructure as the present, then pedagogically it makes no sense to attempt to produce changes in thinking or behaviour by ignoring or attempting to eliminate past learning, or believing that it can simply be replaced in learning a "new" skill or task or concept. Not only do learners actively construct, deconstruct and reconstruct their learning, but as they do so they are changing their past. Reflection is never reflection on the past as it existed then but reflection on our current view of the past, and this act reconstitutes the past for us.

Integrated learning exposes us to our whole past – bodily, mental and emotional, and clinical situations may impact particularly on one or more of these areas at once. In the process of making a decision with a colleague, patient or client we are therefore re-shaping our own history. This has profound personal implications, but also suggests that this is what makes a wise practitioner – internal strength and integrity allow one to engage fully in this process, to be literally re-made and have one's own future re-shaped in the process of reshaping the future of someone else. To be open to this kind of process goes beyond the willingness to work with patients, families, communities, and the self-understanding which Haggerty and Grace (2008) describe as characteristics of the wise practitioner. It takes a practitioner to a place of significant personal risk, where change is always possible and its nature unable to be predicted. This is perhaps why wise practitioners have an elusive quality about them – because what they are at any given moment is not what they were one decision ago. As a form of integrated learning this would not be learning *about* or learning *from*, which both imply that particular skills or knowledge are gained from the interaction. It is not even learning *with* a colleague or patient, which places the emphasis on a particular mutual focus of the experience (as in collaborative learning or therapy). If it exists, the kind of learning envisaged is learning *between* which has no particular pre-determined ends or intentions, but rather builds the relationship on the basis of deliberate self-exposure to the other as a total being in a shared existence. This links closely to phronesis and ideas explored in the next theme related to interpersonal experiences.

Wisdom is not of any use if it is kept by the wise, and it is of limited use if it is only ever "handed out" or demonstrated by example. From the preceding thoughts it would seem that what makes wisdom most valuable and so hard to see is that it is part of an exchange in which the focus is not on its presence or acquisition. Wisdom therefore is mostly invisible in action, and yet there is a sense in which any event in collective history is different in the presence of wisdom. If either party chooses not to be open to the reshaping by the other, learning is not necessarily encumbered and personal histories will still be reshaped, if only to cement previous views in the present. However this will occur individually, possibly with little or no impact on collective history. In the presence of wisdom, collective history cannot help but be changed because both parties change the meaning of their individual pasts in a mutually created present. The event in collective history is perhaps what Merleau-Ponty (1945/2002) was referring to when he spoke of the true event occurring on the fringes of all perspectives, the unnoticed but significant change. Clinical wisdom would fit such a description well since most practitioners are usually only aware of it when they are *not* practising it, like the nurses who could identify conditions under which they were aware of not practising wisely (Uhrenfeldt & Hall, 2007). The impact of wisdom is felt on the fringes, in the realm of truth, whatever that may be. Further study of this area may help to unfold what is at the moment a difficult to grasp and incomplete idea.

History as an intentional act steeped in subjectivity yet seeking to grasp the meaning of what it looks into is a concept which resonates with integrated learning and wisdom. As Dunn et al. (2004) note, soft skills are not quantifiable and in a similar way to the exercise of history, clinical wisdom seeks after meanings which are subjective, never exhausted and never the same from decision to decision. Merleau-Ponty's (1956/1992e) conclusions regarding the retrospective logic of history are also pertinent here – if integrated learning is only about reflection *on* and not *in* action, then this kind of logic could inhibit any real change since it predetermines the meaning of the past and thereby limits the meaning of the present. With regard to clinical wisdom, looking for the seeds of the next problem's answers in those of the past is a similar trap. People are constantly moving on and away from what they are and were, and they take their problems with them, reworking them into issues with another base entirely. It is perhaps a natural human tendency to resist this need for constant re-evaluation, to be dissatisfied

with never having the answer, but change as someone has said is the only certainty we have. The quote (Merleau-Ponty, 1956/1992e) regarding the nature of history as questioning could as easily be applied to integrated learning and the development of clinical wisdom. It would be beneficial to investigate what the nature of this questioning is, whether it includes physical and affective questioning as well as cognitive questioning, and especially the nature of the underlying anguish Merleau-Ponty (1956/1992e) mentions, since there is no escaping the conclusion that clinical wisdom operates under the same burden of imperfect realisation of good intentions that history does. Wheatley (1999) has suggested that in an age where objective reality is recognised as impossible, we must search for the internally created subjective "logic" of systems and retain what Merleau-Ponty himself once recommended; a sense of wonder (1945/2002), which is the appropriate response to "knowledge of the natural world riddled with gaps" (Merleau-Ponty, 1948/2004, p. 73). A cross-disciplinary feature of wise practitioners is that while never completely satisfied with current issues, they have the humility to know that some of the answers are beyond them.

Whether history is viewed as the observed spectacle of the historian or the lived responsibility of the man of action has important implications for integrated learning. From the observed history point of view, learning could be treated as having primarily objective consequences, whereas if viewed as a lived responsibility, certain value judgements of action and subjective consequences are implied. With a purely observed history there is the danger that we will only find in past actions what we want them to mean generally, and with lived history there is the danger that we will treat learning as a series of individual choices and lose sight of collective implications. Neither of these will lead to wisdom. Merleau-Ponty (1955/1973) suggests that to understand lived action, the horizons of both the agent and the "objective" content must be restored, otherwise we run the risk of ordering history according to pre-established criteria or of imposing arbitrary categories of meaning on it. The same could be applied to integrated learning – we should not seek to learn in order to solve problems so much as transform our attitudes towards them so that possible "solutions" have room to emerge. Psychomotor learning bound to competency based criteria in the clinical disciplines leaves no room for transformative learning, and the affective and cognitive learning required to build emotional competence cannot be expected to

occur from entirely rational exercises since as Merleau-Ponty (1955/1973, p. 22) reminds us, "the rational...does not have the power of replacing the false with the true....". Integrated learning that leads to clinical wisdom would seem to require observed and lived open-ended experiences, which allow for the development of virtuous ethical frameworks and which foster attitudinal change and the strengthening of an internal locus of control.

It is also interesting to speculate what difference it makes to learning or wisdom development whether one sees one's existence and self-development as chronological or as part of a system of relative durations and vertical being. The Western tradition with its focus on linear systems and recording of events chronologically tends to reinforce the former view to such an extent that the latter requires a deliberate attempt to even envisage it. If learning and the development of wisdom are viewed as chronologically incremental, as they usually seem to be, there is often an assumption that former understandings are less complete or refined. If they are viewed as relative and related vertically rather than horizontally, then this need not be so – previous understandings may be as developed as later ones. There does seem to be some truth in the 'wisdom of age' or experience but perhaps it is because *more* rather than superior views are available to be seen as part of an unconsciously recognized whole, in which there is a richness and depth. The vertical view reinforces the worth of not dismissing previous learning but of returning to it, reshaping it in the present. It also reinforces the value of some possibly child-like qualities, such as the sense of wonder, which help with the humility needed to revisit what may at first glance look like less sophisticated understandings.

Finally, there is the pre-occupation of man and history with action. As mentioned before, Merleau-Ponty prefers action to thought as evidence of existence for self, and elsewhere (Merleau-Ponty, 1955/1973, p. 133) asserts that while both wise and foolish decisions exist: "Action is the only possibility... because no-one else is proposing another possibility." In the same work however, he also laments the loss of integrated praxis, technique and philosophy. He blames this on a long history of economic causes and effects, and describes the action of his present as "the type of action a technician would make" (Merleau-Ponty, 1955/1973, p. 63). Notwithstanding the consideration of the lack of alternatives,

there remains in Western societies a strong tendency to favour doing *something* rather than nothing. History, in the familiar usage of the word, implies the records of what has been done and said. In clinical decision making there is almost a taken for granted assumption that something will be said or done, that actions and advice will be recorded in written form, that actions and interventions will be planned, reviewed, evaluated. In short, the clinical environment is thin on silence, inaction and alternatives to action-based concepts. The place of silence, inaction and passivity are acknowledged, but usually given space only between bouts of intense activity. Further exploration of the link between clinically wise practice and non-action could reveal interesting insights into the tensions implicit in a society obsessed with efficiency and activity.

Language as a primary form of expression of personal and collective history and as the use of the motor power of speech, are prevalent concepts in Merleau-Ponty's work. Speech reveals an active consciousness and is itself an accomplishment of thinking as it happens, not a translation of a ready-made thought (Merleau-Ponty, 1945/2002). Speech has "an immediately apprehended clarity, which vanishes as soon as we try to break it down to what we believe to be its component elements" (Merleau-Ponty, 1945/2002, p. 455). It expresses a unified body and soul which seek to communicate in an inter-subjective world (Merleau-Ponty, 1942/1963). Since the hearer's consciousness can only find in the speech what it experiences, and since the speaker is unaware of the lived meaning of what he says until he says it, and because every word has a surplus of significations, dialogue is a reciprocal taking up of expressed thought by both parties to enrich their own ((Merleau-Ponty, 1945/2002). Without gestures, tone, and the patterns particular to each language however, speech as a moment by moment phenomenon is decontextualized – words and speech are the phenomenal "body" of thought, but it is the interpersonal bodily reciprocity of intentions and gestures that make speech understandable, since it is the body which adopts an attitude towards all cultural objects, including language (Merleau-Ponty, 1945/2002).

In reading also, the significance of the language exceeds the words on the page so that we grasp the meaning of the situation with all the added layers of what we have acquired from our culture and human experience, thus investing the

writing with new significations (Merleau-Ponty, 1945/2002). In reading, we select significances according to our own internal unconscious "rules" and thus create the unique reading of the text that is its meaning for us (Merleau-Ponty, 1970). The writer, as Merleau-Ponty has noted (1948/2004), knows better what he does not wish to say than what he does. To lose the power of speech is to be unable to exercise the "categorical attitude" (Merleau-Ponty, 1945/2002, p. 198) or judgement which man uses to impose meaning on the things of his world, whether this be through the loss of motor power or the loss of purposeful representation: even if articulation is intact, the dysphasic or amnesic patient has lost access to the patterns and internal associations of speech, and therefore to the lived notional significance of words (Merleau-Ponty, 1945/2002). Like art and music, speech reveals inner meanings, those which arise from the "primordial silence" (Merleau-Ponty, 1945/2002, p. 215) beneath the phrases of habitual common place speech. It is the mark of man that he can indefinitely re-invest the acquired meanings of the signs and symbols of his existence with new ones (Merleau-Ponty, 1945/2002). Both art and speech are to a greater or lesser extent only ever an approximation of what was intended, and therefore retain the ambiguity and contradictions of perception and consciousness, as well as being tools of expression (Merleau-Ponty, 1948/2004). They are also however the tools of the exploration and amplification of what Merleau-Ponty (1970, p. 4) has described as the "archaeology" of the perceived world, because art and language take up the task of expressing what has already been enacted by perception.

The development of language in childhood is inextricably connected with social, cognitive and affective function: through language the child learns the different articulations of his relationships with the interpersonal world (Merleau-Ponty, 1948/2004). Sounds must be integrated into the phonetic constants on which the whole system of language is built: this is accompanied by the development of intellect and affect, and all three are related through living rather than in any predictable or causal way (Merleau-Ponty, 1970). Language therefore is an internal living function, emerging as speech, sounds or writing (Merleau-Ponty, 1948/2004).The categorical attitude which gives the surplus of meanings to language is anchored in these articulations – as the child develops an increasing number of possible significations for a thing, it becomes increasingly determinate, since he is better able to define and describe it (Merleau-Ponty, 1948/2004). With

maturity also comes the ability to articulate language which manipulates the abstract as ably as the concrete, and which evokes its own contexts from mental sources to infuse even sounds with a surplus of meanings (Merleau-Ponty, 1970). The names we give things become the sediment of the categorical attitude, and writing the sediment of idealised language (Merleau-Ponty, 1970).

What implications does the nature of language have for integrated learning and clinical wisdom development? If, as Merleau-Ponty (1945/2002) suggests, language "happens" as it is spoken, then spoken communication is even less predictable than perception. If new understandings are being formed in the communicators as a result of the reciprocity of gestures and the taking up of each other's and one's own thoughts (Merleau-Ponty, 1945/2002) , then language could be seen as a reshaping of the future in the present, just as history is a reshaping of the past in the present. Perhaps this explains why language changes its meaning so easily and seems at times to almost anticipate new thoughts and ideas – as if the words once spoken awaken elements of a concept in different people so that the cohesive whole then emerges as they communicate. In the context of integrated learning the implication is that spoken communication in particular produces synergistic enhancement of the end result. Educational pedagogy already understands this, but what the work of Merleau-Ponty implies is that it is in the context of gestures and other bodily language that dialogue becomes reciprocated thought: dialogue and a psychomotor context together is the most effective generator of cognitive learning. Demonstration of procedures is a commonly used and effective clinical teaching tool, but perhaps with the inclusion of genuine two-way dialogue it could be even more effective. This would perhaps involve students talking through the procedure with the educator as it is demonstrated and while performing it themselves, so that both the educator's teaching and the student's understanding are reciprocally enhanced. In a similar way, clinical wisdom includes awareness of the invisible dialogue between the tacit knowledge of the practitioner and the fundamental life issues of the patient (Haggerty and Grace, 2008) and it is this dialogue which produces increased capacity for action and trust in the therapeutic relationship. This sort of dialogue is seen perhaps most clearly in the communication of procedures and processes to patients and clients, an area in which trust in the practitioner and the procedure can be either willingly bestowed or totally destroyed.

The idea that language is always outstripped by its possible meanings (Merleau-Ponty, 1948/2004) is critical to understanding the continuously negotiated and precarious nature of the practitioner-patient relationship, and gives insights into the difference between competent practice and wise practice. Competency is based on the assumption that there are agreed upon, safe, effective and acceptable ways of practising which can be learned. Experienced practitioners recognize that these are minimum benchmarks and that expertise requires going beyond this level (Dunn et al., 2004). Unfortunately, the same criteria tend to be applied to interpersonal skills and professional attitudes. Unlike performance based skills, it is not experienced practice which moves interpersonal and professional skills to a higher level, but the moral development of a "person-oriented ethic of care and a principle-oriented ethic of justice" (Goodman, 2001, p. 130). There are certain communication skills such as active listening which can improve interpersonal competence, but clinical wisdom requires the inner change of motivations and attitudes which drive the wise practitioner to "read between the lines" of a dialogue, to weigh the many possible meanings and significations of a patient's language, and to penetrate the "primordial silence" (Merleau-Ponty, 1945/2002, p. 215) of hidden apprehensions and conflicts. Satisfaction for the wise clinician is not about doing the best thing for her patients but about having enabled each patient to choose what is best for them.

There is also the matter of language itself, and the way that it is developed and used habitually. If, as Merleau-Ponty (1945/2002) claims, language is thick with cultural and experiential content, then perhaps insufficient attention has been paid to the acquisition and use of professional language in the clinical context. It is not enough to be able to communicate in ways that patients understand – if language, cognitive and affective development happen in an integrated manner, then students and practitioners may acquire very different understandings of the meaning and significance of the same things. The exercise of the categorical attitude (Merleau-Ponty, 1945/2002) can lead to very different judgements. This would then translate into quite diverse communications of concepts and procedures to patients, in terms of both their basic meaning and their richness of elaboration, even when the same words are used. This may explain why patients appear to confuse what they are told by different practitioners – perhaps through dialogue the patients have actually discerned these differences in meaning and are

unable to reconcile them. The ability to evaluate the negotiated meanings different people give to the same terms requires being able to discern the judgements which underpin them. Discernment is a hallmark of wisdom. Integrated learning could facilitate the development of discernment, since as Merleau-Ponty (1948/2004) notes, cognitive, affective, psychomotor and social functions work together to perceive and interpret the whole of the others' gestures, language and behaviour. In line with Merleau-Ponty's (1948/2004) observations on the development of increasingly differentiated understandings in the child as a basis for more sophisticated definition and description of things, one could conclude that exposing learners to multiple significations and articulations of a concept might similarly improve their ability to better define and understand it. If the categorical attitude sediments the descriptions of things (Merleau-Ponty, 1970), then working to confront, disarticulate and dedifferentiate these may also have value.

From his earliest works, Merleau-Ponty (1936/1992b) refutes classical understandings of knowledge as a static body of truths, and insists that it is instead a dialogue between subject and object, an ongoing rearrangement of scattered sets of multi-meaning qualities via the judgements of *cogito*. Drawing repeatedly on the work of Weber, Merleau-Ponty (1970, p. 31) describes "the attitude of knowledge, which is always provisional and conditional" and contrasts it with practice in which "we inevitably find ourselves in conflict and our decisions both justifiable and unjustifiable". In approaching our inescapable historical reality, knowledge multiplies our views, while practice restricts them (Merleau-Ponty, 1955/1973). In a similar way to the continual integration of perceptual information, or the restructuring of the past in the present to create history, Merleau-Ponty (1970) conceives of the process of knowledge formation as the result of ideas and thoughts opening new fields, preparing thematic outlines, and even mutating previous ideas, to produce new interpretations which in turn require re-production. In this passage Merleau-Ponty (1970, p. 116) sums up the central theme:

> The principal role of every idea, once it has been formulated, signed and dated, is to make its literal repetition superfluous, to launch culture toward a future, to achieve oblivion, to be transcended... In turn it is essential for any system of ideas to be born, and to yield to us only in the furrow of historicity.

Ideas and thought are both culture and history, which make and re-invent themselves both in individuals and collectively (Merleau-Ponty, 1970). Dialogue, through the particular cultural object of language (Merleau-Ponty, 1945/2002), draws reciprocal thoughts out and interweaves them into collective knowledge. Knowledge is therefore not categorical but endlessly revisable (Merleau-Ponty, 1955/1973), and each new insight shows the previous version to have been provisional (Merleau-Ponty, 1947/1964a). At the same time however, the individual's capacity to expand knowledge is limited since "The adult himself will discover in his own life what his culture, education, books and tradition have taught him to find there" (Merleau-Ponty, 1948/2004, p. 86).

Comprehension, the understanding of things from which knowledge arises, is not an operation of intelligence any more than perception is, but is instead "to apprehend by co-existence, laterally*, by the style*, and thereby to attain at once the far-off reaches of this style and of this cultural apparatus" (Emphasis in original, Merleau-Ponty, 1964/1968, p. 188). This apprehension occurs when embodied perception, our access to the contingencies of things, truths and values, reveals the rational certainty of human experience against the non-human background, to create knowledge (Merleau-Ponty, 1947/1964a, 1961/1964d) – to know is to live, and always in a bodily framework. Knowledge is built as a repository of the interpretations of existence by personal and collective embodied consciousnesses. Merleau-Ponty (1970, p. 43) insists that "Even in the order of exact knowledge, what is held is a "structural" concept of truth... a field common to the diverse enterprises of knowledge". Like perceptions, ideas and meanings, knowledge is not the finished room, but the builder's drawings of its dimensions, profiles and possible materials. Merleau-Ponty (1961/1964d) did not intend that scientific or psychological thought be abandoned as ways of knowing, but that they reform beyond the methodological conceptions which limit them. Since man is able to distinguish between his lived existence and what it is he is living through, his knowledge of his experience is individual and concrete and not mystical, but because he also grasps an intelligible structure of significances beyond his own experience, his knowledge is also collective and intuitive (Merleau-Ponty, 1961/1964d).

The implications of this conception of knowledge for integrated learning and the development of clinical wisdom would include those of constructivism, which insists on the individual's creation of meaningful schema, and the provisional nature of knowledge which implies a need for ongoing engagement. Merleau-Ponty's work however goes beyond this: knowledge is the provisional conceptual framework, the transient product of human reciprocity and dialogue, being at once concrete and intuitive, individual and collective. This would seem to imply that in the context of integrated learning, the negotiability of concepts, the quality of dialogue and reciprocity, and the degree of development of intuitive thinking will impact on the depth and richness of learning. The extent to which concepts can be negotiated, and dialogue quality and reciprocity, each resonate with Goodman's (2001) concepts of partnership literacy and confronting and confirming encounters with learning and also with Frielick's (2004) concept of intentional reciprocal embedded learning and emergent knowledge. Ironside (2006) uses similar terms in writing about collaborative narrative pedagogy in nursing education. The negotiation of concepts is frequently viewed as a threat to established practice or theory, and to the authority of the experts. To change the attitudes around this is a challenge, but it should be noted that a hallmark of wise practitioners is their view of themselves not as repositories of knowledge, but as experienced learners (Cunliffe, 2009). In the development of clinical wisdom, the consistent practice of reciprocity in dialogue could be expected to build the intuitive empathy wise practitioners exhibit with clients, and a focus on quality rather than content shifts the attention from content to relationships.

In the context of learning styles, one might also expect that the different modes of perceptual learning – auditory, visual and kinaesthetic would be favoured with different sorts of reciprocity and dialogue, and that learners with a balance of styles would perhaps be better able to learn from reciprocity than those who strongly favour one style over the other two. If, as Merleau-Ponty (1961/1964d) suggests, created knowledge is mobile, revisable and collective, one might also expect integrated learning to produce knowledge which is less rigid and transfers more easily to new contexts as concurrent affective and psychomotor growth would hopefully allow greater willingness to change and accommodate flexibility. It is also possible that the type of knowledge which emerges from wise encounters is not only transient and heterarchical (Moss & Huxford, 2007), but

also has elements which cannot be readily identified as belonging to any of the three elements of integrated learning. Like the emergent social and relational knowledge (Frielick, 2004) of the ecological learning institution, wise practice knowledge is both singular to the context in which it emerges and transferable in its application to other contexts. Unlike superficial social and relational knowledge, the employment of clinical wisdom knowledge engages with, changes and leaves the mark of a values dialogue experience on the inner life of the participants. This conception of knowledge creation processes is intimately intertwined with the next theme.

Theme 3: Irreducible being-in-the-world, interpersonal relations and the soul as foundations of self and other understanding.

For Merleau- Ponty, existence is not merely embodied perception, but an irreducible being-in-the-world, so that our behaviour expresses our manner of existence (Merleau-Ponty 1942/1963). The world in which this behaviour is expressed is an inter-subjective world, a world of entwined interpersonal experiences of phenomena (Merleau-Ponty, 1945/2002). As noted previously, language is an integral part of this reciprocal interpersonal existence, being the primary mode of expression of the experience of inter-subjectivity. However, for Merleau-Ponty interpersonal existence is more than language, gestures, patterns of behaviour and shared historicity. "The central phenomenon, at the root of both my subjectivity and my transcendence towards others, consists in my being given to myself." (Merleau-Ponty, 1945/2002, p. 419) The awareness of self and inescapable being, the drive to communicate with others, and the context of the social field stop us from treating each other as objects, yet also stop a transcendence which would surpass our actual situation as participants in a co-existence (Merleau-Ponty, 1945/2002). Merleau-Ponty (1955/1973) suggests that the body of the other is in fact the only way in which we can objectify our own bodily experience.

This inter-subjective existence manifests itself as presence in the world, as a body of self-comprehending existences which also comprehend each other and form one massive individual (Merleau-Ponty, 1945/2002). Within their networks

of significant relationships, people communicate their motivations and significances in anonymous general ways, and yet as individuals they cannot escape being exactly themselves (Merleau-Ponty, 1945/2002). History is the crystallised situations which result from this lived through, meaningful exchange between the individual and the generalized existence. In his last work (Merleau-Ponty, 1964/1968) the concept of the chiasm, the co-functioning of self and others as one individual in a reciprocal exchange with the world, is a development of his earlier ideas.

Our affective relationships are similar to our relationship with perceived things, because we have a consciousness that knows itself, and is free to evaluate itself and its experiences (Merleau-Ponty, 1945/2002). We are conscious of a reachable object, and therefore will is consciousness of willing: we are conscious of a lovable person therefore love is consciousness of loving (Merleau-Ponty, 1945/2002). This implies that just as perception creates its own truth, so feelings create theirs – infatuation is not initially recognized as "false love" because it is lived as true love and has true love's "existential signification", and because at that time we have "ambiguous contact" with ourselves (Merleau-Ponty 1945/2002 p. 444). For Merleau-Ponty, the certainty of feelings such as love, hate, and of will is found only in acts of love, hate and will, and the certainty of thoughts in the act of taking them up, of thinking (1945/2002).

From the point of view of integrated learning, this suggests that not only the perceptions of the learner but also their psychomotor and affective responses to what they are learning will influence the internally ascribed signification and "truth" of concepts and practices. It is critical therefore to incorporate opportunities for learners to examine these responses – an initial disaffection for a procedure or concept could have profound effects on how it is learned, as could an embraced misconception or practice error which has been ascribed the lived significance of the correct one. As human beings we seek to solidify skills and attitudes because they build confidence and self-esteem: if the foundations of these are incorrect but unrecognised as such, the consequences could be a ceiling of understanding or performance which may be difficult to address later.

Emotions, according to Merleau-Ponty (1935/1992d), are unique in that their essences are not logical and their contents can only be secondarily

determined by consciousness. They must be lived through as impulses which carry us towards things (Merleau-Ponty, 1945/2002). Instead of apprehending them as we do perceptions, they rather "unfold" in the interpersonal space, conveyed by our mind-body complexes (Merleau-Ponty, 1948/2004). We attach emotional significance to the behaviours of others as we reflect on them, and this is how we develop self-consciousness. Merleau-Ponty maintains that our inner lives are primarily an attempt to relate to someone else and, bound as we are to ambiguity and inexhaustibility, we must constantly work at relationships (1948/2004). We discover our lives in our shared culture, history and traditions because these teach us to find it there, and although each person can only recognize what is true internally for him, our significant relationships have already led us "to opt for a particular set of opinions" (Merleau-Ponty, 1948/2004, p. 87). Our universal craving for affirmation from others produces both anxiety and courage, and the trick for the individual is to make something valuable and permanent in the present (Merleau-Ponty, 1948/2004).

The significance of this for integrated learning is that the affective and the interpersonal are the inescapable milieu of life. Our impact on each other goes beyond sight or hearing to a deeper, primary level of communication, which is reinforced by the cultural practices and objects of our world. This means that to artificially separate cognitive, psychomotor and affective learning is to impoverish all three. In the development of clinical wisdom, a key component identified consistently in almost all the literature reviewed was the ability to connect with and understand people in a way which makes them respond in kind. If, as Merleau-Ponty seems to be suggesting, this connection is at primary level, then we have superimposed a number of layers and barriers over this so that the average interaction with others is rarely at this level. To encourage learners to engage reciprocally there can be no better persuasion than to see it demonstrated by two people in positions of unequal power – the teacher and the student, or the practitioner and the vulnerable patient (Dharamsi, 2006), but it must be accompanied by critical self-evaluation and systematic removal of the layers and barriers which professional and social culture have interposed (Goodman, 2001). To develop wise practice this cannot be done as a form of training, but must involve the addressing of personal barriers to authenticity and humility. As Merleau-Ponty notes, everything has an underlying meaning and hides a dynamic

of the whole, and often what is honourable is merely "...a thought in the shadow of which something else is being done" (Merleau-Ponty, 1955/1973, p. 72). The revelation of these unconscious thoughts and their shadows implies a level of self-examination requiring the willingness to expose oneself to significant personal risk: this is a countercultural concept in the current risk-averse social environment of health.

Going deeper into affective relationships, Merleau-Ponty (1965/1992h) asserts that empathy arises primarily from the intuition of the other's sensory capabilities as being similar to one's own – only secondarily is the other perceived as a soul and mind. All human beings are grounded in the same primordial being from which they cannot detach themselves, and so the domain of others' perceptions influences the domain of one's own (Merleau-Ponty 1965/1992h). Our bodies share similar capacities and in observing each other, we find that our actions and thoughts are "paired" (Merleau-Ponty, 1960/1964c) – an example of the influence of this would be the unconscious adoption of similar body or hand positions by people in conversation. Because we inhabit the same shared world, "I experience a subject who is me and who is not me..." (Merleau-Ponty, 1965/1992h, p. 165), and because we temporalize and spatially localize the experiences of others, inter-corporeality makes empathy possible by providing a context into which the self can be projected in thought.

For Merleau-Ponty (1962/1964b, p. 10), "All human acts and all human creations constitute a single drama, and in this sense we are all saved or lost together." However, the development of the ability to separate ourselves from the other allows us to sympathize or empathize across that gap between us, and without this, reversion to the unlimited demanding of the newborn infant would persist (Merleau-Ponty, 1960/1964c). We maintain a state of equilibrium between our lived self as reflected to us by others, and the one we construct or imagine internally, and it is only in experiences of powerful emotions such as love that we more completely tear self from self to enter an admixture with the other, and only in illness or psychological pathology that we revert to the child-like syncretic sociability in which self and other are indistinguishable (Merleau-Ponty, 1960/1964c). In outlining the difference between genuine and false forms of love Merleau-Ponty (1970) refers to Proust, who noted that sentiment is love for an

internally derived representation of the actual object or person, a prospective view of a non-existent past. Genuine empathy then is not based on sentiment since it reaches out to the present other, viewing the past as merely a preparatory framework (Merleau-Ponty, 1970).

There are several important implications of this understanding of empathy for integrated learning and the development of clinical wisdom. Empathy is recognized as part of wise practice (Haggerty & Grace, 2008; Lovas, 2008; Miller, 2006; Purnell, 2009; Goodman, 2001). It is defined by *Medline Medical Dictionary* ("Empathy", 2010) as:

> the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner

This would be the commonly understood clinical meaning of empathy and resonates well with Merleau-Ponty's concepts of the separate self and the voluntarily admixing of self with others. It is interesting to consider the implications from Merleau-Ponty's observations around inter-corporeality. Firstly there is the notion that empathy arises from the primary recognition of similar sensory capabilities in the other. In the context of the clinical environment there can be no doubt that patients, from a biomedical perspective, represent a group with dysfunction or loss of these capabilities. If practitioners respond at an unconscious primary level to the physical and visible manifestations of this, the relationship of partnership is immediately compromised since "otherness" is emphasized. The question arises as to how to recognize and negotiate one's way through such a reaction. In the psychomotor domain the question of how this primary response might affect physical techniques employed also arises – does a practitioner unconsciously relate to the degree to which a technique causes anxiety for instance in herself? If empathy as defined above is a psychomotor action with invisible affective and cognitive content, how much of this content is determined by this primary recognition of similarity or lack of it in the other? This is not the same as identification with the patient, which is a product of objective cognition of which we are aware, and in which we evaluate characteristics to determine the degree to which we identify with the other.

The second implication is that if we localize and temporalize the actions and existence of the other in order to create a level of objectivity from which as self we are partially immune, empathy as it is defined is in reality an entirely self-generated "going out to and returning with" process. This is not to suggest that it is false or dispensable, but simply that in the context of integrated learning, caution should be exercised in how it is taught, and what contexts are used for this teaching. Goodman (2001) advocates the need to always accompany affirmation with a level of confrontation in the area of social justice. Perhaps in developing empathy the key is to not only discern or anticipate the feelings and thoughts of the other, but to expose and question one's own.

The third implication arises from Merleau-Ponty's concept of the equilibrium between the internally constructed self and that reflected to us by others, and the emotional contingencies which motivate us to participate more or less fully in the shared self. If, as Merleau-Ponty suggests, we only fully incorporate ourselves in the experience of another in the presence of powerful emotions such as love, and if total syncretic sociability is not a normal adult behaviour, then empathy for someone with whom we have a professional relationship would not normally be viewed as either of these if it is defined as per the medical dictionary. This defined empathy is an attempt to understand the viewpoint of the other, but not to coincide in any way with it. It appears to align also with mindfulness in being a deliberate cognitive practice of attempting to see the other as they would choose to be seen (Lovas, 2008). In line with the descriptions in Mayer et al. (2008), this sort of empathy could be regarded as a form of emotional intelligence, a skill which enhances decision making through improved social intuition. However, from the perspective of the development of clinical wisdom this understanding of empathy which has objective clinical value is an inadequate starting point. It does not refer to the sort of connection with patients envisaged by Welie and Rule (2006), Zarkowski (2006), Goodman (2001), and in a different context by Broadfoot (2003), which is at a much deeper level than this and includes a high degree of personal risk, changes of values and beliefs, and even self-sacrifice. There are parallels between this kind of empathy and the emotional competence discussed by Kingston (2008), since this appears to develop through challenge, disequilibrium and self-doubt. Perhaps the traditional view of empathy

could be regarded as a skill and emotional competence as an attribute to be developed in the pursuit of a more exacting kind of empathy.

This idea can be developed further in considering the place of the soul and the question of whether the emotional competence of clinical wisdom is connected in some way to either powerful emotions or child-like syncretic sociability. It should be noted that for Merleau-Ponty (1945/2002), God and eternity appear to have been alternative forms of oneness and participation as opposed to the unity and participation in being-in-the-world, in other words, an alternate basis for internal truth. In his early works, Merleau-Ponty (1942/1963) speaks of the soul as being co-extensive with nature just as the body is in perception, but at a higher level than the body with which it is united as a functional rather than anatomical whole. In his last work, Merleau-Ponty, (1964/1968, p. 233) states: "The soul is planted in the body as the stake in the ground... the soul is the hollow of the body, the body is the distension of the soul." Merleau-Ponty stresses that the soul is not a void but united with the body in vertical rather than horizontal being, albeit in a way that we cannot investigate or know it – "Our soul has no windows" (Merleau-Ponty, 1964/1968, p. 223). The principal dissatisfaction within the human soul is exactly this – there are no windows into the souls of others and yet without souls we cease to be fully human and the interpersonal world would no longer attract us. The longing for deep connection which can never be realised is also present at the individual level, since Merleau-Ponty (1964/1968) asserts that the soul *is* the self and yet opaque to self-knowledge. The means by which perception communicates with the soul is not through the intellect (Merleau-Ponty, 1942/1963). Morality does not exist at any individual level of being and is not apprehended by others as the act of intellect or emotion or will it produces, but rather as the spiritual value behind them (Merleau-Ponty, 1935/1992d). Thus the communication of the soul with self and others is not of the same order as perceptual, linguistic or even emotional communication.

Much of Merleau-Ponty's work includes references to art and while not explicitly mentioning the communication of painting at a soul level, it is implied in his references to art as a cultural object which changes people's perspectives on relationships (Merleau-Ponty, 1970). Art continually challenges and re-interprets the present and, as he so aptly puts it "mixes up all our categories" (Merleau-Ponty,

1961/1964e, p. 169). The experience of artwork at a soul level is well captured by Henri Nouwen (1994) who writes of many hours pondering the Rembrandt painting *Return of the Prodigal Son* and experiencing a life-changing, profound and inexpressible connection with it. This is the direct result of what Merleau-Ponty (1948/2004) refers to as the imprisoned signs and signals of paintings which penetrate us deeply, even though the content of these defies rational explanation. Art and music leave us with impressions or emblems of their richness rather than with sets of ideas. Hence the soul or spirit communicates with the world in a direct yet ineluctable way, including but not limited to elements of perception, thought, will and emotion.

There seems to be a level of existence which the principal human modes of knowing and understanding through the body, mind and consciousness are not able to penetrate. The soul may not have windows (Merleau-Ponty, 1964/1968), but it is identifiable by individuals as the source of emotions and feelings on a continuum from peace beyond circumstances through to despair and internal disjunction. This deeper level of the soul is what appears to make sense of the development of clinical wisdom as an integrated psychomotor, cognitive and affective process which yet includes elements beyond these three. If wisdom is at work at the level of the soul, then the socially just wise practitioner of Welie and Rule (2006), Zarkowski (2006) and Goodman (2001) is communicating his or her values invisibly with the world at this soul level. This is not the soul of Aristotelian moral judgement which insists on activity conformed to rational principles and, in the case of competing virtues, conformed to that judged most complete (Kinghorn, 2010). Aristotelian soul function depends on a form of virtuous moral and intellectual debate, defined as practical wisdom or phronesis (Kinghorn, 2010). The kind of soul envisaged by Merleau-Ponty is much more fundamental and obscure in its operations than this, and relates more closely to the phronesis of Leathard and Cook (2009) which includes praxis and episteme (theoretical understandings), but is anchored in spiritual practices.

The question raised previously as to whether clinical wisdom might include powerful emotions or child-like syncretic sociability, can perhaps explain this better. At the level of the soul the power of certain emotions appears to have a deeply significant effect – life changing experiences can result from emotional

impacts which at times cannot even be fully identified let alone described. At such times a person may feel out of contact with the self (Merleau-Ponty, 1960/1964c), even outside their own body. Similarly, moments of extreme closeness with a person, nature or a spiritual being or God produce similar life-changing effects. Children appear to possess many of the qualities of wisdom in their responses to certain situations (Nouwen, 1994) and it would seem that Merleau-Ponty has identified this in their syncretic sociability, a view of human oneness which is never fully returned to. In Merleau-Ponty's personal life, a strong treasured connection to his childhood appears to have existed (Sartre, 1998). In their work with older adolescents, Bandura et al. (2003) noted a relationship between perceived empathic self-efficacy and depression long term in young women. They postulated that an emotional toll had been imposed on those who were able to personalize the distress of others (Bandura et al., 2003). These students did not merely identify with others' suffering but engaged with it *as if it were their own*. This has resonance with "the experience of 'being' and of 'having been there'" noted by Leathard and Cook (2009, p. 1322). A distinct form of empathy appears to be implied which will be referred to as engaged empathy because it involves not merely the "going out and returning with" mentioned before but rather a "going out, taking on and returning with", as if the distress became jointly owned.

The implications from this are serious – clinical wisdom and engaged empathy may transgress accepted professional boundaries as well as put the practitioner at risk of self-depletion. There are also serious implications in terms of the need for extreme caution with learners – after all the experience of being "...privy to that secret earthquake of anguish that erupts in the soul of the dying" (Cassidy, 1994, p. 94, as cited in Leathard & Cook, 2009) for example, is not one that students can necessarily benefit from without a great deal of guidance beforehand. It is not to the credit of any clinical program when the first encounter with such a moment is as an unprepared new graduate. The unpredictable nature of soul responses to interpersonal encounters of this nature means adequate hedging and support are essential, and the framing of such experiences as learning necessitates robust pedagogy. Alternatively, because of the impenetrable and elusive nature of the soul and the difficulty in adequately capturing what it is to communicate at this level, or to what extent syncretic relationships and emotional involvement are involved, empathy may be restricted to the usual meaning when

there is a focus on measurable professionalism. Certainly in the literature reviewed, even when the soul component of phronesis or wisdom was identified, it was either developed from the Aristotelian perspective, or given a place in theory but then ignored in practical considerations. Only Leathard and Cook (2009) and Purnell (2009) have acknowledged this neglect in defining attentive presence and caring as spiritual activities, and in providing ideas for spiritual practice. In the context of the development of clinical wisdom through integrated learning, it appears that the recognition and exploration of this way of relating would be fruitful, but would require a great deal of further thought about ways of harnessing authentic experiences while maintaining learner and patient confidence, emotional and spiritual safety and trust.

Clinical wisdom then seems to require the ability to work with the psychomotor, cognitive and moral aspects of issues within an affective framework adopted from the sufferer, and with an appropriate degree of self-criticism and doubt. As Wheatley (1999) has pointed out, relational ways of working which balance the need for both interdependence and autonomy in Western civilisations require a demanding mixture of patience, compassion, forgiveness, curiosity, wisdom and courage. If integrated learning is to succeed where competence has not, it will need to include opportunities to practise these attributes in both personal and public life – there can be no checklist professional persona adopted at the clinic door. Sample (2010) advocates an institutional philosophy based on the belief that all human beings have ethical responsibilities to their communities and owe them a search for moral autonomy, which is a higher purpose than knowledge alone. The basis for this and other similar calls for moral education seems to be the Aristotelian belief that humans are naturally oriented to seeking the good of mankind in their actions (Kinghorn, 2010). However, Merleau-Ponty has insightfully noted that "One finds in mankind so much more dignity than one finds in the greatest number of individual men." (1935/1992d, pp. 96-97). Merleau-Ponty also noted that most great human undertakings in the political realm fail not because of the ideals behind them but because man becomes pre-occupied with the tasks of his own life (1955/1973). Later still he commented that people generally prefer not to examine the underlying meanings behind their words and actions and, in one of his more pessimistic moments, that human society in 1960

was an abyss in which he could not find anything that would "make us wise or profound in spite of ourselves" (Merleau-Ponty, 1960/1992c, p. 13).

If in fact the basic nature of man is not to seek the good of all but to seek the good of self, then the work of developing wisdom must begin in another place - not with the appeal to moral virtue and ethical duty to mankind, but with what threatens self-preservation, with the doubt and darkness of the self-centred soul. This need not mean that the pursuit of wisdom is suddenly a much weightier spiritual or philosophical task, but rather that the affirmation of the existence of all that inhibits the development of wisdom brings those things into the light to be examined, rather than suppressing or denying their existence. This fosters humility and authenticity, as well as the encouragement that comes with feeling that one is imperfect, just like everyone else, and that weaknesses once recognized are no longer able to act unseen. It also heightens the potential for engaged empathy since the one offering empathy is not doing so on the basis of any assumed moral, ethical or spiritual superiority, but rather as a co-learner. The assumption that the patient will be the one who benefits most from any professional encounter needs to be laid to rest – spiritual engagement makes no distinctions between who will be changed, and as Merleau-Ponty has observed, there are an infinite number of unanticipated possibilities in every interpersonal encounter, and the one which eventuates emerges through the body/mind/soul dialogue at the time of the interaction (Merleau-Ponty, 1945/2002).

Sample (2010) suggests that causing disequilibrium in the minds of students and reminding them that all endeavours are interpersonal and therefore involve moral values, is a primary task of university professors – this task must be extended to evoke disequilibrium at a primary faith or spiritual level if genuine change is the aim. Bell and Song (2005) have developed a simple but useful model in which there are four possible responses to interpersonal conflict. Depending on whether one chooses either self- or other-focused engagement or withdrawal the outcomes vary from retaliation through to submission. When other-focused engagement is chosen, through the use of cognitive and spiritual resources such as sympathy, altruism and respect, the outcome is partnership. This model could be useful for helping students and practitioners seeking to develop wisdom, to identify the routes by which the other three options are chosen, and the likely

outcomes. It could also be useful for promoting discussion around the worth of these outcomes. Dovidio, Saguy and Schnabel (2009) have produced some interesting work around the value of maintaining minority, dissident voices and therefore diversity in social structures, rather than making decisions in accordance with majority views, and this could also be a fruitful source of contradictions for teaching self-awareness.

Theme 4: Socio-political relationships and Merleau-Ponty's engagement with these as a model for wise practise.

While the third theme deals with the individual and the other, this theme includes the individual and the collective other, human society, and the political as the collective relationships within and between societies. For this reason, these two themes overlap in that the individual relates in the manner described in the third theme, but takes these relationships to a different, more objective level in relating to society as a whole and to politics in particular. This theme also connects with the second theme in that history, language and knowledge are the cultural tools through which societal and political relationships are mediated.

Interpersonal relationships of a social or political nature appear to have occupied Merleau-Ponty throughout his life. According to Merleau-Ponty (1956/1992f) the engagement we have with others is successful when we find a way of living with them, not through the constraints of external rules and disciplines or the sacrifice of individual ideals, but through the practice of simultaneous autonomy and ambiguous inter-connection. Merleau-Ponty (1956/1992f) asserts that all cultures are ideologies and therefore individuals relating inter-culturally cannot hope to find much in common at the level of content, but this does not mean that they cannot construct a co-existence. Drawing on Sartre's work, Merleau-Ponty (1959/1992g) traces the problem of relating to others to the degree to which we are reciprocally objectified in our perceptions of each other. This unavoidable objectification results in varying amounts of "loss of my substance and loss of my freedom" (Merleau-Ponty, 1959/1992g, p. 137), since neither can fully grasp the other as he feels himself to be. The "for-itself" and the "for-others" bear upon each other but never completely coincide. At the level of

society this 'mutual blindness' produces both complicity and collision in the "web of human choices" (Merleau-Ponty, 1955/1973, p. 19). Repeated collisions and interactions of ideologies and cultures produce social and political structures, the elements of which are the precursors for the emergent system. Compounding the impact of these processes is firstly our view of history as either a reflection in the past of today's issues or as an indifferent, random process without present relevance, and secondly that other order of relationships between people which includes social and cultural tools and symbols (Merleau-Ponty, 1955/1973).

Integrated learning in the clinical disciplines involves a number of these facets of social interaction – as mentioned above there is the problem of objectifying others, especially patients and clients who are almost formally categorized as 'other' in professional clinical relationships. The loss of freedom is especially important to consider – to varying extents most patients lose certain freedoms as a result of illness or disability, and to also lose personhood through objectification as a "case", through practice which fails to recognize its restrictions on for instance, physical movement (the dentist's chair) or cognitive understanding (advanced procedures), or to lose it through lack of acknowledgement of the reciprocity of human interaction, is to become a passive recipient of the goodwill of the practitioner, rather than to be a collaborator in accessing affirming care. The wise practitioner may use the same equipment, methods and language, but always within a mutually participatory relationship which values and enhances freedom and personhood. For students, integrated learning may produce a similar kind of loss –the overwhelming complexity of techniques, practices and theory may result in limited participation at one or more levels, or recourse to passive or mechanistic learning (Norton et al., 2004). It is imperative for wise clinical educators to influence, respect, support, highlight diversity and encourage creativity in students (Leathard & Cook, 2009), but also to allow students the opportunities to exercise personal freedom in choosing between ways in which they can participate by valuing their input into the shaping of the program, and by accommodating the uneven and differentiated ways in which they develop, especially emotionally and spiritually.

At the level of ideologies, and the social and cultural tools and symbols used by people in their interpersonal worlds, the development of clinical wisdom and

the practice of integrated learning can both be hampered. The clinical disciplines each have quite specific cultures, tools and symbols which accompany them, and to a greater or lesser extent, learners are socialized into the embodiment and use of these as they progress through the course. In line with what Merleau-Ponty (1955/1973) has observed, the interactions and collisions of these ideologies and cultures both within and between disciplines have produced much of the perceived fragmentation of health care, and it is perhaps in reaction to this that the competency-based movement with its measurable criteria and foundation in research evidence has found so much favour. The question for integrated learning is whether there is an alternative way to deal with these interactions and collisions so that instead of producing rigid reactions such as ever tighter codes of practice, a heterogeneous and diverse approach is instead accepted and encouraged. In the context of the working educational clinic there are multiple opportunities for students to observe diverse approaches to expert practice, but it is pointless exposing students to these if the message is that only one of these is acceptable for assessment purposes, or if the underlying philosophies for each are not made explicit and understandable. Clinical wisdom may be caught as Haggerty and Grace (2008) suggest, but without dialogue, debate and discussion, the mental and spiritual processes behind thinking differently (Cunliffe, 2009) will remain obscure to students.

In clinical practice one often gets the impression that there is more openness to the discussion and inclusion of ethno-cultural diversity than to critical appraisal of intellectual and spiritual diversity. In the current healthcare environment the danger is that intra-speciality complexity has increased to the point that the huge knowledge and practice content leaves no room for time-intensive engagement at these deeper levels, and reduces inter-speciality sharing to a minimum. Merleau-Ponty (1955/1973, p. 23) warns that this produces "Specialists without spirit", and demystification and disenchantment as rapid change prevents the lessons taught by events from being learned by those who begin them. Merleau-Ponty (1948/2004) also reminds us that ambiguity and uncertainty are a much more honest and acute form of awareness of how things have always been for humanity, and that the muteness of philosophers of his day represents a retreat from engagement with this reality (Merleau-Ponty, 1960/1992c) – twenty-first century thinkers will do well to avoid the same

condemnation. If, as Merleau Ponty (1960/1992c) claims, it is the role of philosophers to question and explore the "artificial mechanisms" (p. 7), contingencies and weaknesses which uphold various forms of routine thinking and political improvisation, then similar critical approaches are appropriate within specific contexts such as clinical engagement.

Merleau-Ponty (1956/1992f) admits that at the societal level anything is possible in conversation, but this does not mean changes in practice, especially since as Sartre(cited in Merleau-Ponty, 1956/1992f) has noted, all forms of culture are also ideologies and the Western culture tends to assume it has the true one. According to Merleau-Ponty (1955/1973, p. 27) the only way to act unselfishly is to make "truth work together with decision, knowledge with struggle", and never to allow the justification of repression in the name of freedom. This requires placing a certain distance between self and things and between others and the world, so that one can remain involved, non-judgemental and patient, able to say no without abdicating responsibility for the consequences of one's actions (Merleau-Ponty, 1955/1973). In the context of integrated learning and the development of clinical wisdom, this perhaps represents cognitive engagement with social justice (Goodman, 2001) and creativity (Broadfoot , 2003). Working through issues in which there are no obvious or right answers or where "No" may be the right but most difficult answer, and making space for the emergence of intuitive ways of understanding these issues requires effort, struggle and a determination to search for an internal truth to which decisions can be anchored. Obviously in the light of what has been said before this process should not be isolated from the psychomotor and affective elements of learning. The warning with regard to repression in the name of freedom is also relevant: repression of voice through the use of technical language, of decision-making through the imposition of expert knowledge, and of choice through institutional and governmental constraints are all still experienced in healthcare practice in New Zealand.

In what is perhaps one of the most insightful statements in his work, which could be applied to other areas including clinical wisdom, Merleau-Ponty (1955/1973) declares that success in politics is the art of inventing what will later appear to have been required at the time. All true wisdom has this same

paradoxical quality of appearing to be either debatable or almost insignificant at the moment of decision, but fitting and insightful in retrospect. In the context of clinical wisdom, only integrated learning which habituates the cognitive, psychomotor and affective faculties to involvement in decision and struggle can be expected to result in the unselfish search for "truth" and the responsible use of the power of knowledge. In regard to this power, Merleau-Ponty has noted that the dialectic is a useful critical tool (1955/1973) because it provides a mechanism to negotiate between the inseparable powers of truth and corruption, and because it is a form of consistent intuition into actual history.

In the clinical setting, power relationships exist on a number of levels, and the move towards power-sharing and the negotiation of power relationships has been mentioned in the literature review. The use of dialectical discussions around psychomotor learning would be one extension of this which could perhaps prove helpful – there are significant power issues around the learning of practical skills which are usually not addressed in clinical programs. As an example, one could consider the ways in which access to equipment and technology is used to free or control students, or the way in which skill learning is presented as either rigidly structured or flexibly vague. Similarly, as a tool for investigating actual history, the dialectic could be used to aid the development of emotional competence, particularly around self-efficacy and negative affect. If high negative affect and self-doubt are features of emotional competence (Kingston, 2008), then dialectical discussions around the generation of negative affect in the clinical situation may be more beneficial than focusing on building positive affect and confidence. Moreover, if as Merleau-Ponty suggests, the dialectical mechanics of human society mean that unexamined and unquestioned problems and contradictions create even more urgent and violent ones, students and wise practitioners need to address the interactions between society, politics and clinical practice rather than ignore them or assume they are the responsibility of institutional authorities alone.

Merleau-Ponty wrote a great deal about Marxism, the internal and external politics of the Communist Party and various communist states over his lifetime. This seemed to be primarily because he viewed Marxism as the philosophy of the reciprocal relationships between men. These were capable of transcending the rational, and of explaining human ability to respond unexpectedly to social

realities and to transform even seemingly hopeless problems and situations (Merleau-Ponty, 1955/1973). He also concurred with the Marxist notion of truth as non-falsity, as existing only at the point where there was no disagreement, and therefore as a process of ongoing verification (Merleau-Ponty, 1955/1973). Merleau-Ponty viewed philosophy from a Husserlian perspective, as that which seeks to find and bring to light in the lived present, the internal connections with the cultural operations of the past, so that all the possibilities of existence can be apprehended(1961/1964d). He also however felt that philosophers had a duty to speak of the smallest possible consequences of things, to draw attention to those impossible moments at which contradictions were most likely to be resolved, and to work over the facts and motivations behind decisions and actions to arrive at the widest range of perspectives possible (Merleau-Ponty, 1954-55/1992i). In his early writings, Marxist philosophy appears to have offered Merleau-Ponty a viable political setting in which to frame his emerging ideas about man and society. The proletariat as the never-present-but-always-possible solution to social inequities were, for Merleau-Ponty, always on the brink of that action which would confirm the truth of Marxism, although he admitted that men in non-Communist countries might also freely express what they lived and go beyond class and societal boundaries (Merleau-Ponty, 1956/1992f).

For Merleau-Ponty the primary thing was that whatever abstract political or social principles were proposed, they must leave man in contact with the social totality and not depersonalize or disengage him from the lived reality (Merleau-Ponty, 1956/1992f). This was his non-negotiable position – even when asked to comment on the differences between men and women he returned to the fundamental importance of changing thinking in order to affirm the fact that in spite of their differences, both sexes participate in the same life (Merleau-Ponty, 1954-55/1992i). Always, he returned to that permanent problem of determining the nature of man and society in its present time context, which the examination of history and the literature of the past illuminates but cannot predict (Merleau-Ponty, 1955/1973). For Merleau-Ponty, revolution was not some external upheaval of the social order, but "...universal criticism, and in particular, criticism of itself" (Merleau-Ponty, 1955/1973, p. 55), and it was this ongoing critical questioning of societal orders and human relationships which absorbed him. For Merleau-Ponty, the dialectic was the key to this living experience centred

questioning: while nothing in itself, the dialectic yet intensifies interrogation because it is being constantly remade by our own cognitive effort (Merleau-Ponty, 1955/1973).

In spite of his unofficial role as a philosophical political commentator, Merleau-Ponty did not adopt any position unreservedly – he was openly critical of Marxism as a philosophy which failed to adequately address subject-object relationships, acknowledge the assumption of a revolutionary instinct in the masses, or to recognize its own weaknesses (Merleau-Ponty, 1960/1992c). He also accused some Marxist thinkers of using philosophical tactics which were incompatible with Marxist strategies - a confession, he said, of irrational thinking (Merleau-Ponty, 1955/1973). He was equally critical of capitalism as a system which subsumed all meaning under the common denominators of work and money, and imposed "the status of commodity" upon people (Merleau-Ponty, 1955/1973, p. 44), and almost mourned the slide into techno-rationalism which he attributed to the divorce of philosophy from praxis (Merleau-Ponty, 1955/1973). Disillusionment with the Korean war, personal disappointment with democratic reform in France, and the abandonment of fundamental freedom principles in various capitalist and communist states led him to an increasingly non-committal position politically. However, he was always willing to justify the reasons behind his lack of political engagement. This is perhaps best demonstrated in a letter he wrote to Sartre in 1953 (Stewart, 1994/1998, p. 338) in which he states:

> Engagement on *every* event taken on its own becomes, in a period of tension, a system of "bad faith"... most of the time, the event cannot be appreciated in the entirety of a politics which changes the meaning of it, and it would be an artifice or a ruse to provoke the judgement on each point of a policy instead of considering it in its consequence and in its relation to that of its adversary. This would permit one to swallow in its detail that which would not be accepted in the big picture, or, on the contrary, to make odious at one blow the little truths which, when seen together, are in the logic of the struggle.

There are several important things to note about Merleau-Ponty's engagement with the socio-political from this passage. Firstly, it reaffirms his statements elsewhere (1945-55/1992i, 1955/1973, 1960/1992c) that politics is full of contradictions and does not observe objectivity, and that human society is inextricably intertwined with political struggle. Secondly it highlights his concern

for the totality, the big picture, which includes not merely the detailed analysis of events, but the long term place of each detail in the struggle, and the consequences of political decisions. It is also worth noting here that Merleau-Ponty identifies the possibility that “little truths” can be made “odious” (Merleau-Ponty, 1953, as cited in Stewart, 1994/1998, p. 338) when isolated from their wider context. Thirdly he refers to Sartre’s concept of “bad faith”, grounding the engagement with the political within the values (and therefore for Merleau-Ponty within the soul) of the individual. His willingness to criticize the inconsistencies of others’ beliefs seems at least to have been accompanied by a willingness to defend his own with integrity. Finally, it is worth noting that he acknowledges that “bad faith” is acutely evident in periods of tension, where a focus on present problem solving often obscures or clamours louder than a consideration of the long term. For Merleau-Ponty, it was always better to abstain from judgement than to be forced to make any artificial judgement on a point.

From the perspective of clinical wisdom, there is much to be applied from this. Political and social considerations can make clinical decision making much more complex and also more value-laden. The consideration of the long term consequences, even if this means poor short term outcomes or lack of obvious efficiency or expediency is a crucial message. Adhering to “odious” “little truths” (Merleau-Ponty, 1953, as cited in Stewart, 1994/1998, p. 338) may leave a bad taste in the mouths of others in the short term, and therefore takes considerable self-efficacy and quiet courage. It may also require a defence of one’s beliefs in a calm and measured manner. In the context of integrated learning, this means weighing the cognitive, affective, social, and sometimes political demands of a decision, as well as allowing the spiritual and moral consequences to be expressed. Abstaining from action is always a difficult thing to do in a consumer-orientated society which expects technology to be continually providing answers and solutions to practical life problems, including illness and dysfunction.

Another aspect of Merleau-Ponty’s socio-political engagement was his persistent belief that there was value in attempting to master human history and using this mastery to develop foresight, so that events would be neither a complete surprise nor incomprehensible (Merleau-Ponty, 1946/1992j). This he asserted is always possible because of our connection to the totality which we, in our

particular environments, are open to through reflection and action. Merleau-Ponty advocates a critical evaluation of these events, warning that their official role and their actual roles in society may be quite different (Merleau-Ponty, 1946/1992j). As an example of this, he noted that the political thaw in relationships between Cold War countries had been accompanied by an intellectual battle rather than by friendly dialogue (Merleau-Ponty, 1956/1992f). In the same work, Merleau-Ponty also records his belief that it is the duty of philosophical and political writers to be the active interpreters of self and society, loyal to the oppressed, and resistant to serving any institution or participating in its interests, since this would lead to decadence. This relates back to Merleau-Ponty's (1935/1992d) view of action as the supreme verification of internal truth, and full participation as the realization of absolute moral value. For Merleau-Ponty then, the prophetic use of historical examination necessitated action in the form of critical commentary on his world and times, especially in defence of human freedom. Occasionally there are glimpses of the passion with which he adopted this self-ascribed role, as in his commentary on Sartre's play *The Flies* (Merleau-Ponty, 1943/1992k, p. 116) in which he describes the free man as "...a splinter in nature's flesh... awkward, grimacing, and helpless on the face of the earth... If they are not free, they will be slaves to the passions and remorse."

From the perspective of integrated learning and the development of clinical wisdom, learning from the past in order to make better decisions in the future is not a new concept, and social justice is well recognized in public health literature and practice. What is perhaps pressing in Merleau-Ponty's work is the emphasis on the moral and social consciences which should be the drivers of this activity. Maintaining a deliberate disconnection from institutional values which do not support social justice, participating in moral and ethical debate over these practices, and including the spiritual in the moral are all relevant applications of this emphasis in wise clinical practice. Integrated learning should include opportunities for students to discuss and write about how they perceive their own and patients' interests to be compromised, the nature of freedom in society and in clinical practice, and how they might engage at a moral and spiritual level with any form of oppression through participatory relationships, and as dissident voices (Ayers, 2006; Bell & Song, 2005; Dovidio et al., 2009). This process should be

reciprocal at the institutional level and result in actions which affirm the value of student involvement in raising and resolving issues.

To conclude this overview of Merleau-Ponty's socio-political engagement, his views on certain matters from *Adventures of the Dialectic* (1955/1973) should be noted. In defence of others' ideas, he felt that contradictions were signs of the search and that any attempt to pin these down resulted in treating one's opponent as an object. He was equally scathing however of general sympathy for political causes since for him this reflected moral assent without action, which in the end was a form of external opposition. He also disapproved of political parties using their opponents' errors as fuel, since he felt that all parties were similar forms of social stratification and should not use the disgraces or deficiencies of others in an attempt to conceal their own. On the matter of freedoms, he commented that no individual can be free or subjected alone, since all forms of freedom require or interfere with the freedom of others. As a consequence, revolutions are never able to sustain what they are as a movement once they become the establishment. It is the paradox of human existence that the desire for change produces what is no longer wanted once it is achieved. And finally, a permanent decadence always overtakes the ruling class in proportion to the length of time it has been in office, because it loses its power to rally the people and uses it instead to protect its own interests. In the end, Merleau-Ponty was content to accept that as yet no political system has rid man of poverty or exploitation, but also to inspire men to bear their freedom and not exchange it at a loss, because it is never individual freedom, but always tied to that of others.

Merleau-Ponty's assertions around freedom are of particular relevance to the practice of clinical wisdom since the price of one person's freedom is interconnected with that of others at many different levels in healthcare. Ethical and moral restraint is certainly necessary in situations where emotions are close to the surface, or where professional differences are being questioned. The observation that neither poverty nor exploitation has been eliminated serves as a pertinent reminder of the need to remain engaged with the pursuit of social justice (Ayers, 2006), but not as a quest for personal satisfaction. If integrated learning is to help students better appreciate the needs of the vulnerable, powerless or disadvantaged, it must not present the elimination of exploitation or poverty as a

personal goal – rather students should become motivated to participate in such endeavours because they represent a chance to collaborate in a worthwhile human enterprise which benefits everyone.

The letters between Merleau-Ponty and Sartre (Stewart, 1994/1998) form part of a disagreement which erupted between them in 1953 and resulted in Merleau-Ponty resigning as co-editor of *Les Temps Modernes*, a partnership in philosophical and political journalism which had existed for some eight years. It appears that Merleau-Ponty had begun to distance himself from communism with the advent of the Korean War in 1950, while Sartre had become increasingly affiliated with the Communist Party in his public and editorial life. A conflict had erupted between Sartre and Claude Lefort, and it was in the context of this that a number of articles appeared in *Les Temps Modernes* which Sartre and Merleau-Ponty had not agreed upon. Three letters were exchanged between them and following this it appears that Merleau-Ponty simply walked away from editing or contributing. Sartre maintained that there was a partial reconciliation between the two men in 1956, but Merleau-Ponty never confirmed this.

Accused of abdicating from necessary political commentary, of taking an indefensible and inadvisable position, and of having criticized Sartre's in his lectures at the College de France, Merleau-Ponty immediately dismissed the latter, offering Sartre a transcript of his lecture notes and claiming transparency in his discussions of Sartre's work. He then defended his version of political comment and his preference for exposing political agendas rather than taking sides, and explained that he wished to reach the heads of readers rather than their hearts. He accused Sartre of using a very definite political position as a test of public morality without disclosing as much, and asserted that it was Sartre who had behaved recklessly and without political integrity. In the final biting paragraph, he rebuked Sartre for his treatment of Lefort and questioned Sartre's claim of continued friendship. In his reply, Sartre appeared to attempt some reconciliation, expressing regret, but maintained that Merleau-Ponty had over-reacted. Sartre still wished to remain friends. The letters show a side of Merleau-Ponty not seen in his other work: the writing is emotionally charged and at times he seems offended, even bitter. Level philosophical argument is maintained with ease, but Merleau-Ponty the man defends himself and Lefort vigorously. It is the only example in the work

reviewed of a glimpse of strong emotion – at all other times he is measured and deliberate in his tone and structure.

As an example of wise practice, Merleau-Ponty's socio-political engagement at the personal level also has much to recommend it. Throughout this difficult period, Merleau-Ponty does not appear to have compromised his authenticity or integrity at any point, and he maintained a concern for the welfare of others at the level of state and individual which showed both reserve and commitment. His emotional tone in the letter to Sartre reveals the depth to which an assault on that integrity penetrated, but this is the only example of any sort of personal reaction to criticism. Prudence, a component of wisdom which includes measured and careful deliberations and reserved judgements, could well be said to have been his most constant attribute. Merleau-Ponty it seems was careful to always present his views with thought and a degree of humility – there is no self- aggrandisement evident in these letters, nor in any of the interviews or dialogues recorded, or his written works. There is also however barely a scent of the emotional or spiritual man behind them. This is something of a disadvantage from an integrated learning perspective since the affective is conspicuously absent. As a model for wise socio-political engagement, Merleau-Ponty appears to be an example of authentic engagement with humility, linked to a consistent vision for a just future – the characteristics of a wise leader, even if the internal motivations for this can only be guessed at.

Prudence is almost certainly one of the most difficult qualities to cultivate. Human relationships involve situations in which strong emotions are evoked, and the ability to express these genuinely but with appropriate restraint is a result of simultaneous self-control and disclosure, spiritual strength and emotional competence. In the context of clinical wisdom this is perhaps best seen in practitioners who demonstrate what seems to be best described by the word mercy – a compassionate judgement which does not compromise the practitioner's values and beliefs. This implies rigorous cognitive and affective deliberation co-existent with a voluntary spiritual and moral uptake of the pain and suffering of the other. The maintenance of an attitude of humility throughout his work is perhaps one of the most striking features of Merleau-Ponty's writing. In the context of clinical wisdom, the impression one often has of wise practitioners is

that they genuinely believe themselves to be ordinary members of a team. They are the sort of people who do not say much, but when they do it is worth hearing, and they are often evasive or mute about their own work or achievements. From the work of Merleau-Ponty one can surmise that this attitude is the result of two things – ongoing critical questioning and doubt applied to self as well as to everything else, and a quiet perseverance with the work one feels called to do for internally determined rewards. Cultivating humility in students requires it to be modelled – it is perhaps the most obvious example of a "caught" aspect of wisdom, although engaging students in collaborative learning can also facilitate a more realistic appreciation of the worth of one's own and others' contributions.

Further Insights into Merleau-Ponty's Life

As an aid to understanding the social and political background of Merleau-Ponty's life and work, a review of French modernism by Rabinow (1989) provided several helpful details. The most notable feature of French society in the early 1900s were parallel movements of reformist socialism and neo-conservatism, reflected in urban projects aimed at producing improved communication and transport networks but also a healthier, more just society. Hygiene, art, science and comfort were of primary importance for the intellectual and moral elevation of French society. Architects such as Rosenthal advocated involving the public in decisions around city design and planning in order to produce "renewed action, virile will and reflective spirit" (Rosenthal, circa 1920, as cited in Rabinow, 1989, p. 276). Interest in the documentation of local history also appeared around this time. Halbwachs' major work on the social alienation and loss of autonomy of workers presented his vision for social justice and the techniques he felt would bring it about.

Lyautey, whose primary interest was in the social hierarchy and the reconciliation of democracy with a meritorious elite, based on connecting virtuous character with social form, had a huge influence on French society in the 1930s. The search for common ideals and beauty was however in conflict with the middling modernism of the inter-war period and its focus on efficiency, science and progress, resulting in the uneasy co-existence of industrialists, politicians and

social reformers. The depression produced a climate of management and pragmatism, focusing on the "forming and norming" of both people and places. Architecturally this was reflected in a period of mass production of unimaginative housing and functional buildings (Rabinow, 1989).

The post World War II period was accompanied by a mood of experimentation, scientific progress and specialisation. There was concern among sociologists that this would inhibit holistic ways of viewing life, and that the scientific view would replace nature and art. The world of art responded to the conformities of this and the previous period by experimenting with shape and form in new and abstract ways, while the sociologists worked at modernizing anthropology as a science. Politically France remained a stronghold of socialism although conservative, communist and liberal influences were also present (Rabinow, 1989).

This material provided a useful background to the life of Merleau-Ponty, and perhaps explains why the themes of uncertainty and ambiguity feature so much in his work, as well as why he spent a good deal of his writing exploring the moral and socially connected nature of man as well as the embodied. Apart from living through the enormous personal and social upheavals of two world wars, it appears that something of a philosophical social crisis began in the interwar period and continued beyond it– the tension between the holistic, creative and socialist, and the capitalist, empirical and management-orientated was not unique to France, but the degree to which socialism and communism were supported there was significant, and this undoubtedly created much more tension and uncertainty than in other Western countries. The influence of the profound changes through which Merleau-Ponty lived can be seen in his work and his manner of being, particularly in his preferences for a holistic view of being, and his concern for social justice. The existentialist movement undoubtedly arose partly as a reaction against modernism, and yet it includes elements of it, especially in the search for internal coherence.

Two editors of works used for this thesis provide further insights into Merleau-Ponty's work and character. Edie (1964) notes that the early works, up to and including *Phenomenology of Perception*, are the development of Merleau-

Ponty's thesis of the primacy of perception and phenomenological positivism, which the later works then test and develop further. The author identifies the fundamental concepts of perceptual behaviour and consciousness which are man's access to the concrete, inter-subjective world, and the other levels of experience of phenomena including language, culture and history which are based on perception as our inescapable primary communication with reality. Edie (1964, p. xvii) identifies the task Merleau-Ponty set himself of showing "...that "ideal truth" was founded in "perceived truth"- that the idea of truth itself is an ideal", and notes that at his death, Merleau-Ponty's pursuit of this task, especially in relation to history and culture, was far from over. Merleau-Ponty claimed to be continuing the work of Husserl, but did not pursue the same end, and in fact seemed closer to Heidegger in his insistence on the unitary nature of reality, although again different in his insistence on the primacy of perception (Edie, 1964). Sartre is described as "his lifelong friend-enemy" (Edie, 1964, p. xviii) although this is expressed as a philosophical disagreement rather than a personal one. These insights confirm the importance of the main themes identified in this thesis based on Merleau-Ponty's work, and suggest that there are indeed other areas in which his thesis could be tested or applied. His relationship with Sartre would seem to have been both a collaboration of minds in search of new understandings, but also perhaps at times a competition in which Merleau-Ponty preferred not to participate.

The editorial by Claude Lefort (1968), who described Merleau-Ponty as something akin to a mentor to him, notes that Merleau-Ponty's work was conducted between the refusal of ancient truths and an uncertain future, a work of attempting to name the nameless in a situation of invisible consequences and risk rather than power. Lefort (1968) claims that while constantly questioning the spiritual universe, the world, and the essence of his philosophy, Merleau-Ponty also solicited the same reflective questioning from his readers. His work, while interrupted continues to do this in the past, present, future dimension he wrote of. Lefort (1968) also states that there is death and ambiguity in the work in that in taking it up others cannot continue or explain fully what Merleau-Ponty as its creator began, but only produce new work of a different origin. This was Merleau-Ponty's own dilemma in dealing with the works of the past – he believed that one could only take possession of them in the lived present and that therefore they could never be mastered, were always ambiguous.

In fact, Lefort (1968) claims that Merleau-Ponty's final work shows him applying this same logic to himself in taking up again his earlier analysis of things, the body, the viewer and the visible, and in refusing to give his completed work any acquisitive value except as fuel to continue the search. Primarily, Merleau-Ponty sought to challenge fundamental philosophical concepts and the bonds between them which betray particular ways of viewing the world, and to treat all premises as provisional, especially his own (Lefort, 1968). Merleau-Ponty wished to scotch the illusion that philosophy could ever be a pure source of meaning and to reassert his belief that the origins of our fundamental questions are not reducible to cleavages between God, nature and man which do not match our experience of being (Lefort, 1968). The working notes for *The Visible and the Invisible* suggest to Lefort (1968) that Merleau-Ponty was still seeking to discover the internal connections between his questions, still searching for the meaning of meanings. The relation between speech and silence is specifically mentioned, as well as the enigmatic nature of a number of passages which produce questions, rather than answers, from questions. Both of these fulfil the purpose of the book which Lefort (1968, p. xxxiii) maintains is to preserve an open field, and to return the reader to the "true interrogation [which] is the frequenting of death".

Lefort's (1968) editorial gives a number of clues as to the source of Merleau-Ponty's humility in that he believed it impossible to master other's work, framed everything in irrefutable ambiguity, and subjected his own work to the same unending questioning he applied to that of others. Lefort also reveals what perhaps kept Merleau-Ponty going in his quest despite the political disillusionment he experienced– his refusal to ever be satisfied with the answers he found, and to see in them simply the material for new, future questions. There is nothing in Lefort's editorial to suggest that Merleau-Ponty ever tired of this investigation, but rather that he found deep personal and vocational satisfaction in it. The refusal of Merleau-Ponty to dilute the primacy of being with any other ontological theory is significant – there is a steady holding to his ideas, a conviction that until some more philosophically robust theory was produced, the only way forward was to continue to reject the unsatisfactory philosophy of the past and hold to the new – no matter how ambiguous.

Jean-Paul Sartre's (1966/1998) reflections on Merleau-Ponty are in places hard to reconcile with other material. Sartre maintains that while the friendship between himself and Merleau-Ponty was strained at times, it remained unbroken. He recounts Merleau-Ponty's admission that he had never recovered from the loss of his childhood which he saw as the happiest time of his life, and interprets this with a description of Merleau-Ponty as having won too soon in life. In Sartre's mind Merleau-Ponty mourned the loss of this paradise, and the death of his mother, in finally and completely cutting him off from his childhood, produced a deep sadness in him. Sartre saw his relationship with Merleau-Ponty as one of separate but reciprocal beings – the incarnation of the ambiguity of phenomenology. He claimed that Merleau-Ponty allowed him to think more freely and that while they never discussed French politics, they agreed to disagree. Sartre refers to Merleau-Ponty's philosophical project as bringing man back to the accident that he was, returning him to his anchorage in the world through perception, and questioning the nature of the history, culture and truth which envelop him.

On a personal philosophical level, Sartre (1966/1998) claims that war made Merleau-Ponty a man of peace, and that he reflected and suffered silently in his relations with others, unable to restore the intimacy of childhood, yet compelled to be involved in restoring the world to the world. It was in Merleau-Ponty's nature to reject dogma, and to be sceptical of victory and power sharing, but he expressed this in subtle ways. Sartre did not understand why Merleau-Ponty refused to ever have his name on the cover of *Les Temps Modernes,* to be acknowledged in editorials, or to ever give his opinion when asked for it, but felt that while this reflected his choice to be the weaker partner, in the end Merleau-Ponty distrusted him. Conceding that perhaps Merleau-Ponty had been right in his political neutrality, and that he was the true philosopher of politics, Sartre notes that Merleau-Ponty understood that we are not only judged on our intentions but also on what they produce, and that values are only nominal without a political and economic infrastructure to uphold them. For this reason and because of his solitary nature, Merleau-Ponty was politically ineffective – in refusing to abstain from comment on corruption or exploitation wherever it occurred, he was criticised by both right and left. Sartre claims that toward the end Merleau-Ponty turned away from political life in disillusionment with both sides, and returned to the

philosophical and inner life, however “the stone of sorrow weighed on his heart” (Sartre, 1966/1998, p. 597). Describing him as the holy person of politics, Sartre (1966/1998) claims that Merleau-Ponty rightly distrusted the “love everywhere [which] was to become the other side of hatred” (p. 598), and in the climate that existed, Merleau-Ponty’s “retractile emotions and a desperate quietism” (p. 607) estranged them. Sartre claims that they did love each other, but badly.

In speaking of Merleau-Ponty’s work, Sartre notes Merleau-Ponty’s ongoing fascination with the enigma of the self, with the primordial historicity through which everything happens, and later, a focus on the importance of the unconscious, and the hinge or chain of being. His interrogation of painting through which nature revealed discontinuity and fractured reality, continued to attract his unhurried interest. Sartre notes that Merleau-Ponty retained a sense of surprise and that nothing ever seemed natural to him – even his death seemed to be full of the same obscure meaning he found in everything.

The implications of Sartre’s (1966/1998) review relate primarily to the character of Merleau-Ponty. Despite the contradictory statements made about the friendship between the two men, the general feeling one gets from this work is that Sartre recognized in Merleau-Ponty a foil for the impulsive and possibly egotistical behaviour he himself occasionally allowed, particularly in relation to politics. There is recognition of both the consistency and prudence of Merleau-Ponty’s political and philosophical comment, and deference to the philosophically authentic way in which he conducted his work. There is also recognition of the misunderstood humility, the personal sorrow which Merleau-Ponty preferred not to discuss with Sartre, and of the judgement which he withheld from most situations and circumstances in which action would have been futile or damaging. Sartre also notes the perseverance of Merleau-Ponty’s vision for his work and the maintenance to the end of an open mind and a critical rigor which served him well. These facets of Merleau-Ponty’s socio-political engagement and the implied personal attributes point to a modest and wise practice in his dealings with the public, and to an authentic pursuit of his calling in life.

The implications for the development of clinical wisdom and integrated learning which can be drawn from these insights into Merleau-Ponty’s socio-

political engagement and manner of being are mostly a reinforcement of those noted from the works themselves, with the addition perhaps of an expanded appreciation of his authentic manner of living – the circumstances through which he lived and the personal impact these had on him add weight to the consistency of his self-examination and refusal to rest on previous understandings or achievements. In the clinical context the presence of sorrow is unavoidable. Merleau-Ponty appears to have displayed an acceptance of sorrow and disappointment which did not cause him to despair or lose hope but rather act with increased sensitivity. This is a model which could well be applied to clinical wisdom. There is also the commitment to open mindedness and rigorous critical thinking. In the context of the clinical environment where change is inevitable and dilemmas unavoidable, these two things remain vital to wise practice. For students, there is no better example than the teacher who is willing to have his or her words and actions critiqued and examined in an atmosphere of reciprocal learning. How often are students given this opportunity?

Finally, the audio recording of Merleau-Ponty in a radio interview (Continental Philosophy, 2007) which was unfortunately removed from the site did at least confirm that Merleau-Ponty in person was as he seemed to be in his writing – measured, deliberate and thoughtful – these things could be ascertained from his tone and manner of speaking more than from the content which did not seem to differ from what is in his written work.

Limitations

This study presented a significant number of methodological challenges. It was difficult to reduce such a huge volume of material and attempt to remain open to the possibilities suggested by it without losing sight of the overarching larger themes. It was also difficult to work with completely unfamiliar material and attempt to relate it to a familiar area without "finding" what did not actually exist, and without constantly struggling to make sense of translations and wordiness which seemed to obscure rather than reveal meaning. Finally, the hours needed to simply read and reduce the material to themes consumed six months of time, leaving little time for a well developed critique. For these reasons, this study should be treated as preliminary – it is fortunate that the nature of phenomenographic research allows for broad rather than specific conclusions to be drawn.

Conclusions and Implications

This phenomenographic analysis of the works of Merleau-Ponty was conducted in order to determine whether themes relevant to the development of clinical wisdom and integrated cognitive, psychomotor and affective learning could be extracted. In drawing together the themes which emerged from Merleau-Ponty's, work, several unanticipated but very significant ideas about the nature of wisdom itself have emerged. The first is that wisdom appears to be more of a unique event than the combination of attributes, characteristics and attitudes described in the sources in the literature review. This fits with the description of wisdom by McKenna et al. (2009) as a process, and with the definition of it as a modified form of conceptual expansion (Akerlind, 2008). In fact, "wisdom moments" as they will be referred to, are the units of this conceptual expansion, and may be a more holistic form of what Frielick (2004) calls emergent relational and socially developed knowledge. Such moments would also conform to Gibbon's (1994, as cited in Moss & Huxford, 2007) concept of heterogeneous transient Mode Two knowledge which is fit for purpose, in this case a singular and fleeting one, rather like that of a catalyst which creates the conditions for other reactions. The constantly reconstituted clinical wisdom matrix and the attributes of wise practitioners then would become the attractors or vectors (Merleau-Ponty, 1955/1973; Wheatley, 1999) of wisdom moments, preparing for and increasing the likelihood of such moments appearing.

The concept of wisdom moments appeared from two particular aspects of Merleau-Ponty's work. The theme of irreducible being-in-the-world and interpersonal relationships included rich and detailed examples of the ways in which inter-subjectivity permeates all forms of human communication. Within this theme, the nature of reciprocal interpersonal relationships as moment by moment emergent understandings between people was developed, including the ideas that the past is changed in the present, and that emotions "unfold" in the inter-subjective space. In this inter-corporeal world then, there could be reciprocal exchanges at deep levels of meaning and significance, mediated by shared sensory capacity and willing participation in a form of syncretic sociability which includes the souls or spirits of the participants. Like the fleeting appearance of some forms

of matter, these "wisdom moments" would be unable to be adequately articulated or brought fully into consciousness, but would result in significant interpersonal understandings specific to that situated moment –new variations of understanding which deepen the conceptual whole. The work of Merleau-Ponty supports this concept also in that as unique situation specific events, these wisdom moments could occur between people in any frequency from rarely to consistently, depending on the individual's degree of expansion of their wisdom concept which is the pre-requisite for wisdom moment opportunities. A wise practitioner would be someone who experienced these moments consistently in his or her relationships with others, but who did not seek to either self-generate or control their appearance. However, because of their unique situated nature, wisdom moments might also appear in any interpersonal encounter, including those between children, or between two people who usually communicate on a superficial level. This fits with experience – wisdom appears unexpectedly and intermittently in relationships where it is not the usual pattern of relating, as well as consistently in the relationships of those usually recognized as wise. In parallel with new science, the search in clinical settings is not for a new form of knowledge or control, but for a functional order which emerges from disorder or fragmentation (Wheatley, 1999).

The second aspect of Merleau-Ponty's work relevant to the nature of wisdom appears in the first theme relating to the inescapable nature of embodied perception. If all our experience stems from the anchorage we have in our body/soul complexes as the pivot point of our universe, from primordial being and from our internally communicating sensory faculties with which we perceive the world, then wisdom moments when they appear must, like other conscious acts, have arisen from this source. This implies a rather different aetiology than the usually considered moral and intellectual ones. The question "How does a wise moment emerge from a perception?" can only be answered if the body is conceived of as being capable of generating such a moment. The insights gained from Merleau-Ponty's work into the irreducible nature of perception reveal a complex function which intentionally and expectantly reaches toward things, takes them up and discerns the meaning and significance in them, then further elaborates and integrates these meanings, and is able, by habituation to both enhance and limit these meanings. In the language of Uhrenfeldt and Hall (2007) and Haggerty and

Grace (2008), intention to act builds tacit practical knowledge. Add to this the deep connections that people establish with perceptually based cultural objects such as art works and it suggests that once again, when the soul or spirit is engaged with perception, a wisdom moment is not only possible but likely. If the body is the mediator of these moments then psychomotor learning is about more than the development of motor skills and patterns of behaviour. It is also about opening or closing access to deeper levels of engagement, and ultimately to wisdom expansion or development. For this reason, psychomotor learning should perhaps be focused on more assiduously in integrated learning since it is the gateway to interpersonal learning.

From Merleau-Ponty's observations and theoretical conclusions about the simultaneous nature of past, present and future, and his redefinition of history, the conclusion can be drawn that as an emergent event in which the past is reshaped in the present, wisdom moments are unable to be repeated, but rather leave a trace which can be recaptured in a new present situation and used as a starting point. The effort expended in the clinical world in attempting to pin practice down with prescriptions drawn from retrospective evidence gathering might be better expended in breaking it up to make something new come about in the present (Merleau-Ponty, 1945/2002). Just as new graduates do not want to define themselves retrospectively but prospectively (Dharamsi, 2006), so integrated learning should be about reshaping past learning, thoughts, emotions and attitudes in the lived present. As Merleau-Ponty (1970) has suggested time, knowledge, history are all provisional, all a questioning of what is rather than a settling for what was. The concept of reciprocal reshaping of each other's pasts in relational encounters is further enhanced by the consideration of the role of engaged empathy and the deep communication between people at the level of the soul or spirit. Emotional intelligence may enhance social skills, but it is emotional competence which appears to enhance the ability to actively regulate one's own emotions (Kingston, 2008) and thereby participate more fully in those of others. Merleau-Ponty (1960/1964c) identified childlike syncretic sociability and strong emotions as mediators of the more genuine admixing of self and other, and from this and the descriptions of emotional competence, the idea of engaged empathy at a more reciprocal interpersonal level emerged. Adding to this the insights around phronesis and the role of the soul in moral decision-making, the overall conclusion

is that engaged empathy and a form of syncretic sociability are at the heart of the reciprocal relationships in which clinical wisdom is evident. The personal cost of these relationships can be significant - as Merleau-Ponty points out, there can never be complete connection either with self or the other, but the desire for this is part of our shared existence.

From this one can conclude that including spiritual and moral dimensions and the exploration of the attributes and practices of wise practitioners into integrated learning would expand student conceptions of clinical wisdom and increase the likelihood of engaged empathy and of wisdom moments appearing. Supporting this learning there would be the underlying premises that human beings are not programmed to automatically seek the goodwill of others, that 'being' rather than doing is at the centre of wisdom (Leathard & Cook, 2009; Egnew, 2009), that the results of all encounters are unpredictable, and that doubt and opacity serve the critical purpose of encouraging open-mindedness and humility. Some of the topics for further exploration around this type of learning which these conclusions suggest are: the power relationships and primary responses around psychomotor skills; implicit understandings of history, blunted worldviews and familiarities which create barriers to openness; the role of negative self-affect and emotional competence in syncretic sociability (Merleau-Ponty, 1960/1964c) relational attunement (Haggerty & Grace, 2008), conceptual expansion (Akerlind, 2008) and attentive presence (Leathard & Cook, 2009); how to deal with primordial physical and medical model reactions to patients which inhibit engaged empathy, and how to engage emotionally without exhaustion; using negative affect, doubt, tension and imperfection to generate meta-cognition and conceptual expansion in psychomotor learning; language and dialogue as keys to negotiated and hidden meanings; accessing spiritual morality that is not religious; partnering with others in the lived present of imperfect reciprocity and language outstripped by meaning; creating productive disequilibrium, exploring and sustaining the minority voice; and the art of enjoying ambiguity, transience, inaction, emergent but frequently unseen order, and unique moments which cannot be adequately captured and never repeated. There is enough in these examples alone to foster much further study.

The conclusions which can be drawn from the socio-political realm of human interaction and from Merleau-Ponty's involvement in this in particular, are that socio-political involvement provides a context in which the attractor characteristics of wisdom are more likely to develop, and clinical wisdom therefore more likely to appear. This seems to be mainly because it is almost impossible to engage in this realm without having to make moral and ethical judgements, and because to withdraw from this sphere of life is in itself a moral and spiritual decision. The lifelong involvement which Merleau-Ponty sustained reflected his desire for authentic practice and to understand the times he lived through. Lefort (1968), Edie (1964) and Sartre (1966/1998) agree that Merleau-Ponty maintained a level of prudence and humility for which he was both respected and admired. He also maintained his passion for his calling and a desire that all people should be given the opportunity to question, to debate the circumstances of their lives and have access to various meanings for these. In this sense he was a genuine educator and philosopher, and his works still speak unfalteringly of this. From the perspective of clinical wisdom, these attributes are all valuable, especially in an environment which constantly threatens to impose economic constraints on practice. Merleau-Ponty's insights into the power of knowledge, the need to stand up for the short term unpleasant option, and the double edges of the sword of freedom are especially relevant today, and rather destroy the image of the quiet and innocuous sage. The wise clinical practitioner may have no choice but to be involved in the political as well as the social, if only to practice what is preached, engage and re-energise at the heart level (Egnew, 2009), and live by "a person-oriented ethic of care and a principle-oriented ethic of justice" (Goodman, 2001, p. 130).

The educational implications of this study are that a different approach to the development of clinical wisdom (and possibly other sorts) may be needed. If one takes Akerlind's (2008) conceptual expansion as an underpinning theory and broadens it to include the personal, interpersonal and social elements of being and functioning as "concepts" to be learned and integrated, then the cognitive, psychomotor, affective, social, moral, spiritual and ethical components of clinical wisdom are no longer separate skills, attitudes etc. to be acquired, but are already existing elements of clinical wisdom with more or less integrated and sophisticated variants. These variants together make a whole person inventory of

incomplete understandings, dispositions, skills, attitudes and beliefs, much like a DNA profile which has both unique and common sections and yet is part of DNA as a whole. The themes extracted from Merleau-Ponty's work assert the importance of the overlooked and predominantly unexamined contribution that the implicit knowledge (Dahlin, 2007) of the body makes to this profile, the contingency of the inescapable soul-body-in-the-world as the vehicle for this learning, and the role of empathetic engagement at the personal, social and political level. The relationship between these themes and clinical wisdom can be exemplified along a continuum of experience, since this is inevitably the ongoing learning context in which clinical wisdom develops.

The theme of embodied perception relates most strongly to the less explored contribution of implicit psychomotor skills and attitudes, and the constant ambiguity and incompleteness which both dictate bodily life and provide the potential for change and growth. A student demonstrating conceptual expansion in this area would have a heightened sense of awareness of both his own natural attitude adopted toward learning situations, and a growing ability to discern physical, cognitive and emotional impediments to his engagement in the learning, including habituated patterns of action and response. The importance of helping students to understand and respond to the constructive and destructive nature of doubt would also be critical. This could be fostered by intermittent and progressive challenges, not necessarily in defined clinical areas, but involving the need to use the body in unfamiliar ways, generating affective and cognitive discord. Linking the structural and the referential, the whole and the parts, could possibly be achieved using perceptual challenges which have strong referential components. For example, a first year student may gradually identify the influence of previous employment or laboratory work or domestic activities on the way they pick and hold an instrument and the ideas and feelings this generates. A graduate student on the other hand may be learning to differentiate the subtle body language and emotional clues which patients demonstrate when she uses that same instrument. The expert practitioner responds to these clues before the instrument is even picked up.

The second theme of the reconstitution of the past in the present and the reshaping of collective history in reciprocity and dialogue in particular has

powerful pedagogical implications. Primarily it means that collaborative learning is not only about individuals learning together or constructing new knowledge, but actually reconstructing themselves, their language and their history, particularly through the negotiation of concepts and the growth of intuitive capacity. Since we draw on the past for reflective practice, how that past is viewed is critical. While individual reflection is a significant component of clinical practice, collective reflection is infrequently used except in evaluating team work. In clinical education collaboration is usually content focused, as in the use of narrative pedagogy with nursing students (Ironside, 2006), but clinical wisdom development could be enhanced if students were expected to also collaboratively reflect on the meaning and value of attitudes and skills they are taught. First year students could be encouraged to generate group reflections to identify and express these meanings and values in language which is negotiated by the group and includes previous understandings (Ironside, 2006). Videos of clinical situations, case studies or personal stories could be used to stimulate this. Final year students could be sharing their individual reflections on clinical practice in small groups to identify and discuss underlying assumptions and meanings behind their actions and attitudes. Wise practitioners demonstrate this in their attitude towards clinical encounters as mutual learning, and their view of themselves as facilitators of reconstituted history.

The third theme of irreducible being-in-the-world, interpersonal relations and the soul as the foundation for self and other understanding highlights the need to more cohesively incorporate interpersonal skills and spiritual and moral development in clinical education. Interpersonal skills are frequently taught as a separate subject in early clinical learning, and morals and ethics left to specialist teachers or block courses. Perhaps the most obvious way to change this is to use the resources available in a more holistic way. Expert wise practitioners who are also clinical educators could participate in panel discussions of appropriate clinical dilemmas with students as a participating audience. Interdisciplinary panels would be especially helpful for more advanced students. Open forums across years on ethical and moral issues could provide opportunities for peer teaching. To help students address barriers to authenticity and humility, peer observation of interpersonal skills and formative assessment of these could be helpful. Ongoing mentoring could be managed logistically by instituting peer mentor relationships

between second and final year students and making interpersonal skill assessment a learning outcome for both students. Second year students would be working on recognizing, discussing and attempting to address interpersonal barriers in their relationships with patients, while the final year student would be attempting to build an engaged empathetic relationship with the novice which would deepen his understanding of the struggles and needs of others. The graduate would recognize situations of interpersonal conflict or disequilibrium and consciously enact other-focused engagement, while the expert wise practitioner would demonstrate engaged empathy and soul expansion in his ability to connect with a wide range of others in the work environment, making each feel valued and cared for, and more likely to treat others in the same way.

The fourth theme of socio-political engagement and wise engagement as modelled by Merleau-Ponty is particularly relevant to clinical education for the public health sector. While there is no necessity for a clinical practitioner to engage with the social and political debate which surrounds the provision of health care services, clinical wisdom, like philosophical wisdom, is based in the soul of the person who feels a public responsibility to her fellow citizens and a moral and ethical obligation to contribute to the improvement of the lives of others. For clinical students, raising awareness of the ways in which health care systems objectify and devalue individuals and communities through involvement in such communities on an ongoing basis is probably the most powerful teaching tool available. Health promotion initiatives are already used in many clinical programs, but what is often not attached to them is simultaneous learning around the political and social systems which perpetuate the issues, and opportunities for students to participate in addressing these. General education or first semester papers provide this in some places, but it would be helpful to see specific parallel political, social and philosophical content and discussion included in clinical teaching. Interdisciplinary differences in attitudes and practices could be dealt with in a similar way. Regularly exposing students to a range of politically or socially active professionals in the field who demonstrate the balance between self-disclosure and prudence and who can articulate strongly held beliefs with humility could generate fruitful interdisciplinary discussions and activities. For students, clinical wisdom begins with the discomfort of having other beliefs and attitudes conflict with their own. Providing safe and respectful discussion

opportunities to explore these could help students move from entrenched positions to being able to discuss and consider different options. As students are drawn into the lives of the people represented by these issues through their community ventures, they will hopefully move from indifference to involvement and an expanded moral understanding. The graduate student would demonstrate the fulfilment of this aspect of clinical wisdom in partnership relationships with patients which are characterised by power-sharing, mutual respect and synergistic outcomes. The expert wise clinician is able to sustain long-term participation in diverse, frequently contentious and often disappointing political and social change without compromising either her personal integrity or the authentic and humble nature of her personal relationships with individuals.

The pedagogy one would envisage from a conceptual expansion framework with these themes intertwined throughout would be characterised by exploration of the existing variations of each component of clinical wisdom in settings which allowed their comparison, preferably simultaneously to provide both contrasting components and contrasting variants within components. Shared clinical cases across disciplines, year groups and in mentoring situations such as those mentioned above would be one example of such opportunities. The development of clinical wisdom could bring together students from disciplines with strengths in different components; for example, psychology students often have strong affective and interpersonal skills, while oral health students have strong fine motor skills. Team teaching and peer assessment across disciplines would provide additional opportunities for examining variations separately while intra-disciplinary collaborative work would present opportunities for synthesis of variations. Teaching should also include less experienced students observing or assisting more advanced students at work on a regular basis. Evaluation of each other's work could serve as a learning opportunity for both, especially in helping the novice student identify implicit variations and in helping the more advanced student identify potential variations. More advanced students may peer teach and provide feedback on each other's practical and interpersonal skills and reflections. Through assisting and observing experts, students might identify and discuss their own assumptions about the nature of clinical work. The graduate from a program which focuses on developing clinical wisdom would above all demonstrate the ability to critically evaluate her manner of being and practice, transforming them

through holistic conceptual expansion and engaged empathy, being both an attractant and a vehicle for “wisdom moments”.

There is much more that could be said, and there remains much to explore further, but it seems appropriate to end this thesis with words which Merleau-Ponty himself chose to use; this is a quote from Weber (1919, as cited in Merleau-Ponty, 1955/1964f, pp. 209-210)), whose work inspired and directed Merleau-Ponty :

> ...what is disturbing is that a mature man, regardless of whether he is young or old, who feels actually responsible with his whole soul for consequences and who practises the ethics of responsibility, can come to the point of saying: *here I stand; I cannot do otherwise.* There is something here which is humanely pure and which grips you. But each of us who is not internally dead ought to find ourselves in that situation.

Maurice Merleau-Ponty almost certainly did find himself in that situation, and a moment of clinical wisdom would contain nothing less.

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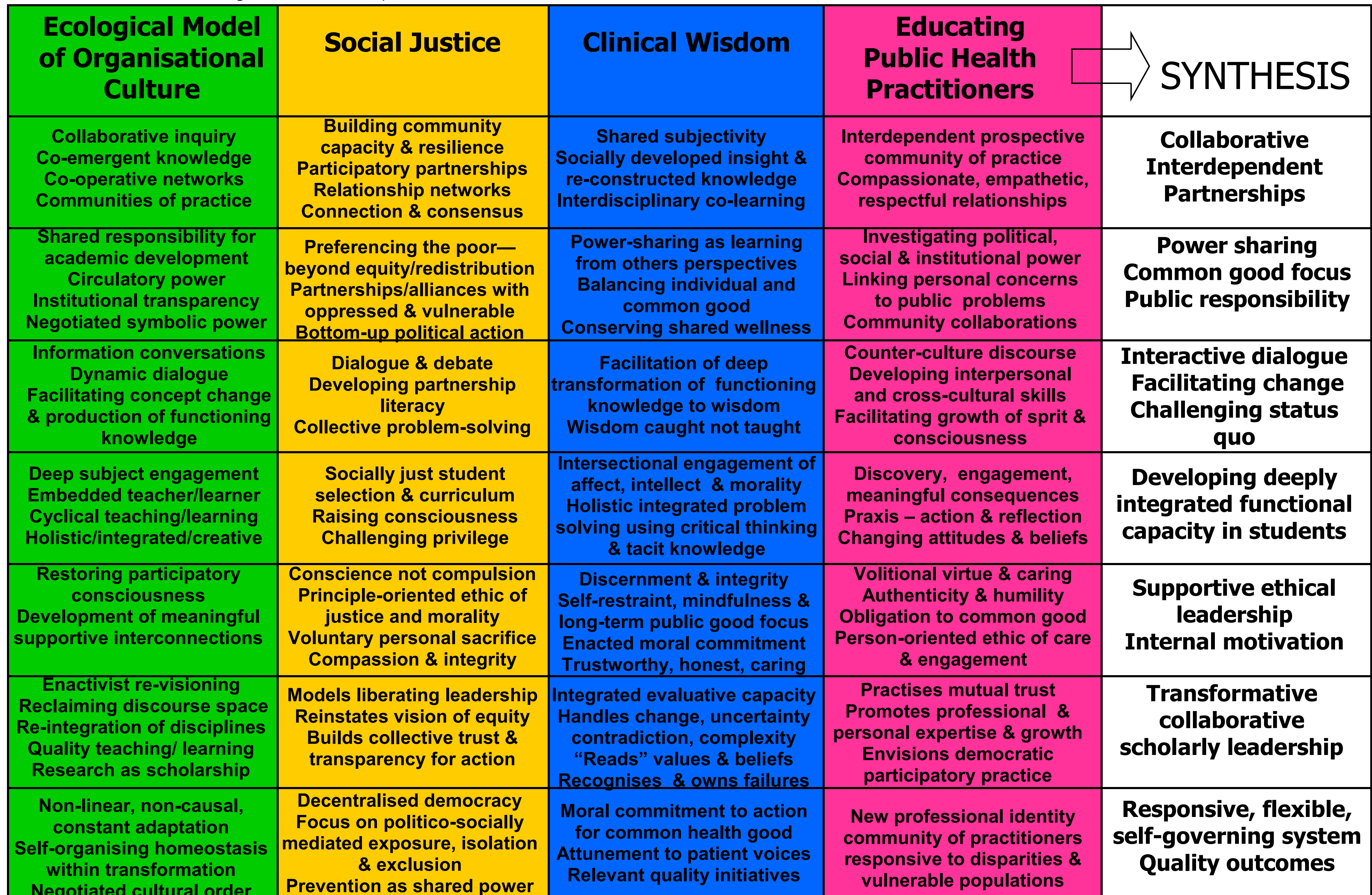
Appendix A



Synthesis of Four Discourses in Public Health Education at AUT

Ecological Model of Organisational Culture	Social Justice	Clinical Wisdom	Educating Public Health Practitioners	SYNTHESIS
Collaborative inquiry Co-emergent knowledge Co-operative networks Communities of practice	Building community capacity & resilience Participatory partnerships Relationship networks Connection & consensus	Shared subjectivity Socially developed insight & re-constructed knowledge Interdisciplinary co-learning	Interdependent prospective community of practice Compassionate, empathetic, respectful relationships	Collaborative Interdependent Partnerships
Shared responsibility for academic development Circulatory power Institutional transparency Negotiated symbolic power	Preferencing the poor—beyond equity/redistribution Partnerships/alliances with oppressed & vulnerable Bottom-up political action	Power-sharing as learning from others perspectives Balancing individual and common good Conserving shared wellness	Investigating political, social & institutional power Linking personal concerns to public problems Community collaborations	Power sharing Common good focus Public responsibility
Information conversations Dynamic dialogue Facilitating concept change & production of functioning knowledge	Dialogue & debate Developing partnership literacy Collective problem-solving	Facilitation of deep transformation of functioning knowledge to wisdom Wisdom caught not taught	Counter-culture discourse Developing interpersonal and cross-cultural skills Facilitating growth of sprit & consciousness	Interactive dialogue Facilitating change Challenging status quo
Deep subject engagement Embedded teacher/learner Cyclical teaching/learning Holistic/integrated/creative	Socially just student selection & curriculum Raising consciousness Challenging privilege	Intersectional engagement of affect, intellect & morality Holistic integrated problem solving using critical thinking & tacit knowledge	Discovery, engagement, meaningful consequences Praxis – action & reflection Changing attitudes & beliefs	Developing deeply integrated functional capacity in students
Restoring participatory consciousness Development of meaningful supportive interconnections	Conscience not compulsion Principle-oriented ethic of justice and morality Voluntary personal sacrifice Compassion & integrity	Discernment & integrity Self-restraint, mindfulness & long-term public good focus Enacted moral commitment Trustworthy, honest, caring	Volitional virtue & caring Authenticity & humility Obligation to common good Person-oriented ethic of care & engagement	Supportive ethical leadership Internal motivation
Enactivist re-visioning Reclaiming discourse space Re-integration of disciplines Quality teaching/ learning Research as scholarship	Models liberating leadership Reinstates vision of equity Builds collective trust & transparency for action	Integrated evaluative capacity Handles change, uncertainty contradiction, complexity "Reads" values & beliefs Recognises & owns failures	Practises mutual trust Promotes professional & personal expertise & growth Envisions democratic participatory practice	Transformative collaborative scholarly leadership
Non-linear, non-causal, constant adaptation Self-organising homeostasis within transformation Negotiated cultural order	Decentralised democracy Focus on politico-socially mediated exposure, isolation & exclusion Prevention as shared power	Moral commitment to action for common health good Attunement to patient voices Relevant quality initiatives	New professional identity community of practitioners responsive to disparities & vulnerable populations	Responsive, flexible, self-governing system Quality outcomes

Barnes, 2002; Baum, 2008; Beattie, 2002; Dharamsi, 2006; Frielick, 2004; Goodman, 2001; Haggerty & Grace, 2008; Hallett, 2003; Hopkins, 2007; Lovas, 2008; McKenna, Rooney & Boal, 2009; Porter, 2007; Sharples, 2007; Uhrenfeldt & Hall, 2007; Welie & Rule, 2006; Winslow, 2006; Zarkowski, 2006.

Appendix B

Wise Clinical Leadership for Social Justice - The HAVE Holistic Model

Self– Aware Quadrants

Others-Aware Quadrants

Key Questions:
HOW can I learn from you? HOW can I help you learn?

Humility

Power Sharing

Telling the truth about YOU

Attributes:
- Is other-centred, self-restraining
- Is teachable & grateful
- Is open to change

The Puppet
Mahmoud Abbas

Key Questions:
WHO do I profess to be? WHO keeps me true to myself?

Authenticity

Reality Sharing

Telling the truth about ME

Attributes:
- Lives beliefs and values
- Is approachable but not corruptible
- Is honest & trustworthy

The Dreamer
John Lennon

The Wise Leader

THE TYRANT
Nero

Key Questions:
WHY do we want to change? WHY does what we do matter?

Vision

Value Sharing

Telling the truth about THEM

Attributes:
- Has big picture focus
- Shares subjectivity
- Practices ethical discernment and genuine caring

The Dictator
Fidel Castro

Key Questions:
WHAT does this mean for us? WHAT should we do?

Engagement

Critical Concept Sharing

Telling the truth about US

Attributes:
- Dialogues and communicates
- Welcomes criticism
- Participates in collaboration for understanding

Affective Quadrants Cognitive/Psychomotor Quadrants