



From Street Practice to Storytelling Performance

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Workshop Outline

- ▶ Introduction and background
- ▶ Performance - *'A Fresh Set of Notes'*
- ▶ Reflection on Jan's story using criteria for performance validity



- ▶ Begin to develop your own practice story using the Six Dialogical Movements

Our intention is to inspire you to become storytellers of homeless health practice.



....a spontaneous story of practice

My first visit to the night shelter ...

A study of transformation in practice over a three year period

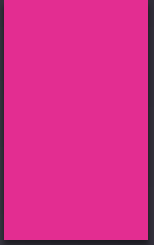
24 stories collected into 1 reflexive narrative

'Being and Becoming a Specialist Homelessness Nurse'

(Fordham, 2012)

Why tell a story?

- ▶ Story generates knowledge (Jarrett, 2009)
- ▶ Narrative is able to weave together complex events in a single story (Polkinghorne, 1998)
- ▶ The voices of homeless people are heard alongside your OWN (Fordham, 2012)
- ▶ Stories are tools of enlightenment in homeless health care (Fordham, 2012)



Storytelling is always transgressive... without
transgression there is no art, no risk...

There is nothing more shocking or more dangerous or
more upsetting to individuals and nations than truth.

Transgression can simply reside in beautiful things...(or)
take readers to where they wouldn't willingly go
themselves.

(Okri, 1997 p64)

The Six Dialogical Movements (Johns 2009)

Dialogue, **a stream of meaning** flowing among us, through us
and between us. (Bohm, 1996, p6)

1. Dialogue with self
2. Dialogue with your story using a model of reflection
3. Dialogue with wider literature
4. Dialogue with others to deepen insights
5. Dialogue with your emerging narrative as a coherent whole
6. Dialogue to inform a wider audience

WORKING WITH TOM – JAN'S STORY

A FRESH SET OF NOTES



“The need to honour chaos stories is both moral and ethical. Until the chaos narrative is honoured, the world in all its possibilities is being denied.”

Frank (1995; p 109)

TRAUMA INFORMED CARE

“...people living with and suffering from the experience of past trauma need health care that is sensitive to their complex needs and makes them feel safe while they resolve their trauma”.

NHMRC, 2012; p34.

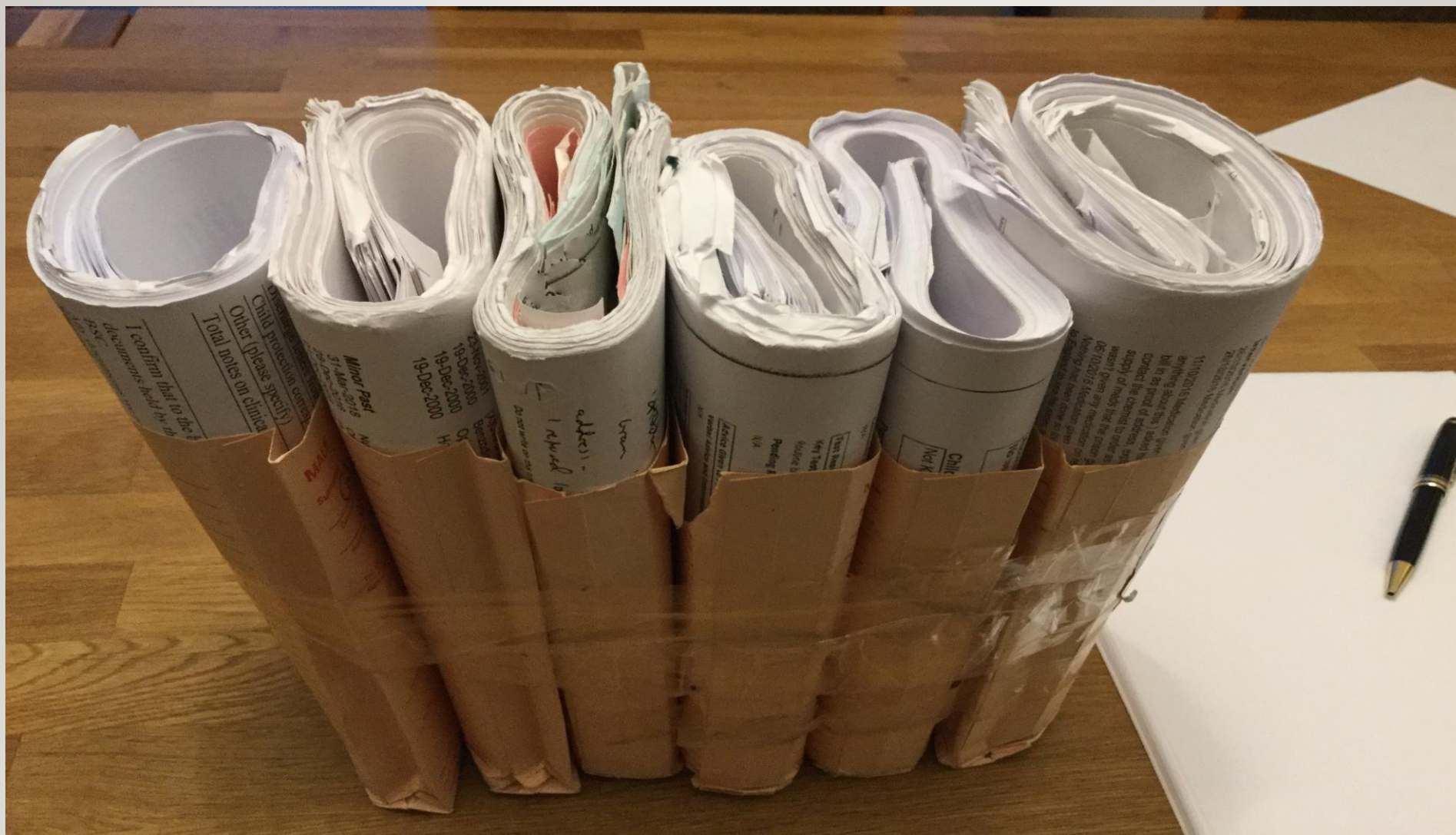


HOW I CAN PROVIDE TRAUMA INFORMED CARE AS A SPECIALIST HOMELESSNESS NURSE

- I have an understanding of Adverse Childhood Experiences and their effects, and I am able to recognise the signs and symptoms of trauma in my patients, their relatives and other staff
- I place an emphasis on safety, reliability & trustworthiness
- My clinical environment is welcoming
- I provide clear and simple information for patients

Adapted from Gilliver (2018)







Reflection

Performance validity

- ▶ Did it say something about understanding, interpreting and communicating the experience (Mattingly 1998) of *homeless health*?
- ▶ Did it open up a space for you to reflect on your own practice? (Fordham 2012)
- ▶ Did it disturb you? (Spry 2001)
- ▶ Did it act as a vehicle for social justice? (Boykin A. & Dunphy L. 2002)

Let's Write...



Six Dialogical Movements (Johns, 2009)

1. Dialogue with self [Journal] **(5 mins)**
2. Dialogue with journal story systematically [MSR] **(5 mins)**
3. Dialogue with wider literature **(3 mins)**
4. Dialogue with others/guides/peers **(10 mins)**
5. Dialogue with texts to weave a narrative
6. Dialogue to inform a wider audience – the performance turn

1st DM - Dialogue with self in a journal

(authenticity)

Write spontaneously in your journal about a significant practice experience (5 mins)

- ▶ Relax – empty your mind
- ▶ Allow a significant practice experience to come to mind
- ▶ On one half of your paper write spontaneously about it, paying attention to as much detail as possible:

sounds, smells, how you were feeling, how others were feeling,

what you said, what others said.

2nd DM - Dialogue with Story using MSR

(systematic reflection)

Model of Structured Reflection (5 mins)

The Model of Structured Reflection (Johns, 2009)

Bring the mind home

Focus on a description of an experience that seems significant in some way

- What issues are significant to pay attention to?
- How do I interpret the way people were feeling and why they felt that way?
- How was I feeling and what made me feel that way?
- What was I trying to achieve and did I respond effectively? (aesthetics)
- What were the consequences of my actions on the patient, others, myself?
- What factors influence the way I was feeling, thinking and responding to this situation? (personal)

MSR cues continued

- To what extent did I act for the best and in tune with my values? (ethical)
- How does this situation connect with previous experiences? (personal)
- **Forward thinking cues:** how might I reframe the situation and respond more effectively given this situation again? (reflexivity)
 - What would be the consequences of alternative actions for the patient, others and myself?
 - What factors might constrain me responding in new ways?
- How do I **NOW** feel about this experience?
- Am I more able to support myself and others better as a consequence?
- What insights have I gained?
- Am I more able to realise desirable practice? (Framing Perspectives)

3rd DM – Dialogue with wider literature sources

(construct validity)

What knowledge might inform your developing insights? (2-3 mins)

Four Quadrants of Consciousness Model (Wilber, 1998)

I:
Own subjective knowledge
(Authenticity)

It:
Empirical knowledge (EBP)

We:
Cultural and world view

Its:
Social systems and environment (NHS,
Housing, Social Services, Voluntary
organisations)

4th DM - Dialogue with reflective guides/others to deepen insights (Face validity)

Dialogue with your peers around you (7 mins)

Anam Cara (soul friendship)

The anam cara brings epistemological* integration and healing. You look and see and understand differently. Initially this may be awkward but it gradually refines our sensibility to transform your *way of being* in the world (O'Donohue, 1997:38)

Co – creation and the ‘Fusion of Horizons’ (Gadamer, 2004/1975)

* the branch of philosophy that studies the nature of knowledge

5th and 6th Dialogue with emerging text and with a wider audience

5th

Write a coherent narrative using images, photography, art, poems etc

6th

Perform the narrative to a wider audience as an act of social justice.....

Perform



Thank you! Good writing

And remember:

- ▶ Capture suffering and joy
- ▶ Be imaginative and playful
- ▶ Be a witness who writes evocatively to reveal moods

STREET REFLECTIONS

*Homelessness - From Nursing Practice to
Storytelling Performance*

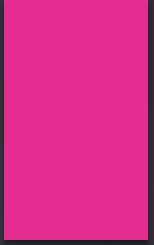
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workshops; lectures; conferences; reflective practice/guidance;
policy development; public health reports (HNA/JSNA)



Acts of reading and writing, telling and listening ...tell ultimately
what it means for us to be within the grey immensity of human
livesand in one another's care

(Charon 2006b p99)

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Transformation in homeless health practice (Fordham, 2012)

Awareness of use of voice in homeless health practice

drawn from Women's Ways of Knowing (Belenky et al, 1986)

- ❖ *Silence* (oppression; lack of knowledge; evictions)
- ❖ *Received knowledge*
- ❖ *Subjective knowledge*
- ❖ *Procedural knowledge*
- ❖ *Constructive Knowledge* (using my voice to integrate feeling and care; contributing to the empowerment and improvement of the lives of others)

Empowerment in homeless health practice

drawn from Critical Social Science theory (Fay, 1987)

Be aware of constraints in practice: *power, tradition, authority*. Work towards *enlightenment, empowerment, emancipation*

My interests that deepened insights on homelessness *drawn from ancient wisdom/philosophy:*
Christianity, Celtic spirituality, Buddhism, Native Indian culture, poetry, photography, art (music)