Article

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Collaborative Selflessness: Toward an Experiential Understanding of the Emergent "Responsive Self" in a Caregiving Context

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Abstract

This collaborative inquiry reports the impact of mindfulness meditation practice in a hospital's palliative care setting. Designed as action research, the collaborative program invited participants to investigate and deepen the benefits of the practice for themselves with others over the course of 12 weeks. Participants expressed surprise by how liberating it was to learn to notice and drop their self-centered thinking. Theorizing these findings by bringing perspectives from pragmatism and psychological perspectives on Buddhism, an experience-near understanding of the self also emerged. The article includes reflection on how the combination of action research and mindfulness is practical and useful to participants in the context of caregiving as it reports many benefits to participants. The article ends with a definition of self as "encompassing all that which can be responded to," which also contributes a practical and useful direction for reconceptualizing the self as a more collaborative self.

Keywords

action research, meditation, mindfulness meditation, health care, theory of self, selfless subjectivity, Buddhism, psychoanalysis

The palliative care setting is unusual in a hospital in that the patients have chosen the comforts of medical care while relinquishing heroic attempts to extend life. Comfort care for such patients, along with medications that reduce pain and distress, includes social presence, or simply being there for the patient. Social presence has many

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manifestations from lending an ear, reading, singing, praying, handholding, to silently sitting with a patient, especially if that patient is no longer capable of interaction. For some patients, social presence is provided solely by friends and family, for others volunteers augment the efforts of the regular medical team to offer presence to the patients and family members, especially those who have become stressed and anxious.

This study describes action research with volunteers who offer social presence in the palliative care setting. The work exemplifies contemporary approaches to integrative action research (Chandler & Torbert, 2003) by combining explicit focus on personal learning within a small group, that is, "second person" cooperative inquiry (Heron & Reason, 2001) with the practice of mindfulness meditation. The findings suggest the value of mindfulness meditation and action research in combination for stakeholders in the palliative care setting itself.

However, beyond recommendations for its potentially practical impact in other stressful work settings, which would add to the many positive accounts of mindful practice in other social arenas (Grossman, Niemann, Schmidt, & Walach, 2004), a new perspective on the self in action research is also advanced. Labeled the "collaborative self," it offers an account that acknowledges the degree to which sociomaterial and relational effects construct the self. Taking the interviewees' experience-true account of their experience of self turns out to offer a quite different description of the self than the one so familiar from conventional concepts of the self. Despite its being decades after notions of the postautonomous self and multiple selves have become familiar through social-constructivist approaches (Gergen, 2009), the empirically grounded collaborative self that is proposed here may yet be seen as helpful. For example, as action researchers become more articulate in describing the contribution of action research in its own terms, actionable understanding of key contributions of action research, such as what constitutes quality action research (Bradbury-Huang, 2010, 2013) is enhanced.

Mindfulness Meditation and Cooperative Inquiry

Mindfulness meditation, especially in its Buddhist formulations, has been practiced for millennia in Asia as a way to address and alleviate suffering. More recently, a secularized method divorced from its context (Purser, 2013) has been introduced to hospitals in the West too. The work of Jon Kabit Zinn's "mindfulness based stress reduction" programs at University of Massachusetts put meditation on the radar of the general public (e.g., Kabat-Zinn, 1982). In meta-analyses mindfulness meditation is associated with benefit to patients across a wide variety of ailments (Rogers, Christopher, & Sunbay-Bilgen, 2013) and its efficacy explained as an elemental dimension of proactive self-care. Moreover, the positive effects of mindfulness have been seen to be significant and enduring across a wide variety of health care outcomes (Rogers, Christopher, Sunbay-Bilgen, et al., 2013).

There are many schools of thought and permutations on practice of mindfulness meditation. Yet at its heart, seated mindfulness meditation refers, simply, to sitting still and, for a predetermined amount of time, bringing awareness to internal and external experience, for example, bringing attention to breath and or sounds. This

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practice may include awareness of breath and bodily sensation, noises, thoughts and everything else besides, as is the practice of Zen meditation. Although it involves a relatively simple technique, beginning the practice of mindfulness meditation is often quite difficult particularly in an increasingly fast-paced world and perhaps especially among well-educated professionals, deeply habituated to thought and rumination.

Mindfulness meditation, in its mindfulness based stress reduction form, may be seen as utilitarian (Purser, 2013), for example, it successfully assists with stress reduction or building resilience in daily life and as such may be seen as another useful technique for enhancing emotional intelligence and resonant leadership (Boyatzis & McKee, 2005). Traditionally, however, it may also be experienced as transformational, in that mindfulness meditation can allow access to those parts of consciousness typically sequestered behind the rational–analytical ego structure. The brain's habit of endless, seemingly unnoticed and/or uncontrollable thinking about the safety and satisfaction of the self can therefore be bracketed so that the actual experience of living, free of the anxiety of self-safety and wanting is experienced more clearly. This is not unknown in the Western tradition, where Husserl's (1901) phenomenology also seeks to bracket conceptualization so that phenomena may arise in experience (Ladkin, 2013). In the Buddhist worldview, however, meditation leads, slowly, safely but inexorably, to loosening the tight boundaries normally held by the separate self/ego structure. The experience of loosening is highly individual as it seems to relate also to habits of attachment to habituated emotional patterns and reactions. But with time, meditation can generally lead to a subjective sense of expanded experience, more presence, and less anxiety.

Reason and Rowan (1981) articulated considerations from humanistic psychology for action research and in so doing underscored especially the ways in which consciousness is treated, and mostly sidelined, in conventional research. Heron and Reason (2001) subsequently developed a form of action research called cooperative inquiry that aimed to discover and practice better ways of living together, by acknowledging that a shared field of experience is co-created among those researching together. A particular inspiration for the study described here was also the integrative work of Torbert and associates (2004), with its strong foundations in personal, that is, first-person inquiry into moment-to-moment experiencing along with interpersonal or second-person inquiry into the reciprocal impact on relational dynamics. This study therefore brings together Torbert's action inquiry with Reason's collaborative inquiry for the palliative care. Both first- and second-person action research may be seen to have impact on collective or third-person processes, namely the organizational aspects of the hospitals' palliative care program itself and on the collaborative sense-making in its wake. In this way the study described was oriented simultaneously not only by a pragmatic caring/collaborative ethic between volunteer and patient but also by an emancipatory-theoretical concern where the primacy of the practical and generation of theoretical insight are simultaneously attended to throughout. As such it is an example of the intersection between action research and Bentz and Shapiro's (1998) notion of mindful inquiry in social research.

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The Being There Program at West AMC

An Academic Medical Center on the U.S. West Coast (hereafter "West AMC") is home to the "Being There Program," that is, a cadre of volunteers who support the regular medical providers on the hospital's palliative care team. The Being There Program was started by the head of the team, Annie, who was recruited to West AMC from her work in the hospice context on the East Coast. Over the following few months she recruited a volunteer team of diverse individuals with a large range of age and professional background. The volunteers include younger people interested in getting a foot in the door to further medial education as well as those who come with therapeutic counseling backgrounds, and still others who are medical researchers seeking closer connection with patients, whereas others are religiously motivated or retired or simply wishing to offer their time in a way meaningful to them.

The author was recruited to the Being There Program by Annie when they met her at a mindfulness meditation seminar the author offered to her health care management students at AMC West.

Volunteers work a half-day shift often beginning with sitting in on a conversation with the medical team as they update each other on patients' status and needs. Volunteers divide the patient list among themselves in the hopes that each patient may be visited at least once each day. All patients on the daily list are offered the "Being There" service and may refuse or reschedule. Most accept. Volunteers do not regularly meet as a group themselves, mostly they work individually. Some effort had been underfoot to convene a volunteer gathering on a quarterly basis, but while welcomed in principle, few volunteers are willing or able to give more of their time to make it happen.

The author and Annie expressed interest in collaborating to offer a mindfulness meditation program to the volunteers and in researching its impact with a view to offering the program to all future volunteers. The author took the role of principal investigator (PI) with Annie as co-investigator.

Being There Mindfully: Collaborative Design

After the Institutional Review Board protocol was approved, 8 "Being There" volunteers self selected to join the "Being There Mindfully" program. Seven were women with a range of ages and professional backgrounds. One male was a young medical student. A date was scheduled for a workshop "kickoff." The invitation also made it clear that all volunteers would need to commit to daily mindfulness meditation practice of at least 20 minutes.

At the kickoff workshop the philosophy of action research was shared—suggesting that the knowledge to be developed is intended to also serve the volunteers and the overall program—rather than just to develop insights for publication. Reason and Bradbury's (2001) definition of action research was elaborated, that is, "action research seeks to bring together action and reflection, theory and practice, in participation with others, in the pursuit of practical solutions to issues of pressing concern to people"

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(p. 1). Participant co-design was further explained along with the importance of bringing reflection on action in a collaborative setting. How we would design, structure, and assess this action research way of working was to be part of the workshop.

The workshop thus framed, a "check-in" was next used as an icebreaker activity for the workshop. The practice of "check-in" originated with Kurt Lewin as a way to convene a meeting by inviting all participants into a coconvening of shared conversational space (Isaacs, 1999). A "check-in" question was posed by the PI concerning what might be personally useful to each individual in the upcoming research on the benefits of mindfulness meditation in a palliative care setting. The focus on "personally useful" was key as it signaled that the while overlap of interests may be likely, it was not necessary. Nor indeed must each participant have to have equal clarity on their learning goals in advance. In this way action research is also recognized for encouraging emergent inquiries (Reason & Bradbury, 2001) that can inform the future. As individuals spoke, a theme emerged quickly concerning how to "feel more seated in my groove," a phrase reiterated often by the participants and which was explained as "how to bring all of one's gifts and talents more confidently to each patient interaction."

The practice of seated meditation was then introduced. For most, it was a first experience of it. One volunteer chose to drop out at this stage, finding it too difficult to sit in the chair in such a concentrated fashion when she felt unusually frenetic and anxious about work tasks. A mini contagion effect was felt as others expressed concern that they too may not be able to meet a commitment to meditate. The PI addressed this by underscoring both the voluntary nature of the study and hence the importance of choiceful participation, thereby acknowledging the participant's choice to leave as the right one for her at this time. The PI then shared her own experience that there is usually no best time but the present to start to meditate; she also shared how difficult a journey it has been over decades from at first barely being able to sit for 10 minutes. After a friendly goodbye to the frenetic participant, those remaining promised to do their best and to offer help to one another in support of their agreement to do at least 20 minutes of seated mindfulness meditation practice at least 5 days per week for 12 weeks. Meditation instructions used by the PI originated from Zen Center of Portland Oregon[1] and were ongoingly augmented and modified according to questions by the co-participants. An optional weekly support group was offered by the PI as a face to face with teleconference capability for those offsite. The idea was that difficulties and successes could be shared in a way that would enhance participants' experience of the 12-week program.

After filling out IRB consent forms that explained in detail what to expect, the rest of the workshop devoted time to an exercise in which each volunteer envisaged and described themselves when "seated in their groove," that is, comfortably sharing their gifts and talents with patients. They then shared what obstacles, if any, they experienced in their volunteer work. A short baseline survey, approved by IRB, was then administered and had 100% response rate. Each participant also agreed, going forward, to share their patient notes over a secure e-mail listserv so that all involved in the team (volunteers and medical providers) might read of each other's experience. It was agreed that the notes would include basic description (patients name, age, and

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condition) along with a deeper qualitative reflection. The latter was purposely ill defined and somewhat countercultural in the "to the point" culture of medical discourse at AMC West. Emphasis was encouraged on including in the qualitative debrief notes whatever the volunteer *felt* about the interaction with the patients along with any concerns or suggestions for colleagues about how to interact with patients. In this way, the qualitative debrief was to act as a learning vehicle to bring reflection into the action of being with patients. This communication innovation was the first to allow the whole team to communicate. As such the espoused appreciation for volunteers as members by the full team was given support as a new organizational practice, developed by the volunteers. After considerable technical and administrative hurdles were surmounted (mostly relating to how patient confidentiality must be tightly monitored), the new channel of communication came to be used daily by all palliative care team members.

To close the workshop each volunteer agreed to do a face-to-face interview with the PI about his or her experience and to complete a survey at midpoint and close of the program. On request, one volunteer (a young medical student) offered to help with writing up the findings, though his schedule later prevented his involvement beyond the daily commitment to mindfulness meditation and his weekly volunteer shift. For this reason the PI has taken the sole responsibility for gathering, sharing, and writing up the study, albeit with input, feedback, and discussion with the study's participants throughout.

Quality Choice Points

Following contemporary articulations of what constitutes quality in action research (Bradbury, 2007; Bradbury & Reason, 2008), the work was to be checked in terms of (a) "quality and dynamics of the partnership among the participants, (b) the value of the work to the participants and to the program, (c) the ways in which "extended" ways of knowing (beyond analytical thinking) were valued and enhanced, and (e) whether/how infrastructure was developing appropriate to allow the program continue at the close of 12 weeks. The quality choice points suggested for action research, and used as a checklist for "checkup" throughout the study, are included as the appendix.

The checkup was done on a regular basis with participants, by specifically checking the impact on volunteers and engaging conversations about their understanding of the impact on themselves and their palliative care practice. Quality checkups were also done in the more conventional way through data gathering and triangulation, as well as writing up and sharing findings formally in research seminars that invited medical physician-scientists not involved with the program, as well as sharing those findings for discussion with the participants and palliative care stakeholders themselves all along the process of the program.

The kickoff workshop itself effectively telescoped the intended standards of quality for the study. Both in conversation and later in the survey instruments returned to the PI, the participants expressed a sense of receiving value from learning about meditation and being part of a program that enhanced their own mindfulness meditation

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capabilities. The work was expected to be of practical value. Through integrating a specifically nonanalytical mode of being (i.e., mindfulness), it also expanded the repertoires of most who were habituated to thinking more than experiencing.

The head of the palliative care program was present at the kickoff and declared her interest in supporting the program in whatever way made sense both during and beyond the 12 weeks. She also reported seeing particular value in the new e-mail listserv as heretofore there had been no way to debrief volunteers. The latter had been a cause of concern as volunteers often end up in quite stressful-to-them circumstances when interacting with patients close to death. The new communication system was envisaged as acting both as a way to simply share details as well as to play a role in promoting team communication—which lacked any structure heretofore. In this way, attention to building infrastructure, that is, capacity for making the positive impact of action research sustainable over time, was attended to. In sum then, from early on, the Being There Mindfully program enhanced the work of the palliative care team.

Group Support

The first weekly support group was attended by four of the volunteers, of whom one joined by teleconference. All new to mindfulness meditation, at the check-in, each expressed dissatisfaction with the perceived lack of calm when meditating. It was a good opportunity for the PI to explain that meditation is far from a guarantee of a calm mind, although, without being a guarantee, it is also the case that calm abiding does come more quickly and easily with practice over time. The PI reiterated that mindfulness meditation is simply the practice of being aware of what there is to be aware of, without needing to react to it or have it be a certain way; in this way the PI encouraged Zazen, an open monitoring meditation, but responded to specific needs of participants, noticing that some could more easily follow their breath while others followed sound and so on. Needless to say concentration is easier described than practiced, even after years of meditation, and this is a key point for all co-participants to be aware of as it contrasts with popular media portrayal of “blissed out” states.

Weekly support group continued sometimes with only two volunteers and despite numerous invitations to more engagement both by the PI and a regular weekly participant, the weekly support group never again included a majority of the group. Acceptance of this fact came when the group decided, using its own e-mail listserv, that it did not have time but that e-mail group communication was itself a leap forward and provided an adequate sense of participation with each others’ experience of the program.

Overall the checkup with the quality choice points was greeted as a positive input by the volunteers. For example, it allowed for discussing the optimal amount of partnership desired. Although the amount of collaboration among the volunteers was less than originally anticipated, this made sense when considered as part of a larger overworked organizational culture. A weekly e-mail check-in was instigated by the PI who also sent personal weekly e-mails to each study participant. All volunteers reported feeling supported with their meditation daily practice. Receiving the e-mail as a group

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allowed those who wished to e-mail everyone an update. Generally participation was reported to be optimal and although all wished to devote more time to talking in person, there was a general acknowledgment that doing so would be a burden for overstretched calendars.

Illustrating the Efficacy of Mindfulness Meditation: Metabolizing Anxiety

The theme of anxiety is selected to provide qualitative context for the experience of participants throughout and because it helps highlight an important experience afforded by participation in the study. As the description of the kickoff meeting described above shows, it was present for the group from the start.

Anxiety is considered a particularly important experience to acknowledge and work within mindfulness meditation practice and in this it overlaps with the importance of working productively with anxiety in a context of our greatest stressors, the fear of death. In the first week's group support meeting, one volunteer complained of experiencing high anxiety levels when meditating. The PI was happy it had emerged forthrightly and quickly as it provided a good opportunity to address how common it is for all of us to feel anxious, even when not among dying people.

In an effort to connect to the culture of medical-science discourse which was the organizational context for the study, the PI explained that many neuroscientists have discovered that the default mode of the human brain is anxiety which runs along a spectrum from acute states of fear to low-grade anxiety that typically conjures mental agitation that makes relaxation very difficult. Neuroscientists who translate the science of neurology and mindfulness (e.g., Hanson, 2009) acknowledge the omnipresence of anxiety for all primates, and that is now exacerbated by our living in cultures far from our evolutionary origins. What had started as helpful alerts on the Savannah has become a constant preparedness for flight or flight that keeps anxiety present in the cognitive background, yet often unnoticed in the speed of daily activity. Mindfulness meditation practice for many, therefore, can make anxiety more noticeable. This can come for many as a nasty surprise, especially when compared with the, unfortunately erroneous, expectation of meditation as access to a blissful state.

According to Buddhist teaching, all phenomena, such as anxiety, are the result of dependent co-arising (*patticasummupada*) which leads to sensations/feelings that are experienced, and at a basic level felt as pleasant, unpleasant, or neutral. Generally, people crave pleasant sensations and try, unrelentlingly, to avoid unpleasant ones. This in turn conditions clinging as we want to own or possess pleasant feelings, and have strong aversions and accompanying somatic discomfort in the face of unpleasant feelings.

Anxiety—like any experience—can however be witnessed during mindfulness meditation practice. The new insight for the beginning meditator is that it does not have to be reacted to. Like all experiences, anxiety manifests as (a) body sensation, (b) interpretation-thought, and a story line that involves memory or future planning, and (c) an image. Thus, anxiety usually coincides with (a) sensations such as palpitations and sweating, (b) with thinking such as "I have to get away from here," and

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plans such as "I will get up now" and (c) an image of oneself collapsing and or being embarrassed.

In fact anxiety, therefore, offers a particularly rich set of experiences with which a meditator can practice mindfulness meditation. In not taking the thoughts/sensations as reality, but witnessing them "merely" as thoughts and lingering sensations that come and go, the meditator develops the ability, over time, to skillfully "be with" experience, and therefore uncovers more degrees of freedom to act within or despite it. With enough practice, thinking begins to seem less performative (the concept of performative language was originally articulated by Austin (1962). Here I extrapolate his insight to thought more generally. Simply stated, a performative thought is one in which by thinking it, the thinker makes it true, (I feel my heart pounding, I AM anxious), becoming eventually background noise that does not as severely limit choice about how to act.

Sharing this understanding of anxiety was very useful to the group as it normalized *not* having a calm mind, which is the default mode for human cognition. In the following findings, the issue of anxiety will be addressed in each theme category, because it also offers a narrative spine for the findings. It is appropriate as anxiety was an important issue for a majority of the interviewees, regardless of their level of experience of working with the dying, and is mentioned as often by the seasoned volunteers as it is by a new volunteer, or by one with a diagnosed anxiety condition.

Findings

Interview Data

Recorded interviews lasting 30 to 90 minutes were conducted with all interviewees about their experience before and after participation in the mindfulness program. These were transcribed and coded by the PI. These constitute the main sources of findings with survey data, patient debrief notes, group and field notes used as triangulation. Three overarching themes emerged after content analysis. These were discussed at a peer research seminar at AMC West and then later shared with the participants. Volunteers spoke of

1. *Expected (or hoped for) outcomes*: These are coded as a form of "first order change" in the sense that they had been deemed important before the launch of the program with the program used as a way to somehow accomplish them. This is in keeping with expectancy theory (Bandura, 1986) which suggests the power of bringing expectations to an endeavor even with no understanding of how that expectation can be met.
2. *Surprising changes (or "emancipatory") outcomes*: These are coded as a form of "second order change" for self, for the program and in some instances for patients' families.
3. *Inclusive responsiveness*: Mindfulness practice seemed to lead to increased freedom as the meditator noticed themselves freed of self-centered thoughts.

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> The practice led to including concern for the other more readily. Looking more closely at this theme led to a theoretically enriched proposition around the "collaborative self."

Expected Changes. All interviewees expressed a positive experience before (and after) the program. Efficacy theory (Bandura, 1986) suggests that what we expect comes to be, and therefore positive outcomes may be understood as a dynamic by which the volunteers' expectations are met. The following quotes reflect the voices of all interviewees and for the first theme express the outcomes that lay somewhere between hoped for and expected at the beginning of the program.

First, volunteers reflect on the difference they feel the program made in their work with patients illustrating a "before and after" change that suggests first-order change, that is, behavior aligning with a goal:

> When I started I stated [on the survey] that I envisioned myself not talking as much when with patients, and allowing the patients to steer the conversation. I am reminded of this every time I go into a room now, and I am happy to report that I haven't had one experience with a patient where I think that I talked too much since starting the program. (Interviewee RS)

Another speaks of her sense of ease with patients which she relates to how well she "reads the room," that is, grasps from the start of an interaction how to proceed and thereby calibrates her response:

> I'll compare interactions, one from some months ago. I had walked into a patient and he was quite gruff. He engaged me from the bed, but looking away, barked at me a little. When I didn't know where home was for him he said "you haven't done your homework!" I was taken aback. It was awkward. But for whatever reason I just stayed there. A nurse came in and he was gruff to her too. So I see in retrospect that I had not read that room well and I had become unsettled. He tolerated me, we talked a little. But I think if that happened now I would not have been quite so unsettled. I do think the weeks I have been doing the meditation practice I am just calmer. I found my groove eventually with him and I learned a lot but it'd be easier now. [Interviewee then gives a more recent contrasting example]. (Interviewee LO)

Another spoke to the way in which meditation practice had simply become a part of her day:

> [Meditating] makes a positive difference—I know this because when I don't do it I am off kilter and in fact I rarely don't do it—even if I am running late, I still do it—which is really saying something, for me to be a little late to meditate means it's very important.

Next, we turn to the issue of anxiety which will be looked at as a topic through all themes. Anxiety was discussed by all interviewees in their interview. The following interviewee was particularly aware of anxiety. It turns out that she had a diagnosed anxiety disorder (unknown to the PI) for which she had been previously medicated.

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The change experienced by the interviewee with regard to anxiety is counted as a form of first-order change because the interviewee was highly aware of her anxiety *prior* to the program. As expressed in her own words though there is also a real surprise in how well the mindfulness practice helped in dealing with the anxiety. Unbeknownst to herself, the interviewee is in fact describing a form of self-taught mindfulness cognitive therapy:

> I have a diagnosed anxiety disorder, I have always been aware of anxiety and now when meditating I am super aware of it. I can't say that anxiety is growing or diminishing. But I notice it more. In the beginning of this program meditating regularly, the anxiety started to bleed over into my life–and meditation brought it front and center. One day a couple weeks ago while in a crowded public area, I felt an attack coming on. And it had been years not having of them. I recalled what you'd said in the support group about anxiety being a default for most of us and the point being just to be with it to recognize it, not try to turn it off, but turn to it . . . and so I did. And it worked. It was awesome, I simply watched the anxiety as separate from me. I have dealt with anxiety since I was little. I stopped taking meds for it. That was the biggest thing that I took from the program so far. But in other areas I wouldn't say I am radically transformed. . . . Well it has only been 6 weeks! (Interviewee KM)

All volunteers experienced positive outcome in the context of their work with patients, most also included rich illustration of positive enhancement outside the program, referring to the enhancement of their daily life:

> I have a funny story—when hiking recently we got way off trail and ended up facing sheer rock-face with no choice but to climb up. So I found myself clinging to a rock knowing there was nowhere for me to go. I got very nervous and I am so tired my muscles were shaking. And my boyfriend and I watched as our backpack bounced down the hill and our water bottle popped out. At that moment I looked at the rock and thought I can either freak out or meditate. And suddenly I thought now would be a good time to meditate. So I went with taking 5 deep breaths. When I opened my eyes I saw a rock cranny I hadn't notice and I jumped and made it. My boyfriend got the backpack and while he was doing that I decided let me just continue that meditation. So this program helped make a very stressful situation manageable. And it made clear that you can mediate in any circumstance. It helped a lot. Stopping and breathing is a better way to go than freaking out. (Interviewee PG)

Liberating Changes. Action research has been described as ideally engendering practical, technical, and emancipatory outcomes (Masters, 1995). What constitutes emancipatory is difficult to agree on. For this study "emancipatory" is thought of as forms of second-order learning (Argyris & Schoen, 1978) that is the type of learning that engages the very foundations and value assessments of the learner to create a sense of having more freedom to respond to stimuli. Typically such learning is not common and may be quite subtle and far-reaching because it calls to mind the very values that inform one's goals.

One volunteer reflected on opening to allowing more space in his otherwise extremely hectic schedule:

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> Recently I heard the term "the muse" while listening to NPR—the idea being that the muse alights when you are not courting her. And I think the space for the muse is precisely not the space filled by the critical rational/analytical mind. So Being There Mindfully allows more space for my muse. The big difference is before I was overthinking and now I am more just being with. I see that I have kept my mind busy all the time. And I realize I do better work now and I am calmer if I take advantage of the quiet rather than filling up all my time. Sometimes that's with meaningless trivia, like games on my iPhone when I am waiting for a meeting for 2 mins. So now the difference is that I notice if I am doing something just to escape the quiet. (Interviewee RP)

For another volunteer, a medical researcher by profession, there was a second order change with regard to how she saw herself in relation to the "white coats," that is, the physicians who make rounds on the patient wards. Previously she always stepped out when a physician arrived, judging the physicians as always more important to patient health than her presence. Perhaps inherent in this volunteer's reflection is her appreciation for not always having to work within a presumed formal hierarchy of the hospital and instead the need to be responsive to emergent conditions and requests:

> I was with a patient of the Baha'i faith. I recall going in and chitchatting awkwardly at first. Then I saw just how upset she felt because the bedclothes were in disarray. Tears came to my eyes. I took her hand spontaneously and I looked her in the eye and said "god this must be so difficult for you, not even able to arrange your bedcovers." And she was quite fussy about how she wanted things and I was more than delighted to help. It felt truly good to have a role that was so easily useful. And then she asked me to read from the Baha'i bible and we'd stop and discuss what it meant to die. And a group of white-coats came in. To my astonishment the patient said to them: "please leave, I want to just have [Volunteer] read to me." I was a little embarrassed too because I knew the physicians. Of course I think doctors are more important than volunteers. But maybe just sometimes that is not always the case. I later learned that the patient passed away the day after. Had she not been so insistent I would have left the room when the doctors came. But she knew what she wanted and I had put myself at her disposal. (Interviewee IP)

Hynes, Coghlan, and McCarron (2012) shared findings from the palliative care context in Europe stressing the practices instigated to address the power and voice differences among professional disciplines (physician, nurse, and administrator) in the interprofessional arena of palliative care. This mindfulness palliative care study, and the quote above specifically, also speaks to the possibility of transformation of the long-standing and hierarchical culture of power that exists in a hospital context. The suggestion here, based on the ways in which volunteers came to better understand their professional context and experience more freedom in interactions with patients and physicians, leads not to a once-and-for-all strategy of egalitarianism among medical professionals for it may simply not be a realistic goal to change deep-seated power relations. Instead, we may glimpse the importance of capacity building for working within specific situations, concretely when to yield to physician authority and when not to—by orienting relationally to the needs of the patient. Thus, entrenched power dynamics move to the background to allow appropriate patient-centric action to be

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taken as needed when some actors have the benefit of more mindful ways of relating to power and patients.

Returning to the theme of anxiety. Here, we see second-order change as one volunteer describes what amounts to a worldview shift that bridges from her acceptance of discomfort (a first-order change would be seeing dilution of discomfort) to how she understands her professional work as a medical researcher:

> I was hoping when we started that the mediation would make my discomfort lessen. But what I have in fact noticed is that my awareness of discomfort has shifted. Now I simply notice that I am not feeling comfortable! And I notice it is what it is and I am Ok with that. I make a mental note, that's all. I see that this is very different from my research work. In research if something doesn't work it's because you did something wrong. In this work, I see that we all feel sometimes like it's not working. And that's life. So it's a worldview shift to just accepting things. (Interviewee KM)

It is important to note that second-order change is not "better" than first-order change, it is however more rare and as emergent, cannot be predefined. Certainly lessening of discomfort is a valuable and practical benefit and indeed is expressed in other quotes in the material on expected change. Argyris and Schoen (1978) elucidating the concept of second-order change speak of it as allowing the learner to move away from the "mystery mastery" paradigm of first-order (goal oriented) learning which is usually about seeking to master a challenge in a way that may keep the mystery of one's skill hidden from others. In first-order change the learner simply wishes to appear to self and others as more accomplished. Second-order learning, on the other hand, often includes opening to vulnerability and the sense of not knowing and even coming to acceptance that things cannot be mastered but that that is OK.

Inclusiveness and Responsiveness. An emergent emancipatory theme was how volunteers felt they could "be there" for patients more effectively when they noted and let go their own self-centered concern for mastery of themselves which created room for serving patient needs. In this theme lie the seeds of a new understanding of self more in keeping with the collaborative and participative philosophy of action research for it seemed that a responsive self arose, one that could adequately join in meeting the needs of the patient precisely because the concerns of the self as volunteer could be bracketed and acceptance brought to whatever the situation demanded.

First we look at the ways in which volunteers expressed enhancement in their ability to "be there" for the patient's agenda, that is, to respond to what is asked of them, thereby yielding their own agenda:

> My mindfulness practice has allowed me to acknowledge my feelings of anxiety, but not stew on them. This in turn frees up energy to be directed at the patient. It took a lot of energy to stew! I feel like I am better at letting things go . . . living in the moment more. (Interviewee PG)

And in this "letting go" of volunteer's agenda there is trusting that the right thing will emerge:

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> I must say I am sometimes astonished by what comes out of my mouth when with a patient. I don't plan what to say; I don't work by rote. Sometimes things are said—perhaps in response to the subtle signs—I feel that I am guided as to what to say. I am really there to respond to what they need. (Interviewee DM)

For another volunteer, the ability to trust that the right responsiveness will simply emerge allows for a sense that all is as it should be, even when, as is necessarily the case in palliative work, a patient may decline or die ("codes"):

> Spontaneously I know a plan emerges in which I simply need to participate. There was a coding patient last visit and I had seen him earlier that day. So I went back to his room and saw the palliative care team and all of a sudden it was clear to me what would happen in terms of varying scenarios and I felt hopeful that we were all doing the best thing and that I was part of that in holding the sense of there being hope and dignity here—and hope looks different in different contexts of course—but overall I am accepting things as they are playing out and being a part of that playing out in my own way. I participate by bringing intentions to the situation, intentions for healing and dignity for all concerned, including myself. (Interviewee PR)

There was, however, a shadow side for most (all female) volunteers to trusting the emergence of responsiveness. The selflessness they described in the interview can appear to be a self-ignoring or self-depleting when the self is not acknowledged as significant or given the same care that selflessness allows for others. Here, the same compassion that automatically arises in working with the dying, is not allowed to emerge for the embedded self of the volunteer. Perhaps as explained by psychologists (e.g., Brach, 2003) who tell of the ego's radical unacceptance of the self and its natural limitations, people operate with entrenched beliefs that our self is not worthy, but rather is believed, often unconsciously, to be inadequate or unlovable.

One volunteer expressed it in the following manner which gave vocabulary to the theme:

> Part of my practice has been to thinking about appreciating what I am bringing—I had had a problem with that, I had felt almost like I needed to apologize for being there. Since I am a volunteer my only real stated purpose is to provide for the family, it often felt that going into a room I was bothering or confusing people, they couldn't understand what I was there—O you just bring us magazines or we don't know who you are so we can just overlook you. Now I go in and know that I have things to offer this family. We can talk about things not related to their illness . . .
>
> (INTERVIEWER: Are you getting in touch with how good you are?)— yes but I have a hard time recognizing that. Maybe it's "humility gone wrong." (Interviewee PG)

Another expressed the apparent irony of appreciating others but forcefully refusing to do so for herself:

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> After a care conference, I always give positive feedback to the family and all who are there in a patient care conference and the medical team. . . . It is always hard for everyone (INTERVIEWER: Are you grateful to yourself and all you do?) No, absolutely not! (INTERVIEWER: Why not?). I don't know (audible sigh). (Interviewee DM)

This theme of the volunteer experiencing a surprising self that arises, unpredicted, or shaped by an agenda, was interesting to the volunteers. And so it came up for further discussion, illustrative of the way in which inquiry emerges. Here the surprising inquiry was into the surprising nature of the self. The PI brought some information from the mindfulness literature that suggests there is no separate self, and a question came to be posed about what might it mean *to consider that we live in a shared energy field of experience . . . what do we experience with patients?*

For many, this question became an opportunity for ongoing ways in which to locate a middle path between self-abnegation and overconcern with one's own process. The value of this inquiry stretched to helping recognize and avoid unsustainable engagement with others that are draining. A collaborative self was beginning to be recognized, for example, that is one whose efforts calm the other as they calm the self in a mutually interactive way. One volunteer saw this in practical terms of helping first herself and then her patient by taking responsibility for the shared experience in ways that are likely also emancipatory:

> There are times when I can tell a patient is freaking out. There is a way I feel that and I try to calm myself down first and hope it bleeds over. I think the feelings are a combination—I feel I am half nervous and they are half nervous and we get together and make a complete nervous person. So I think if I let the patents energy completely overtake mine it will not go well, it can completely drain me. (Interviewee PG)

Much like the noticing of anxiety allowed the volunteer to not believe the anxious thoughts and feelings. Participants also acknowledged that further work with a mindful approach with heretofore unrecognized thoughts about the self as unworthy (*I'm not worth acknowledging, only others are worth acknowledging*) could also lead to similar liberation from that belief.

Discussion

> When I started I thought I was there to help people work through their denial and to face death, but now I know I am there simply to provide a space for their agenda, not mine. (Interviewee DM)

The Action Researching Self: A Relationally Responsive Self

Typically action researchers, indeed most social scientists, have avoided confronting directly the thorny question of what constitutes the self. This article suggests that in looking more deeply and inviting reflection on experience among coresearchers/participants of what constitutes the self, we locate seeds of a useful contribution to theory

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of the self for action research. Such a theory suggestively would help us move away from an atomistic-objectivist understanding of what happens "in the space between" action researchers and participants (Bradbury & Lichtenstein, 2000). Therefore, it might also be helpful in orienting ourselves yet more firmly to the call for relational praxis that Gustavsen (2003, 2004) in particular has articulated as the necessary focus for action researchers in developing the contribution of action research.

Understandings of the Self

The notion that there may be no independent, separate, lasting "self" may strike many Western readers as entirely baffling. Yet the Western tradition does indeed contain formulations that are sympathetic to an experience-true perspective on "self-less subjectivity" (Christensen, 2012). What has sometimes been referred to as pan-psychism (cf. Skrbina, 2005), highlights the ways in which Western notions, for example, Hegel's notion of Zeitgeist, suggest agency separate from individual, pointing instead to a kind of supraconsciousness that can be held in individual awareness. Additionally the growing familiarity with systems thinking, though rarely taken to the project of reconceptualizing the self, certainly lays the conceptual foundations for understanding the self as an ecosystem, constituted by and not separate from its environment. Yet by and large as social scientists we remain largely beholden to the Classical articulation of Aristotle and Descartes. For the Western mind, which privileges an autonomous ego, the subject is a reified entity that forms a border around its predicates, so familiar through the Cartesian cogito which relegates selfhood to rational thought. As a result, we rarely investigate this experiential/contextual self.

The Social Self in American Pragmatism

An important philosophical moment occurred, however, when American pragmatists began to examine, dispense with, and then update foundational philosophical dictates of European origin. James (1912/1983) in his "Essays in Radical Empiricism" places concrete experience at the center of his efforts and finds that "immediate experience is the instant field of the present which arises prior to the division of subject and object and anterior to all reflective judgment." This is the same instant presence that mindfulness invites awareness of. In his essay "The Continuity of Experience" James explicitly articulates his field model of the self in a way that curiously evokes Kurt Lewin's (1943) later but similar and foundational contribution to action research. James explains "What we conceptually identify with and say we are thinking at any given time is the center; but our full self is the whole field." Odin (1996) comments: "The pure experience of James represents a focus-field model of personhood designating a shift from the separate self to the connective self" (p. 156). James along with a number of similarly persuaded pragmatist luminaries, such as George Herbert Mead and John Dewey, all the way to the present day where the work of Juergen Habermas is acknowledged for its grounding in pragmatism, offered an experience near understanding of the self with rich pragmatic implications. Much like action researchers, pragmatists

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replace a primary concern for seeking objective understanding—deemed impossible in a shared field of intersubjectivity—with the concern for coordinating helpful action. Pragmatism has informed the contribution that ethicist Niebuhr has offered in his synthesis. Niebuhr (1963) writes,

> Many lines of inquiry have converged on the recognition that the self is fundamentally social, in this sense it is a being which not only knows itself in relation to other selves but exists as self only in that relation. In America the work of Cooley, Mead, Stack Sullivan and many others has led to the understanding of the self as a being which comes to knowledge of itself in the presence of other selves and its very nature is that of a *being who lives in response to other selves.* (p. 71)

In summary (the work of Odin, 1996, is recommended for its lengthier treatment of this important topic), when the point of knowing becomes experience, as with mindfulness practice, the separation between self and other cannot be found, there is only one boundless field of now. In turn, this present field of experiencing allows for a pragmatic response (again generated not from the individual but from the entire field) where helpfulness naturally arises because of the interdependent and cocreated nature of all phenomena. In the terms of this article then a collaborative self can be recognized when, mindful of the actual experience of the self/other being, such that separation is not experientially present, responsiveness arises, and thus, a collaborative self of action arises and functions with no-agent.

Selflessness in Zen Philosophy

The more experientially real concept of a social self is referred to as selflessness by Buddhists. Selflessness really means acknowledging the ways in which the individual is entirely constituted by nonindividual parts. Buddhist psychology in particular articulates the theory of "no-self" (Pali: anatta/Sanskrit: anatman) at least two millennia before James. A foundational document, the Teachings of Vimalakirti (Thurman, 1991), states simply that "all things (dharmas) are groundless/empty" using a formulation still contained in the Heart Sutra, the most widely shared prayer in Mahayana Buddhist communities today. The notion of "dependent co-arising" ("empty" refers not to blankness but to a lack of intrinsic or independent materiality and could be translated, if clumsily, as "predicated on other systems") is then explored in detail in Nagarjuna's *Mulamadhyamakakarika*, a document older than Christian scripture. The value of this is that mindfulness invites the thinking mind to be seen more clearly for what it is, conceptual and divisive understanding/thinking and not experiential reality. Instead emphasis is placed on what is actually experienced by the senses. With such a shift in attention from thought to experience, we can notice that breath immediately connects us with a limitless expanse of environment; likewise food or thought, both also come to us from "outside" the usual notion of the self, but then paradoxically help to constitute the "self."

This co-dependent, interactive, impermanent self moves away from a notion of a separate entity predefined according to the limits of the boundaries of the concept of a

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separate physical body. A more experiential conception of self leads to a more processual and systems understanding of the self, whose very being is understood to be embedded seamlessly in the natural and social systems that surround us.

Contemporary Buddhist philosophy, exemplified in part by the Kyoto school that has arisen around the work of Kitaro Nishida (1979), is grounded on Buddhist experiential concepts that are radically systemic. Nishida claims that the self is emergent (thus is no-separate, fixed self), a coming to being and passing away in response to action, interaction with others and sociomaterial context. He articulates a radically impermanent systemic self/no-self, giving voice especially to centuries of Zen thinking.

Practical Application: The Collaborative Self in First, Second, and Third Person

In this section, we look to some of the practical applications of understanding the self as collaborative with the context in which the self arises, while also reflecting generally on the practical implications of the palliative care study described. Contemporary action research (Chandler & Torbert, 2003) informed by Wilber's (2000) integral approach, offers an integrative framework for understanding implications at the personal, interpersonal, and impersonal approaches, called first-, second-, and third-person action research.

First-person action research/practice skills and methods address the ability of the researcher to foster an inquiring approach to his or her own life, to act choicefully and with awareness, so as to assess effects in the outside world while acting. Second-person action research/practice addresses our ability to inquire face-to-face with others into issues of mutual concern and engage with others productively. Third-person research/practice aims build on the practices of first- and second-person to create a wider community of inquiry involving a whole organization or community.

First-Person Perspective. In *first-person* perspective on practical applications, we see the value expressed by interviewees of mindfulness in their lives and work. As we consider the individual-level implications, we should note that the study population was volunteers acting in the capacity as care giver.

Mindfulness meditation practice supported appreciation of patients' needs because attention is less clouded by volunteers' own discomfort (they forget or put aside their own "self" neuroses more easily and are therefore more free to respond to what is needed). First-order change benefits included

- anxiety reduction
- stress reduction
- better outcomes when hiking/rock climbing (!)
- more ease and calm in daily life
- more enjoyment of the moment
- enhanced communication that supports the overall administration of the palliative care program itself

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With regard to the study described above a practical point of contact between theoretical reflection on self and useful praxis is coming to understand, as the interviewees did, that a self arises and falls away depending on the specific context. Agency is then practically located as inherent in the interdependent, co-created space from which the self appears to continually arise. Space here includes cultural/gendered/generational, and so on, contributions and enablers and is the raw material of the self's narrative in shaping her or his identity. The beneficial implications of seeing the self in this way suggests a fluidity of self and perhaps a potentially endless choice of identity making, provided the self can increasingly see the choices the space allows. There is no self apart from the world of its experience, which in human terms is completely relational experience.

It is also important to note that these radically different worldviews of Buddhist and Western perspectives cannot and should not be easily conflated. Nondual experience that arises via insight into no-self nature (the Buddhist term is *shunyata*) may lead eventually to a radical recognition of no self-world boundary in a process known as "enlightenment." Buddhist recognition of no-self, therefore, is not just psychological and/or sociological in nature; rather a realization that from the beginning there never has been a self and the very nature of a divided realty is an illusion. Generally, the Asian tradition, however, has not emphasized the importance of translation of experience into linguistic narratives that are so key to Western atomistic philosophy and science. Asian Buddhist tradition, therefore, displays a comfort with "not knowing" in the conceptual domain and rather emphasizes experiential knowing that is pre- or beyond the usual material universe. "Not-knowing" is considered key to fully experiencing the world, unhampered by the more grasping and inclusive but limited nature of rational understanding. In Zen terms, "the rose has no because," where a description of the rose, while perhaps somewhat useful, is considered at best radically partial and at worst a hindrance of the full experience and a blockage from being helpful.

The deeper impact of recognizing the self not as an inadequate provider but as a collaborative experience that arises always in response to the context, is hinted at more clearly in contemporary psychoanalytic theory. Here the practical application is to stretch toward the potential for liberating a sense of self that can be less burdened by past conditioned anxieties, attuned to present flow of experience in the moment that is in fact more "real" than abstract understandings of the self. In the words of Buddhist psychoanalyst Christensen:

> We logically know we are not separate, that we do change. For instance we need a constant oxygen supply in exchange with the environment to simply stay alive for even a minute. Yet we live our life as though we are indeed separate selves with separate bodies and minds. Because we think, feel and act as though we are separate we aren't in harmony with actual lived life, our subjective-self that is neither divided nor separate. **The degree that we are living according to restrictive objective-self views that are not in harmony with actual lived subjective-self is the degree that we are at dis-ease and suffer.** (Christensen, 2012)

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Moreover, we see the seeds of this liberating possibility for people's insights about working with their anxiety. The following quote from a closing interview with a young PhD student, woman, who had never meditated and used to be medicated for anxiety, may speak to the value at first-person level of mindfulness meditation generally:

> When I started volunteering all I saw really was the illness, especially when approaching someone in a grave condition. As if the illness hung like a curtain between us. But what I realized last night in reflecting on this closing survey, it is as if I have developed the ability to gently push aside the curtain and connect. I think the meditation has played a role in this realization. During meditation I often focus on how things are simply things I experience—they don't embody me. So I say "I am experiencing anxiety now." "I am experiencing sadness now." I used to say "I AM sad." This demonstrates the shift that has occurred in my mind. I am not sure that makes sense but that is what I was thinking . . .

We may conclude that the mindfulness program was beneficial at the level of first person. Therefore, the issue of building resilience among the health care workers of the future is appropriate, and with that, to what degree resilience results as stress is reduced. In all industrial nations but perhaps especially in the United States, a significant shortage of health care workers is predicted just as universal health care appears more likely. Thus, just as more people come to expect health care, fewer will be poised to deliver it. Those who remain as providers will likely struggle with ever larger patient loads—making the question of resilience a central concern and necessitating innovation at the front lines of health care delivery.

Second-Person Perspective. Action researchers are much attuned to the importance of relationships and relational networks. It's important to underscore the value of facilitating reflection on insights among volunteers. Mindfulness meditation on its own may have benefits, but aligned with the collaborative, relational approaches of action research may help explain the all around positive results of this study. This was particularly evident with regard to looking more closely at the ways in which the self may need more appreciation and less sacrifice. Facilitated discussion became an opportunity for volunteers to become more consciously aware of what's important for them to focus on. As captured in an unsolicited e-mail to the PI after the interview in which "humility gone wrong" was discussed, a volunteer offered,

> It was particularly helpful to discuss how I relate to myself. I hadn't given it much thought before, but I know there is something important there for me to look at in terms of helping myself do this job over the longer term.

Beyond a mechanistic worldview, a thoroughgoing relational understanding of the self frees us from believing we ought to be doing research in accord with the dictates of conventional validity (as a bounded individual developing my theory) to work with more consciousness for the needs of stakeholders (rather than something you *have* to do, it is experienced *as* the work). This in turn better situates action researchers to take

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the next step in garnering more social and ideally financial support for our way of doing work—namely by developing relationships across large networks of practitioners/scholar-practitioner work (perhaps aided by globe spanning social media) bringing a stronger focus on issues of relationships not only inside our research but also within the action research establishment itself. Gergen's (2009) *Relational Being* (reviewed in Gustavsen, 2010) articulates how the relational self may be understood to sit resolutely at the core of first-, second- and third-person action research. Indeed Western psychology's current interest in the Buddhist notion of "no-self," by which is meant a profoundly interdependent rather than separate self may be the beginnings also of a more relational conceptualization of the self for action researchers, which to a degree still labors with essentialist view of the self which sits awkwardly with the relational practices. The practical implication here is that all independent projects be reimagined as interdependent. In reality nothing is a priori independent as all phenomena co-arise and are interdependent with others. Action researchers are therefore called to investigate and work also at expanding the boundaries of their work.

Third-Person Perspective

For action research with its emphasis on being simultaneously insightful and helpful, we see familiar strains of Gustavsen's call to the field of action research to pay more attention to the relational responsiveness that is cultivated in action research. We are invited away from more theorizing for its own sake, but instead to an appreciation for the ways in which the self is constituted by and for relational organization of research whose primary goal is to create new combinations of fluid, responsive networks of collaborative action (Gustavsen, 2003) committed to the primacy of the practical. Here the implications are to consider how this study and others like it can connect up so that scale can be imagined less as a plication under similar conditions and more as a spread of work through relational networks.

Conclusion

Although a pilot study, there are surprising levels of positive experience, surprising because the program only lasted 12 weeks. What is articulated by the volunteers is the experience of mindfulness helping them get out of their own way ("freeing up energy") to be actually helpful, rather than merely thinking about being helpful. There is a kind of selflessness or responsive self that emerged and is recognized. But selflessness can be understood from two different and antithetical perspectives. On one hand, present experiential selflessness can cut through or not be caught up by low levels of anxious neurosis that keep the volunteer feeling less clouded by their own discomfort allowing for more ability to be there and to offer better care. On the other hand, there is a type of selflessness where the "other" is always put first, and the "self" is ignored or placed in the shadow. This "self" ignoring can lead to a depletion of the very self who is offering the care.

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When this theme was aired with the interviewees they took it on board as a helpful issue to consider—namely how to be more kind and attentive to themselves, ironically in service to a collaborative selflessness which nurtures the level of participative experience that arises between care giver and patient. Further research with a comparative effectiveness approach, is needed to distinguish the contribution of mindfulness specifically from that of other self-care techniques. Through a small amount of research to date (Schneider, Zollo, & Manocha, 2010) seems to underscore that mindfulness effects are qualitatively different from other management or well-being interventions (when compared with management training programs) in ways we are yet to understand. Indeed our ability to understand experience is itself hampered by the conventional science paradigm (Sheldrake, 2013).

Most participants had not meditated before. In concluding surveys, all expressed intention that they would continue to meditate daily. Perhaps most surprising was that a particularly busy medical student let the PI know he had signed up for a 10-day meditation retreat during his only 10 days off all year.

This article has also suggested that self may be better conceptualized as that "encompassing all that which can be responded to." The implications are important, for if the self is seamless with the environment, the environment comes to be treated more as self. Future theory and practice may help develop what we hope is a more fluid and practical way of conceptualizing self, one that is additionally more appropriate to what action researchers actually do in their systematic inquiry of helping social change. In turn such work may invite more theoretical support for contemporary ways of doing the integrative, experiential work of action research at a time when scholar-practitioners look keenly to re-enchant the contribution of social science to knowledge creation.

Appendix

Seven Quality Choice Points of Action Research

1. *Articulation of objectives*: The extent to which the objectives and the choices are clear.
2. *Partnership and participation*: The extent to and means by which participative values and concern for the relational component of work is maintained. By the extent of participation we are referring to a continuum from consultation with stakeholders to stakeholders as full co-researchers.
3. *Contribution to theory/practice*: The extent to which the work builds on (creates explicit links with) or contributes to a wider body of practice knowledge and or theory.
4. *Methods and process*: The extent to which the action research process and related methods are clearly articulated and/or illustrated. Statistics are often best accompanied by analysis of data that includes the voices of participants in the research. It is important to "show" and not just "tell" about processes.
5. *Actionability*: The extent to which the work provides useful ideas that guide action in response to need.

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6. *Reflexivity*: The extent to which self location as a change agent is acknowledged. By self location we mean that participants take a personal, involved, and self-critical stance as reflected in clarity about their role, clarity about the context in which learning takes place, and clarity about what led to their involvement in this research.
7. *Sustainability*: The extent to which the insights developed are significant in content and process. By significant we mean having meaning and relevance beyond their immediate context in support of the flourishing of persons and wider communities. Clarifying the infrastructure that can support ongoing maintenance of the work is key.

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1. The meditation instructions are available at http://www.zencenterofportland.org/newaudio/Brief_Guided_awareness12-09-09.wav

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