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Reflection

Look, think and act cycles in participatory action research

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Abstract In this paper, four researchers describe reflection as a component of a participatory action research cycle. We draw on our experiences and learning while undertaking three research inquiries. In the first inquiry we listen and respond to the voices of Australian Aboriginal people who live with diabetes and we share an alternate story, where fear is turned into courage, as told by these Elders. The second inquiry involves email communications with women and men who live with a chronic illness and gives a facilitator's reflections. And the third study is a capacity building process with women who have experienced child sexual abuse. These women have used/misused alcohol, licit/illicit substances, or gambling, which has contributed to their homelessness. Confronted by many of life's obstacles, we gain a glimmer of hope as women describe the way in which they use the participatory process to make sense of their lives.

It is argued that reflection occupies a central place in participatory action research cycles of 'look, think and act'. 'Look, think and act' processes are appealing precisely because they are meaningful to research participants in their everyday lives. When these processes are internalised as *modus operandi*, they can be sustained throughout one's life as a strategy for building capacity or 'moving on'. 'Moving on' or transition is the theoretical focus that holds these inquiries together.

Keywords participatory action research, reflection, Australian Aboriginal Elders, chronic illness, homeless women, transition.

The aim of this paper is to describe reflection as a component of a participatory action research cycle. We will draw on our experiences and learning while undertaking three research inquiries. In the first inquiry we listen and respond to the voices of Australian Aboriginal people who live with diabetes. The second inquiry involves email communications with women and men who live with a chronic illness. And the third is a capacity-building process with women who have experienced child sexual abuse. These women have used/misused alcohol, licit/illicit substances or gambling, which has contributed to their homelessness.

The working principles of Participatory Action Research (PAR) guiding these inquiries included relationships, communication and inclusive participation (Stringer and Genat, 2004). These principles are based on the assumption that people are self-determining authors of their own actions, who can and do learn to reflect on their world and their experiences within it. Everyone involved in the research projects contributed to the collaborative thinking, decision-making and idea-generating that occurred, which was underpinned by notions of reciprocity and respect for each person and their self-agency.

The three inquiries have in common Stringer's (1999) application of participatory action research cycles: look, think and act. Looking means gathering information, defining and describing the situation. Thinking refers to exploring, analysing, interpreting and explaining. Thinking is stimulated as participants ask: 'What is happening here?' and 'Why are things as they are?' Finally, in the action component, participants are asked what is important to them in their daily lives and to consider ways that they may be able to act to make changes in their lives.

PAR shapes our research programme

Our chronic illness research programme has been in progress since 1996 and has been shaped by a collaborative research approach and guided by primary healthcare principles: social justice, equity, health promotion and researching with clients and community. Each inquiry starts with participants' storied accounts. As people narrate their stories and hear the responses from others, they start to hear their life anew (Frank, 1995; Koch, 1998; Holstein and Gubrium, 2000; Aranda, 2001, Brody, 2003). When possible, participants are co-researchers, and we collaboratively decide on action and what can be done to 'make' or shape the future.

Outside the field of chronic illness experience we have applied our

theoretical understanding of transition in a capacity building programme with homeless women who have been sexually abused during childhood. Storytelling and reclaiming self-identity is part of that work (Kleinman, 1988; Gergen, 1991; Kelly and Field, 1996; Nettleton and Watson, 1998; Brody, 2003).

Look, think and act: researching with Australian Aboriginal Elders

'Diabetes is killing our community'. These were the words that brought the project manager, the research team and Aboriginal Elders together in this study. The Port Lincoln Community on the Eyre Peninsula in South Australia has registered about 600 Indigenous Australian people, of whom 200 are reputedly diagnosed with diabetes. The diabetes death rate is 204% higher for Aboriginal people on the Eyre Peninsula in comparison with Aboriginal populations in South Australia overall (Nguyen et al., 1996). Despite the persistent and disproportionate burden of Aboriginal ill-health caused by diabetes, the usual medical management approaches have not yielded the necessary improvements for Aboriginal people. Recent reviews have called for more locally responsive participatory programmes that empower Aboriginal people in the improvement of diabetes management (KPMG Management Consulting, 1997; Diabetes Australia, 1998; Kimberley Aboriginal Medical Services Council WA, 1998). This project was funded by National Health and Medical Research Council and the proposal made its journey through several ethics committees and a Port Lincoln Aboriginal Governance Committee. Approval was granted.

The management of diabetes often involves education for the diagnosed person and is underpinned by self-monitoring of metabolic control. Non-adherence with the suggested therapeutic regime is often cited as the most important problem in diabetes management. Rather than follow the medical management route, and leaving behind the controlling language of compliance and non-adherence, we believed that greater involvement of Aboriginal families in diabetes management programmes that deal with issues of concern to them would lead to improved health outcomes. As researchers we argued that a more appropriate therapeutic action could be developed collaboratively by Aboriginal families, their health workers and other diabetes educators and clinicians. The value of using empowering approaches to diabetes management has been substantiated by previous research with non-Aboriginal people with Type 2 Diabetes (Koch et al., 1999; Koch et al., 2000; Kralik et al., 2000). Empowerment in these instances was achieved by skilfully facilitating people towards an exploration of their circumstances, the contexts of their lives as well as their experiences with diabetes.

The aim of this 12-month inquiry was two-fold — to use participatory action research (PAR) to improve diabetes self-management with Aboriginal families as well as develop the skills of Aboriginal Health Workers in PAR. The Elders who participated in the project were all residents of Port Lincoln. All belonged to the Council of Aboriginal Elders of South Australia Port Lincoln Forum Incorporated.

Looking

Facilitated by Mann, participants were encouraged to talk about their experiences of living with diabetes in response to the questions: How has diabetes affected your lifestyle? Can you give an example of an incident or episode that really changed your life? How do you feel about what is happening to you? What sorts of things (people or services) help you to manage successfully? Thereafter, the 12 participating Elders set the agenda for discussion. Ten sessions or 40 contact hours provided the opportunity to build trust. People were able to give storied accounts of their experiences. Passing on information and educating others through storytelling is well understood within Aboriginal communities. One important realisation that emerged from this project is that storytelling is a powerful way to make positive changes in people's lives.

Thinking

The group identified four themes that impact on the successful self-management of Type 2 Diabetes. These themes were: nutrition, better understanding diabetes, the education of young people and providing support for family and wider community members. Wrapped around these themes was the need to create a supportive environment where learning can occur. Such learning has the potential to encourage strong and meaningful community action. While understanding of diabetes varied greatly with the group it was primarily seen as an illness over which individuals had little control. Initially diabetes was seen as debilitating and stopped people doing the activities they wanted to do.

As the group continued to share their experiences, however, the link between nutrition, exercise and medication became more apparent to everyone. One member of the group found a way to live meaningfully by adjusting her lifestyle and becoming involved on committees. The Elders sharing their knowledge in this way resulted in their ability to recognise that their general feeling of overall wellness could be enhanced with greater understanding of the links between their diet, their physical activity and their medication. The Elders also demonstrated generosity and commitment to education of the young people by their willingness to share their time and experiences, especially their experience with alcohol. While they understood that drinking alcohol often had a detrimental effect to their suc-

successful management of diabetes, they understood that young people had a great need to belong and that alcohol was one way of feeling included in a group.

Acting

The Elders developed a culture within the group that reflected a safe learning environment for all involved. This supportive environment enabled the participants in the group to discuss their fears of either being diagnosed themselves, or having one of their family diagnosed, with diabetes. Initially, they were anxious about what such a diagnosis would mean for themselves and/or their family members. This was expressed in a dominant story of fear where fear was the controlling factor in their experience of living with diabetes. As fear increased, participants talked about withdrawing from family and friends. Some of the participants blamed God or family.

During the discussions with the group, participants described what it was like to be living a dominant story of anxiety and fear regarding living with Type 2 Diabetes. This included a fear of doctors, which could lead to anxiety attacks, high blood pressure and increased stress. Living life in this way found the participants trapped within a way of life that resulted in negativity, depression and failure to take responsibility for their own health. Fear became the way the group initially described their experiences under the identified themes of nutrition, understanding, education of young people and support for family and community. Fear therefore became an obstacle to management.

Fear hampered the management of diabetes because of the group's lack of understanding regarding the 'chronic nature' of diabetes. Even when there are many resources available in terms of pamphlets and brochures, participants identified a lack of awareness and education regarding the symptoms of Type 2 Diabetes. Anxiety and fear prevented them either understanding information or seeking education regarding diabetes. Their fear of medical doctors hampered any thought or desire to gain information or education. As a result they did not know what diabetes was, they did not understand the link between family history and diabetes and they did not understand the impact of physical activity on sugar levels. Believing they would 'get over it' they did not attempt to engage in any form of physical activity. Anxiety was increased when available information was conflicting or confusing regarding management of diabetes and the impact of diabetes on lifestyle. Such confusion made keeping up with current knowledge regarding diabetes difficult.

However, in the discussion that followed, the Elders recognised that they had tackled fear and the way in which they had done this became the topic of conversation. The Elders discussed ways that they could learn

from each other and how their experience could benefit other members of the community. 'Acting' in this context is taking community action.

From fear to courage: creating an alternate community story

As the group progressed and people expressed their fears about diabetes and recognised how fear had dominated and interfered with their management of diabetes, there began to emerge a story of courage that was full of life, creativity, resilience and strength. It is this story of courage that demonstrated how people lived their life in a meaningful way.

Courage was recognised in both the person diagnosed with diabetes, and the people caring for or living with a person with diabetes. For the person diagnosed with diabetes, courage was evident by their ability to name fear and accept the diagnosis. This ability was aided through prayer, and the support of family and friends. The Elders agreed that only when you took responsibility for your own health could you move forward.

Confidence was increased through the understanding that they were 'not alone' in their experience. Elders recognised and acknowledged their own strengths and felt an enhanced ability to take control of their lives.

They gained in their knowledge and understanding of the impact of diabetes on their lives by the knowledge generated in their group. As their understanding increased, Elders gained a greater control and understanding of their choices regarding their health. Their knowledge was affirmed, valued and respected.

Significantly, this group worked towards an Elders Story Day and the production of a booklet telling the stories of their experiences. This outcome was designed to give voice to their experiences in a public forum. This day represented the culmination of their learning and involvement in this project. The booklet, *Look, Think, Act: Indigenous Stories about Living with Diabetes* outlined the events as they took place during 2003. The booklet focuses on the voices of the Elders as they talk about their life experiences with a particular focus on their management of Type 2 Diabetes. They shared their personal experiences of either having diabetes or caring for a partner and/or family member with diabetes or wanting to support friends with diabetes. They also discuss their hopes for the future, their hopes for the young and their plans for rescuing their community from the onslaught of diabetes. Further the group commenced road shows around the Port Lincoln Community. They found that talking about their experience was liberating and they believed this health promotion work was central to their community's development.

Email conversations with men and women who have chronic illness

Kralik has been the facilitator of a longitudinal study that has generated data via an online collaborative inquiry group. In this section she shares some of her reflections whilst researching

Longitudinal research with men and women learning to live with chronic illness is in progress where the aim is to explicate transition, that is, the way in which people can 'move on' and incorporate the consequences of illness into their lives (Kralik, 2002). Conversations between men and women (in separate gender groups) have taken place daily since July 2003 (and will conclude early 2005) using a facilitated, private electronic mail (email) discussion list (Kralik et al., in press).

The decision to utilise email as a method for generating longitudinal research data developed from our understanding of the consequences of illness that people living with chronic conditions confront in their lives. Fatigue, pain, social withdrawal and decreased mobility pose challenges to these people that may limit their involvement in research that utilised data generation via group or one-to-one interviews. Engaging in daily email communications has created building blocks of text that reveal rich life stories which, when analysed, will further explicate the experience of incorporating a long-term illness into daily life.

The Internet or World Wide Web (WWW) enables people with suitably connected computers to communicate with each other. We recognised the potential of using email over the Internet to enable discussion between research participants (Kralik et al., in press). It has also been a useful approach for both data generation and data management because we have been able to read, reply, print, forward or file extended messages that have been electronically transmitted (Mann and Stewart, 2000). The use of email has enabled data generation and analysis to occur concurrently, and has provided the means for us to research alongside people living with chronic illness to describe the process of transition through illness (Kralik, 2002). We have developed a website that includes more detailed information about the background to the research (http://www.unisa.edu.au/nur/arc_project/).

A learning circle

The group communication processes have developed into a 'learning circle' which has fed into the cycle of action learning operationalised as 'look, think and act'. Learning circles are virtual communities that have no fixed locations or time zones and have been effective and practical method of learning and social change (Hiebert, 1996). Community

organisations, trade unions, churches and social justice groups have used learning circles to empower their members to make choices and take action. The distinctions between a learning circle and a discussion group are that learning circles are more focused than a discussion group, they are based on common resources and intended to have action outcomes.

Storytelling is privileged to a great extent in this type of online community discussion. The story told online, however, is only part of the story. A storyline continues to evolve in the life of the participant as a direct result of reflecting on either the sent or received information. The virtual and real life situations become inseparable.

A learning circle involves groups of people who discuss issues of importance to them and society. They learn at their own pace, reflecting on their own experiences and understandings, without a lecturer or an expert 'running the show'. A researcher facilitates the group conversations by asking questions, prompting reflection and providing alternate ways of thinking. Participants set the agenda for discussion by identifying the issues that are important to them. Learning how to live with long-term illness is not just preparation for life, it is a way of life for group members. Exchanging ideas and experiences enhances learning because it is inherently a social process of constructing shared understandings. The facilitated groups provide structure and process to the learning circle for creating a shared way of understanding.

The 'action' has not always been as obvious due to constraints such as pain and mobility; however, the sense-making of experiences is privileged (sense-making is often the act). Clearly, when we make sense of our experiences through the reflection processes of looking and thinking, possibilities for action become ignited. Developing these online communities has been about creating a shared way of thinking about our world and ourselves.

Reflection in action

The cycles of reflection and action are integral to this collaborative inquiry. In this research, reflection has flowed naturally within the discussions. The use of email has provided the participants with the time to reflect and make sense of their experiences prior to communicating to the group and hence enabled rich data to emerge. Bray et al. (2000) described three forms of reflection: descriptive, evaluative and practical. Descriptive reflection relates to events and responses to the discussions experienced by the group. In this group, descriptive reflection has occurred continuously. Evaluative reflection critiques actions, thoughts and feelings, as related to the inquiry process. The group engaged in evaluative reflection when discussing their responses to each other, how they

felt about the inquiry process, and how they felt about being a part of the group. Practical reflection occurs when a summary of the communications is given as feedback to the group and in project team meetings when direction for continuation of the project has been made.

Storytelling has been central to the group discussions, particularly because communication by email has removed the dimension of body language, tone of voice and facial expression that face-to-face conversation provides. Bray et al. (2000) noted that storytelling is particularly valuable when working with diverse groups. The participants in the online groups range in age from between 25 to 68 years, have diverse medical diagnoses and reside in diverse geographical areas (urban, rural and remote). Storytelling has been effective as the starting point for the making of meaning in the experiences of the participants.

The aim of collaborative inquiry is to construct meaningful, practical knowledge from the experiences of the participants. The group process enables enriched insights into the experiences of others, from which the group engages in making meaning of these experiences. Collaborative, reflective discussions are helpful in generating deeper insights and understandings. This inquiry has generated data that have been transformed into knowledge by using reflections on the similarities and differences between participants' experiences.

Self-reflection as data

Self-reflection is a requirement of this PAR process but it can be difficult for researchers to make known their assumptions, presuppositions and choices. Disclosure often means sharing one's own experiences with the group. We research in the awareness that our history and the various communities to which we belong influence our interpretations. Keeping journals and analysing the way in which our horizon is operating is important whilst researching. During this longitudinal research, Kralik uses prompts to aid reflection:

- Do the words I use betray my attitudes to topics?
- What unintended outcomes do I bring about through my own facilitation style?
- Have I self-authorized the facilitation role that I have taken on?
- Is control in these conversations important and why?
- Do I confuse 'facilitation' with 'control'?
- How do I know that I am not projecting my own importance onto this group?
- Can I consciously replace control with trust?
- Can I be present and in connection with others?

- Can I be vulnerable and have a 'don't know' mind, and thereby be open to new learning?
- Can I invite ambiguity and uncertainty to enter the conversations?

Asking these questions during the research process will focus attention on interpretation and facilitate the researcher's own reflection. These questions continue to prompt thought on contexts and how they affect judgements and interpretations. The participants in the email groups have challenged us as researchers to reflect upon our definitions of both participation and facilitation. It has become evident that facilitation in a longitudinal project such as this is a challenging and skillful role. The groups have become self-aware through reflection without being driven, probed or 'controlled' by a researcher. However, we are conversing with the participants over a long period of time and constant self-reflection can be exhausting and/or boring, so lighter times are also needed. We have learned to trust the cyclic nature of using 'look, think and act' within the learning circle and, consequently, we have identified shifts in understandings that have occurred over time in communications on the same topic. Learning to live with chronic illness needs time, and we have learned to respect that need for time so that, through reflection, action may occur.

Capacity building with women who have experienced child sexual abuse and addiction

This two-year capacity building project, which commenced in August 2003, used the 'Look, Think, Act' model of Participatory Action Research (PAR) described by Stringer (1999) to work with women survivors of child sexual abuse (CSA). These experiences have led these women to misuse alcohol, or illicit drugs/substances, or gambling, which has directly contributed to their state of homelessness. Thirteen women connected to an inner-city supported accommodation service were voluntarily recruited into the project, thus their willing participation in a group that had the potential for personal growth was likely. However, the women stated that they were uncomfortable and felt unsafe in a large group. Therefore, two groups were formed to facilitate a climate that would promote trust, reciprocity and the opportunity for each woman to be heard. The groups were facilitated by the author, a nurse researcher, supported by a social worker from the partnering organisation. It was anticipated that unpacking an abused past could surface painful memories that would require counselling support from a trusted worker whom the women knew.

Interaction and data generation commenced with an in-depth one-to-one interview with each woman. She was provided with the space and

time to tell 'her story' of how the sexual abuse experience/s have impacted her life, and how and why she came to use/misuse alcohol/drugs/gambling. These individual stories were analysed and the plot lines of strength and resilience were presented as the starting point for PAR group work. Interviews and group meetings used a narrative approach that was audio-taped, transcribed, analysed and given back to the women after each fortnightly PAR group for validation, reflection and considered action. PAR groups continued fortnightly cycles for 16 months.

Feedback was presented using verbatim extracts grouped around thematic issues and written up using the 'Look, Think and Act' process to guide reflection. Exemplars from the fortnight's discussion were provided and questions were posited so each woman could systematically name her thoughts and feelings around the issues presented, thus making sense of her own situation and preferred options in relation to that issue, and reflect on which way she might like to move. If possible, she should decide what she could action to achieve her desired outcomes. Additionally, findings were summarised and provided to two reference groups of service providers ($n = 25$) for reflection on their organisational practice and possible actions to improve services, and build capacity and responsiveness to this client group. However this paper focuses on facilitating reflection in the two CSA survivors' groups.

Facilitating a trustworthy space for safe reflection

Many adult CSA survivors actively repress memories of the events, so they can live and function from day-to-day. They avoid discussion of their experiences because it involves disgusting, humiliating and embarrassing details that are painful to recall (Mazza et al., 2001). Their early betrayal and violation make them necessarily suspicious and protective. They have difficulty trusting people; therefore, facilitating group work requires provision of a respectful and safe space and facilitation that is honest, authentic and non-judgemental. The facilitator must demonstrate compassion and genuine empathy or the group will not develop the trust required for effective PAR group work.

Facilitating reflection in/on/for action from the 'Look-Think Two Step'

The process used to facilitate action was an amalgam of the work of Stringer (1999), Koch (1998) and Schön (1983) This was simplified for ease of use to 'looking' meaning giving a name to the issue, and 'thinking' involving clarification of the details of the issue. The women

recognised that the capacity to reflect more clearly was facilitated by guided group work, where they could safely externalise the problem by naming it, and giving it a voice in the group thus obtaining varying perspectives on the issue. What each woman took from the session, or what changes she instigated in her life, was up to her. There were often quite different interpretations for each person.

Looking

In essence the issue/problem/situation was discussed so that the woman could make sense of what was happening, increase her understanding and commence thinking about ways to reshape or re-story her situation. In the safety of the group, the story was unpacked for the woman's meaning first. This could be considered to be what Schön (1983) termed 'reflection-in-action', which takes place when the woman is engaged with her situation and looking and thinking about what is going on, which may produce the tacit knowledge she uses to take further action. The women had a great deal of tacit knowledge about people and survival. Their need to survive their traumatic past has led to highly attuned observation and non-verbal communication skills. Consequently, this group is very able to work out when a health professional is working for/with them as a whole person, or simply focused on their problems. Surfacing such tacit knowledge was very useful, because it reinforced the alternate story of survival, resistance, strength and agency, and that storyline became the framework for reshaping a new story.

Thinking

Reflection within the PAR process is a dynamic movement forward or backward. When a move fails to do what is intended and produces consequences considered to be undesirable, the woman is encouraged to think about why it did not work. Such sense-making conversations surface understandings that can be critiqued, reshaped and embodied, a process that Schön (1983: 50) terms 'reflection-on-action'.

The group provided a safe space for conversations that could be termed 'reflection-for-action' where women considered options, contemplated probable consequences and outcomes of various possible actions and prioritised their future actions. The outcome was often that the situation took on new meaning, and doing nothing was the chosen action. This was perceived to be an excellent outcome because the woman was choosing to create space to scope out the terrain of the problem before nominating her chosen action. This was an important alteration from past patterns of responding, which tended to be reactive responses to intense emotions such as fear, anger, guilt and shame.

It was Dewey (1933) who posited reflection as a process that enabled connections to be formed between various aspects of one's experience.

Group reflection facilitated emancipatory knowledge when the women recognised connections between their abuse experience recognising they were not alone in these experiences. Other women had similar thoughts, feelings and emotions that were the legacy of past abuse and this led to a common understanding that helped each woman to feel free to express herself within the group. Interpretative knowledge was facilitated by working together to reflect on their lives, constructing common meanings, making sense of experiences, exploring possible explanations for their current life positions and thinking through close and hopeful alternative ways of living in the future.

When the women received the previous week's feedback, they reflected on the problems discussed. The facilitator thematically clustered common aspects of problems and posed questions that might assist reflective thinking. The narrative conversations shed light on problematic situations that were troubling and uncertain, and enabled each participant to reshape her actions accordingly. The problem was first named, which could take some time because the women often became confused over the present situation and it took time and patience to establish linkages between current emotions, thoughts, feelings and situations and past experiences. Bearing in mind they had actively suppressed memories, their reflection skills were not a part of their repertoire of life-skills. Concurrent with naming the things to which they wished to attend was framing the context in which they would attend them (Schön, 1983: 40). The problem was set according to current observations and reflections of experiences. The group compared responses to the framed problem and the women were able to reflect-in-action, coming up with new ways to reframe the initial problem. The group process stimulated reflection, so the women could continue to reframe, experiment, transform knowledge schema and create new insights. With each fortnight a repertoire of life praxis grew and this built capacity to cope and choose new ways of responding to the intrusions of past sexual abuse on current living and being.

The potential of reflection toward action

The narrative process of group work helped women to find solidarity as they worked through their past experiences. There were clusters of common themes that were unpacked in conversation, so new ways of managing the intrusiveness of past trauma could be considered. Particularly intrusive were issues around self-image and self-worth, and emotional experiences such as anger, guilt, shame, fear, anxiety, etc. Horowitz (1976: 115) points out that the mind has a 'tendency to seek similarities and integrations'. Consequently, any current experience that provoked such emotional responses within the woman could send her back to former stress

responses that she may have chosen to obliterate by using alcohol, drugs, gambling, etc. Over the space of 12 months, many of the women could see these connections and understand where their responses came from.

In reflecting about past coping strategies, childhood fantasies and memories, we worked through their life stories, always foregrounding and privileging any alternate story of strength and resistance. The frequency of the meetings allowed the women to process the issues in manageable bits. They would choose what to action based on their reflections. At all times the woman maintained agency about her presence and conversations within the group. Sometimes a woman would absent herself for a time, because she felt the group was causing too many emotional intrusions in her life. Invariably she would use this time to reflect on the therapeutic worth of the group for her current situation. When she was ready, she would return. More than 75% of the group chose to return, and are continuing to meet on conclusion of data generation.

The women used their existing repertoire of life-skills and knowledge, reflecting on similarities and differences, to form new understandings and test new propositions within the group, probing their current situation from multiple perspectives. Identification of similarities in concepts was described by Schön (1983: 183) as developing a 'generative metaphor' that was highlighted in written feedback and became the basis for reflection and the next cycle. These metaphors were used to link ideas, so common ground became obvious, and a sense of solidarity emerged as women could see that they could learn from one another. When they saw that reflection-for-action could lead to significant proactive responses that provided their desired outcomes, they began to see the value in Looking, Thinking, Actioning and began to incorporate it as a life skill to solve problems. As with most skills, the more they practised, the better they became at it. Thus the PAR research process demonstrates that it provides emancipatory knowledge to participants, improving their life situations, which is the aim of all participatory action research.

Discussion

The inquiries discussed in this paper show the way in which 'look, 'think' and 'act' works. In the 'looking' phase, participants are brought together and given time to become acquainted with each other. Guidelines are developed in consultation with the group. These guidelines for group behaviour always allow each individual to have a voice. Attentive listening and confidentiality are stressed. In the early sessions, it is important to explore personal expectations and fears. Participants are often in tune with non-verbal behaviour and can assess genuineness of the facilitators and others in the group. Participants are invited to tell their own story.

In the 'thinking' phase of the group, disclosure may be a sign that trust has been created; however, it has been noted that trust usually takes several sessions. It took longer for vulnerable client groups, such as the survivors of child sexual abuse who had inherent difficulty in trusting strangers. There are some revealing characteristics to indicate that the group is effective even when early signs are of anxiety, defensiveness and resistance and a struggle for control. It is recognised that conflict is part of the group process and when this is unaddressed it results in defensive behaviour, hostility, indirectness and lack of trust. Effective conflict resolution is likely to result in group cohesion. The aim of ethical confrontation is to develop a genuinely more cohesive and open relationship and needs to be delivered sensitively. It is important to recognise that a person must be given an opportunity to reflect before responding to questions raised by others.

In the inquiry with homeless women, the back and forward movement within one's head of 'looking' and 'thinking' could quickly become the confusion that triggered panic attacks, anxiety and inability to sleep. The women had multiple health and social problems which could rapidly overwhelm them with fear, anger, guilt, shame, grief, sadness, hopelessness and anxiety. These emotions create confusion, and women speak of 'losing their mind' or 'going crazy' (Quas et al., 2003). Women respond to such painful experiences with reactions learned over years of disruption and abuse. As group discussion progressed, it became clear that reacting through taking drugs, alcohol and/or gambling was seen as an immediate response to pain and fear. The fear-driven responses of thinking and reacting (without reflecting) enabled them to survive and provided instant relief. Through expert facilitation, the women learned to purposefully reflect-on-action and reflect-for-action. It stopped them becoming locked in the dizzying confusion we termed the 'Look-Think Two Step'. Thus using Participatory Action Research has the potential to be risky if it is not carefully facilitated.

In the 'acting' phase of the group, there is usually a commitment of participants to explore issues and there is increased involvement shown by supportive interactions within the group. Greater responsibility for individual and group outcomes is accepted. Learning is noticeable by realistic expectations of group experience. Participants begin to understand that change is often slow and subtle. Participants decide what to do with what they have learned and think for themselves. Often the group's closure includes consolidation of learning and reviewing of experience. When participants are asked what they believe is the most important outcome of the group, support and recognition they receive from others are given as the most significant occurrences. The group sustainability after participatory action research groups cease to meet is enhanced when closure is handled sensitively. Often the group continues to meet or converse once the facilitator has 'left the field'.

Conclusion

Reflection occupies a central place in cycles of 'look, think and act'. Writing, reflecting, analysing, providing feedback to participants and rewriting are particular facilitator skills. Keeping a researcher/facilitator's journal and its critical analysis are vital aspects of participatory action research practice. Facilitators are encouraged to monitor the research process, show the way in which their interpretative horizon is operating and show transparency about the collaborative construction of the findings. We will argue that look, think and act cycles are appealing precisely because they can be interpreted by research participants in their everyday lives. We have alluded to the risks and the need for expert facilitation when an inquiry takes an uncharted water course. However, the appeal of this process is attributed to its simplicity. When the process is internalised as a *modus operandi*, it can be sustained throughout one's life as a strategy for building capacity or 'moving on'. 'Moving on', or transition, is the theoretical focus that holds these inquiries together.

Key points

- Participatory action research is recommended when working with participants towards capacity building and/or community development.
- It is proposed that 'look, think and act' is a useful way for conceptualising participatory action research.
- Look, think and act participatory action cycles are appealing precisely because they can be interpreted by research participants in their everyday lives.
- Reflection occupies a central place in participatory cycles of look, think and act.
- Writing, reflecting, analysing, providing feedback to participants and rewriting require expert facilitating skills.
- Keeping a researcher/facilitator's journal and its critical analysis are vital aspects of participatory action research practice.
- The appeal of this PAR process is attributed to its simplicity. When the process is internalised as a *modus operandi*, it can be sustained throughout one's life as a strategy for building capacity or 'moving on'.
- 'Moving on' or transition is the theoretical focus that holds these inquiries together.

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