

Reflexive writing and the social life of documents

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Abstract

This paper draws on a three-year collaboration with UK charity Macmillan Cancer Support, where I have been working with colleagues to develop the use of narrative writing to track the conversations of groups of doctors and patients connected to the organization. My method when researching these narrative accounts includes participating in group meetings, creating draft accounts based on the conversations, and (crucially) re-introducing these drafts to the participants. In parallel with this "public" stream of writing, I have been pursuing a more private stream of reflexive and reflective writing, in which I explore my experience as narrative writer. In both streams, I draw on my research into the role of writing in organizations, including the notion of documents having a "social life". A number of themes have emerged from my private reflections, including: the use of multi-perspective narratives, the significance of "striking moments" for my inquiry, the presence of risk, my part as narrative inquirer in the political process of the organisation, and the value of iterative writing for reflection and learning about practice.

Over the past three years my colleague Elizabeth Lank and I have been engaged by Macmillan Cancer Support, a major UK charity that improves the lives of people affected by cancer, to document and evaluate its work with doctors and patients. I refer to the resulting narrative accounts here as the "public" stream of writing. In parallel, and on my own initiative, I have been pursuing a more

private stream of reflective, reflexive writing to “make sense of” what I have been doing and to develop and deepen my thinking. I include excerpts from both streams of writing in this paper.

When I talk to friends or colleagues about my work with Macmillan, I am often asked what the “purpose” of it is. I am then struck by how hard it is to answer this question. It seems to invite an orderly, rational answer. I sense that I am expected to explain that I knew exactly what I was doing when I started, that the organisation was clear about what it needed, and that I would be confident in defining the value of the narrative writing (both for the organisation itself and also for the people it serves – people affected by cancer).

In reality, the question always proves hard to answer. What makes it slightly easier, I find, is not trying to give a neat and tidy “purpose” but instead recounting some of the history – how I came to be doing the work in the first place and how it has continued to take shape.

A chance meeting more than 30 years ago

In 1975, just as I was finishing my first degree (in economics), I happened to meet a medical student at a party. I could never have guessed then that nearly 30 years later I would end up collaborating with that same person, Jane Maher, on some major pieces of work involving me as an “expert in narrative writing”. We stayed in touch, on and off, during the 70s, 80s and 90s, but it was only in 2003 that Jane rang me with a work issue she wanted to talk about. It was summer so we agreed to meet up in her garden. She knew I had been working as an independent writer and consultant for several years and had recently completed a doctorate in organisational change.

By then Jane herself was a consultant oncologist at a National Health Service (NHS) hospital near London, and for two days each week she also served as Medical Advisor to Macmillan Cancer Support. In this latter role she was charged with thinking about how Macmillan, best known for its “Macmillan Nurses”¹, could develop its relationship with doctors. While Macmillan’s traditional way of working

¹ Nurses, funded usually for three years by Macmillan, who give expert care and support to people living with cancer

was to fund *individual posts* (nurse, consultant, lecturer, etc.) for a finite period, typically three years, she was enthusiastic about developing longer-term relationships with influential individuals and with *groups* of health professionals. She found that Etienne Wenger's ideas about how practitioners learn and negotiate meaning through conversation in "communities of practice" provided a language with which to describe her work (Wenger 1998). When I met Jane in her garden, she explained that few people understood what actually went on in the conversations in communities of practice, or what came out of them.

About nine months later, as a result of this and other meetings, my colleague Elizabeth Lank and I started working with Jane and her colleagues to develop the use of narrative writing to track the conversations of groups of doctors and patients connected to Macmillan. Since 2004, we have produced more than 20 narrative accounts about the doctors and patients with whom the charity has a relationship. The accounts include a mixture of individual portraits and group narratives and start life as internal Macmillan documents. We have also published half a dozen external articles, mainly in management journals (e.g. Donaldson et al 2005a and 2005b). I consider these external publications as part of the "public stream of writing".

The social life of documents

The notion of documents having a social life had first come to me when I was working on my doctoral thesis: "*The part played by writing in the organisational conversation*" (Donaldson, 2003). To put it simply, many documents, once written, have a tendency to end up being filed away, thrown in the bin or otherwise ignored, unless and until somebody reads them, reflects on them and/or discusses them, thus giving them a "social life". I owe the phrase itself to Brown and Duguid's book "*The social life of information*" (Brown & Duguid 2000).

To use another metaphor, once written a document is effectively dead, yet it retains the potential to be resurrected. This is one of many factors that make writing a particularly valuable form of human-made technology. I like to remind myself sometimes that Socrates was non-literate, yet we have access to his thinking because Plato wrote down the Socratic dialogues. Walter J. Ong admirably sums up the paradox at the heart of writing as a technology:

"The deadness of the text, its removal from the living human lifeworld, its rigid visual fixity, assures its endurance and its potential for being resurrected into limitless living contexts by a potentially infinite number of living readers." (Ong 2002: p.80).

The notion of documents having a "social life" has been central to my work with Macmillan, where my colleagues and I have been wary of producing written narratives "for the filing cabinet". Instead we have looked for opportunities to "introduce" our writing to people who might find it useful, not only by sending them drafts but also by actively initiating discussions about the themes developed in the writing. Etienne Wenger's phrase "accompanied artefact" is another way to get at the idea of humans "introducing" documents to people:

"... it is often a good idea to have artefacts and people travel together. Accompanied artefacts stand a better chance of bridging practices." (Wenger 1998: 112)

At Macmillan, by seeking to widen the circle of people who "interact with" our writing, we aim to give our work more influence. We also know that it makes it more risky, as will become clear later.

A private stream of writing

My parallel stream of reflexive and reflective writing typically started with handwritten notes in my journal. I would often leave a meeting with some doctors or patients and write in my notebook all the way home on the train. Typically I would write about things that "struck" me as interesting or worrying. Then, some time later, I would use my journal and my recollection to draft a more coherent account for a slightly wider readership – I was in a postdoctoral group at the University of Hertfordshire during this period, which gave me an opportunity to discuss it with colleagues. The titles of the five reflective pieces I wrote during 2005 and 2006 provide a glimpse of the themes that were exercising me and the movement of my thinking in this period:

1. Writing, reading and narrative in organisational life (August 2005)

2. What insights do history and historiography offer narrative inquiry?
(December 2005)
3. Sticky moments – some uncomfortable choices in narrative inquiry
(February 2006)
4. Reflections on the meaning of “collaborative” (May 2006)
5. Striking moments – writing as emergent inquiry (July 2006).

This paper draws on some of these writings. The phrase “striking moments” or “striking events” (Shotter 2007) came to have particular significance for me, as I will explain later. However, first I will outline how my doctoral research caused me to start questioning taken-for-granted views about writing, as this is an important aspect of my reflexivity – understanding how my personal history and intellectual development have influenced my approach to narrative inquiry.

Questioning taken-for-granted views on writing

A number of writers have influenced and shaped my work in very practical ways.

A relational process

First, I have come to question the common habit of talking as if documents “contained meaning”. This view of writing is based on the sender-receiver view of communication, which is constantly reinforced in everyday conversation in organisations – for example, whenever people talk of things like “information flows” or “transferring knowledge”. Sender-receiver thinking also owes something to the engineering model of communication, developed in the information theory of the 1940s (Shannon & Weaver 1949). Meaning is seen as “message” – something that travels from sender to receiver. Depending on the quality of the “communication channel” and the amount of “noise”, the message either arrives intact or with something missing or distorted. I have come to view these ways of thinking about human communication as simplistic and misleading.

Another way to think about communication is to follow George Herbert Mead in viewing it as a continuous process of gesture and response (Mead 1934). Although Mead didn’t write specifically about the written form, I think that his theories invite us to view writing as a conversational or relational process. This is how I put it in my doctoral thesis:

"The writer while writing conducts a silent conversation – with some combination of the generalised other and the specific reader(s). As this conversation moves along, the imagined responses act back on the writer, who may change what he or she was intending to write. Eventually, the writer finishes writing and may send the text to someone, at which point the reader's response becomes real. This actual response then continues to change the meaning of the writer's gestures." (Donaldson 2003)

A late addition to human society

Another strong influence on my thinking has been Walter J. Ong's work, *Orality and Literacy* (Ong 2002), which reminds us that humans developed spoken language long before the invention of writing and printing (not to mention computers). Why does this matter? I think it tells us a number of things about human beings. First, for hundreds of thousands of years humans have used gestures and speech to communicate – so in biological and bodily terms we are oral communicators. Writing first appeared much, much later – around five and a half thousand years ago in Mesopotamia (Ong 2002:83) – and printing only emerged in Europe about five hundred years ago. This helps us understand why many people (often, in my experience, the doers in organisations) seem to have an uneasy relationship with writing and reading, and also why much written communication gets ignored. It also provides an insight into why written strategies are so famous for not being "implemented" as the authors intended.

Despite these limitations in what can be achieved through writing, it remains an invaluable tool for learning. I have already mentioned its potential for resurrection. In addition, we can use writing in organisational life to develop and deepen our thinking.

Narrative writing and complexity - shining a spotlight on detailed everyday interactions

Another set of influences I wish to draw attention to relates to complexity. My understanding of complex processes of human relating in organisations (Stacey 2000, 2005) has altered the way I see cause and effect, which is clearly significant for narrative writing. For example, it has confirmed my longstanding

sense that reductionist reasoning, such as "A led to B", is problematic when we are trying to understand society and organisational life. In my narrative writing I therefore attempt to bring in relevant context and use language that reflects a more emergent, non-linear view of causality.

In particular, complexity thinking suggests that both organisational habits and novelty *emerge from interaction*. It therefore makes sense to me to write about specific interactions if I want my readers to understand, for example, how a patient group operates. And when I am in conversation with doctors or patients, if they speak in very general abstract terms, I tend to ask for specific examples. In this sense, Bruner's distinction between narrative and "paradigmatic" or "logico-scientific" modes of thought informs my work:

"A good story and a well-formed argument are different natural kinds. Both can be used as means for convincing another. Yet what they convince of is fundamentally different: arguments convince one of their truth, stories of their lifelikeness." (Bruner 1986: 11ff)

Others distinguish narrative from "propositional" forms of human communication (Stacey 2001). The latter include generalisations, categorisation, principles, lists, guidelines and proposals, and in managerial writing the propositional (often prescriptive) form is widespread. Yet, as Patricia Benner has pointed out, lists and oversimplified models cannot convey the context needed to understand expert knowledge (Benner 2001: 39-43). Narrative is more suited to that purpose.

The point, though, is not to use one mode at the expense of the other. In practice, the accounts we have created for Macmillan interweave both narrative and propositional threads, just as conversation uses both modes.

History matters

Another implication of complexity thinking for narrative inquiry is that it makes sense to pay attention to history. I have come to realise that a situation is often best explained by tracing the complex sequence of events that led up to it (see earlier explanation of how I came to work with Macmillan).

About a year and half ago, a friend heard me talking about my work and drew my attention to the discipline of historiography. In 1961, EH Carr challenged the belief that history was simply a matter of objective fact (Carr 1990/1961); two decades later, in the 1980s, postmodernist theory emerged out of literary theory and suggested that there is no such thing as historical truth or objectivity (Jenkins 1991). In 1997, Richard Evans responded to postmodernism by publishing *In defence of history*, acknowledging that:

"Postmodernism in its more constructive modes has encouraged historians to look more closely at documents... and to think about texts and narratives in new ways... It has forced historians to interrogate their own methods and procedures as never before... It has led to a greater emphasis on open acknowledgement of the historian's own subjectivity... It has shifted the emphasis in historical writing... back from social-scientific to literary models... It has restored individual human beings to history, where social science approaches had more or less written them out." (Evans 1997: 248).

I found the literature I encountered in this field complemented social constructionism and complexity thinking and further illuminated my practice as narrative writer.

It is worth adding that, much of the time, I pursue narrative as a way of exploring what has been happening, rather than merely to illustrate an existing point of view. This is not dissimilar to the research method employed by doctoral students on Ralph Stacey's programme at the University of Hertfordshire:

"... we record stories of what we are doing and what others around us are doing and as we develop these, the themes of the research emerge. This is why it is only clear what we have been doing when we are almost finished doing it."
(Ralph Stacey, email communication)

I hope that by now I have given enough explanation of the main theoretical influences on my method of inquiry, in both the public and private streams of writing. I might also just add that I draw inspiration less from managerial writing

and more from non-fiction, including history, biography, anthropology and ethnomethodology, and even literature and documentary.

What follows next provides a flavour of my narrative research with Macmillan, including both the public and private streams of writing. My work with the charity has taken the form of a number of "projects" and I have selected two of these for my reflections in this paper: (i) the story of a group of doctors (general practitioners or GPs) connected with the charity; (ii) a series of narratives about "user involvement", which meant writing about the work of a group of people affected by cancer (a patient group).

In practical terms, my method when researching the "public" narrative accounts for Macmillan included participating in group meetings, talking to individuals informally (in person or via telephone), creating draft accounts based on the conversations, re-introducing these drafts to participants (e.g. at group meetings), noticing what emerged from the resulting conversations, and iteratively revising the drafts. These drafts became records in their own right, but we also came to view them as "raw material" for use in subsequent external publications (see, for example, Donaldson et al 2005a, 2005b, 2007). Throughout the work with Macmillan, I have enjoyed fruitful and stimulating collaboration with my colleagues Jane Maher and Elizabeth Lank, who are co-authors on the external publications.

A story about doctors, in which multiple perspectives emerge

The very first project we (Elizabeth and I) were given by Macmillan was to write the story of a small group of doctors known as the "Macmillan GP Advisors". Macmillan Cancer Support had been working with this group of general practitioners in one form or another for about 10 years. In 2004 it consisted of five individuals who had a combined role: (i) they supported a wider community of about 100 Macmillan GPs (known as "Macmillan GP Facilitators" – GPs with a strong interest in educating their peers in palliative care) around the UK, and (ii) they helped the charity to keep in touch with experience on the ground and use it to influence national policies.

It is important to understand that in the UK Macmillan is best known for its “Macmillan Nurses”, who care for and support people who are living with cancer, typically near the end of their life. At the time we were doing our study of the GP Advisors, there were more than 2000 Macmillan Nurses but only around 100 Macmillan GPs and five GP Advisors. Jane Maher, as the person responsible for Macmillan’s work with doctors, felt a need to increase understanding (within and beyond the organisation) of how the GP Advisor group had come into existence and in what ways it had helped to shape national developments in cancer care.

The narrative account that began to emerge after some weeks was called “Engaging with influential doctors – how Macmillan Cancer Support has worked with GPs to improve the experience of people living with cancer”. We referred to it informally as “The GP Advisor story”. The excerpts below include examples of both the public and private stream of writing. To make it easier to distinguish the two streams, the public narratives appear in a “serif” font.

The first excerpt is a section of the GPA Advisor story (the “public” narrative) explaining how the group helped to create a new “lead clinician” role in the National Health Service, known as Primary Care Cancer Lead. This represented a move by Macmillan to extend its influence beyond palliative care (which remains the main focus of Macmillan GPs), in an attempt to improve the patient’s whole “cancer journey”. The implicit question in this particular narrative inquiry was “What role did the GP Advisor group play in the creation of this new lead clinician role?”. In talking to the people involved, it quickly became clear that they had varying recollections of what had happened, so I chose to construct a multi-perspective narrative, using extensive direct quotes.

Excerpt from “public” narrative account about Macmillan doctors

Developing an idea already “in the ether”: the role of Primary Care Cancer Lead [PCCL]

The idea of the Primary Care Cancer Lead or PCCL emerged from the experience of Macmillan GP Facilitators. Since 2000, lead cancer teams had grown up in Scotland, typically consisting of a GP, a nurse, and a specialist from the secondary sector, while in the rest of the UK a number of Facilitators were developing similar initiatives. Their focus was to be on cancer care in general, not just the

palliative care aspects. The PCCLs, some of whom are or have been Macmillan GP Facilitators, “work to develop and streamline cancer services within [NHS] Cancer Networks, linking primary care staff with their secondary and tertiary care colleagues”, according to the Macmillan website. The GP Advisor group, especially Greg Tanner, played a seminal part in defining the role of the PCCL. As with all histories, the emphasis varies according to who is telling the story, even if the general pattern is similar:

Ivan Cox (GP Advisor 1994-2001):

“[At Macmillan] we started negotiations with [English ‘Cancer Czar’] Mike Richards on the development of the Cancer Lead post... It was one of those situations where several people thought of the idea simultaneously. I don’t think anyone can claim absolute origin of the whole idea... Greg [Tanner] had developed it down in the South West and had Cancer Leads paid for by his PCT²... Through 1999, 2000 and 2001 there could have been three to four different models for the role. Duncan Leith had a model in the North East, Chris McCall had one in Dorset, there was another in the North West, and I’ve since discovered that Peterborough and Lincolnshire had also thought of something similar. And I was trying to promote it around the country. In 1998 I ran a series of workshops for the RCGP³ that developed the ideas around GPs managing the whole cancer journey.”

Greg Tanner (GP Advisor 2000-present, also former PCCL):

“At my first GP Advisor meeting in York, in March 2000, I proposed the PCT Cancer Lead role. I thought every Primary Care Trust should have an identified Lead, and that the post-holders needed a support programme, since the service development and managerial roles were new to them. Meanwhile, the post of Primary Care National Cancer Lead with the CSC⁴ came up. I was nominated by my region, invited to apply and was chosen out of four applicants. In this role I became part of a group that was to advise Mike Richards (the Cancer Czar for England), and help him form the National Cancer Plan.” While a member of that group, I wrote several papers on various aspects of the PCCL role, including the job description itself. I always put these to the Macmillan GP Advisor group for comment first and adapted them in the light of the group’s suggestions. The group became very useful to me as a sounding board... and I am pleased with the way the PCCL project went. Its aim was to bring up talented people and there are now Cancer Leads all over the country.”

² Primary Care Trusts are the local organisations in the National Health Service that are responsible for services in the community.

³ Royal College of General Practitioners

⁴ Cancer Services Collaborative – a national programme created by the government to improve the experience and outcomes of care for people with cancer

David Millar (GP Advisor 1994-present):

“I had been discussing the idea of a lead cancer GP or Facilitator working with cancer teams (the Scottish ‘PCCL equivalent’) as far back as 1997. I had been a member of the Scottish Office group that had been looking at the implication of the ‘Calman-Hine’ report for Scotland with particular reference to primary and palliative care. It was when deliberating on the recommendations made in our report that I conceived the idea of having a ‘lead cancer GP’ to work with lead cancer clinicians and lead cancer nurses to ensure that the primary care elements of cancer care were delivered. The model was a development from the GP Palliative Care Facilitator – i.e. a GP in active practice working part time to effect change and improve care. The first appointment was on the 1 July 1998, that of Bob Grant, and Peter Kiehlmann was appointed in September 1999. So we had developed a blueprint for the PCCL programme in two Scottish Health Boards (the equivalent of the English PCTs) back in the late 1990s.

“The PCCL programme in England followed soon afterwards: before Ivan Cox resigned as GP Advisor, he invited Mike Richards to a workshop. At the bar, Mike bought the idea of the Primary Care Cancer Lead... A few weeks later (in 2000) the NHS Cancer Plan for England announced ‘a new partnership between the NHS and Macmillan Cancer Relief to provide £3 million a year to support a lead clinician for cancer within every PCT’ ...”

Jane Maher (Macmillan Medical Advisor 1999-present):

“English Cancer Czar Mike Richards invited the whole GP Advisor group and me to his office, where we hammered out an outline plan for the PCCL role, which Mike was under pressure to produce quickly. Because the idea was based on the collective knowledge of GPs, distilled from the GP Facilitator experience, there was general agreement. Next, Greg and I persuaded Macmillan’s then chief executive, Nick Young, that the PCCL role should be funded by the Department of Health, with Macmillan providing a support programme giving the PCCLs opportunities to get together and share learning as well as support for their personal development (one-to-one coaching, learning sets and personal development plans). In other words, we influenced Macmillan not to go for ownership of the PCCLs, but instead to seek to connect with them and support them.”

Gill Harding (GP Advisor 1999-2002):

“The Primary Care Cancer Leads came from the political strand of the GP Facilitator work. It was based on the view that we needed to push for cancer issues to be high on the agenda of the [Primary Care Trusts], which have a huge amount of power.”

Glyn Purland (Macmillan Lead on PCCL):

“The ‘lead clinician’ was a strategic, managerial position whose purpose was to improve cancer services in his or her Primary Care Trust and to advise the networks... The inventor of the idea of the lead clinician had been Greg Tanner. Greg later drafted the job description for the role.”

My decision to use multi-perspective narrative partly reflected my understanding of the nature of human sensemaking. During my doctoral research, I came to view sensemaking as inherently social, and also “ambiguous” in that we all make sense of the past, indeed we create history, in our own different ways. The story any one of us constructs may still be recognisable to those involved but it is not “objectively true”. Thus at Macmillan, although I retain considerable authorial control over the written narrative, it is an intersubjective creation – influenced by the doctors and my co-authors. Readers will recognise in these comments the influence of interpretive approaches, including social constructionism and sensemaking (Berger & Luckmann 1966; Gergen 1999; Shaw 2002; Shotter 2006; Weick 1995).

What follows next is an excerpt from my private reflections about working with this same GP Advisor group. I have found that, as I incorporated excerpts from my reflective narratives into this paper, I have felt a need to edit them to make them comprehensible to a new readership. In a few places I have made my later changes or additions visible by putting them in square brackets. My decision to edit reflects not just a habit developed through years of research, writing and editing, but also a sense that it may be more useful to use the writing of this paper not as an exact record but as another iterative exercise in writing and learning.

Excerpt from private reflections on writing about the GPs

[My colleague] Elizabeth and I started by joining a meeting of the GP Advisor group in London. We also interviewed seven current and former GP Advisors plus relevant Macmillan people singly to get each individual's perspective on the evolution of the group. With each person, at the outset of the conversation, we explained what we were attempting to do. I kept no record of how we expressed this but, as far as I recall, we said that we were writing the narrative initially for

the group itself and for Macmillan. We probably did not mention at that stage that we might want to use some of the material as part of an external publication later on, since we didn't have that express intention in spring 2004. This turned out to be more significant than we realised at the time, as we shall see.

Over the summer months I circulated some draft narrative material among those interviewed, invited their comments and then revised it. It turned out there were aspects of the group's history that were viewed very differently by individual members, so we decided to deal with these differences by including multiple perspectives in the form of extensive quotes, all agreed by those interviewed. This took a number of phone calls, discussions and redrafts. Once or twice, A disputed what B had written. This sometimes prompted me to discuss the narrative with B again, to give him/her an opportunity either to stick to his/her position or to modify the text if our discussion had provoked new or different recollections.

Social life of documents produces "sticky moments"

As narrative writers or inquirers, we probably all find ourselves faced with constant "ethical choices", largely because we are writing about real people with whom we are in relationship. I sometimes refer to these incidents as "sticky moments", because they typically involve a sense of discomfort and even embarrassment. I note that it is often my attempts to give written accounts a social life that prompt such incidents. Certainly at Macmillan, every time we identified a new circle of readers for our narrative writing – often readers we had not anticipated when we started the work – we faced issues of confidentiality and consent, as I will now explain.

By autumn 2004, we (Elizabeth, myself and our Macmillan colleagues) were starting to talk about what we might publish externally over the coming year. Part of our thinking was that managers within the organisation might well pay more attention to something published in an external journal, especially if it was peer-reviewed, than to an internal document. Somebody mentioned the term "boomerang marketing" to describe this phenomenon – that external publication can lend legitimacy to work that it might lack if only talked or written about inside an organisation.

By then, two journals had already accepted articles, which were due for publication in 2004 and 2005. When the first one came out (in the Knowledge Management Review), Jane Maher showed it to Macmillan's then chief executive. Not long after, she told us that this had moved him to take note of our work in a way he had not previously, which seemed to support the boomerang marketing theory. Shortly afterwards, he made an appearance at a meeting of senior managers that we had set up to share some of our emerging thinking on this topic. This came across to us as a demonstration and signal to the other managers that he took our work seriously.

By publishing externally and showing a publication to the chief executive, we were also expanding the "social life" of our documents, and it was not long before some "sticky moments" cropped up. At the beginning of 2005, we were participating in another meeting with the five GP Advisors, this time near Edinburgh. We wanted to discuss the latest draft of the original "GP Advisor story", circulated before the meeting, and explore what we might do with it next. After some discussion, Jane suggested sending it to the chief executive as a Macmillan internal document.

This suggestion had the effect that the group suddenly became more interested in the draft, and I recall one member of the group saying pointedly that this was "not what we had said we wanted to do at the beginning". So we suggested that each member of the group re-read the draft after the Edinburgh meeting and let us know within a fortnight what we should change to make it suitable for the chief executive's eyes. I received back a few comments and changes from some individuals and within a couple of weeks we had the go-ahead to let the chief executive see the narrative...

Shortly after this, the proofs arrived for our second external article (for the Journal of Change Management), which included information drawn from the GP story. Although the GPs had already "approved" the raw narrative, we decided to send them the proofs, requesting that they let us have any corrections quickly, as the publisher had given us a 48-hour turnaround time. At this point I felt uncomfortable. I thought it would have made more sense if we had let the GPs

see an earlier draft of the article, before it went to the editor and the reviewers, so the email I sent to the GP Advisors was apologetic. I remember a couple of days later I spoke on the phone to one specific member of the group whom I knew to be sensitive about the history and who hadn't yet responded to the proofs. She protested that if we hadn't heard from her we could not just assume that she had read and was comfortable with the text. I would not go as far as to say that she then gave her "approval", but I know that the upshot of our discussion was that I removed a sentence which she objected to and we seemed able to "go on together". I am now also conscious that this incident brings out the many shades that exist between "enthusiastic approval" at one end of the scale and complete refusal or veto at the other, with plain "consent" or even "assent" somewhere in the middle.

After these experiences, Jane Maher suggested we draw up a "code of practice" for our narrative research. When I saw the formal words "informed consent" in my colleague's first draft, I remember feeling taken aback. I hadn't viewed our conversations with the GP Advisors as requiring "consent" – for me, the process had been one of making sense together of what had happened. Nor had I seen myself as an outside observer conducting research on the group as "subjects". Nevertheless, I helped write a code of practice, preferring to call it "Working with people and narrative", as I wanted to provide some context about what we were trying to do with written narrative as well as explaining our "ethical principles".

It is worth pointing out that we were aware that research proposals in the medical field typically go through a formal "ethics process". None of the writing I had done for other organisations in 15 years as an independent writer and consultant had ever been through such a process. During my Macmillan work, I heard that in the medical world only activities that are labelled "research" have to go through a formal ethics procedure, whereas "audit" and "evaluation" are exempt. I have since heard of some researchers being careful to describe their work as audit or evaluation in order to avoid months of delay involved in going through ethics committees.

Several months after the incidents described, during the Christmas break 2005/6, *I noticed myself thinking about them* and I started writing this reflective

narrative [the third in my "private stream of writing"]. While doing so, I looked at how other narrative inquirers had thought about ethics. Clandinin & Connelly, for example, described how researchers in their university in Canada had to obtain ethical approval before beginning to negotiate their inquiries (Clandinin & Connelly 2000). I was struck by the authors' comment that in many ways this process "works against the relational negotiation that is part of narrative inquiry" (ibid:170), and that it may not be possible for researchers to "fully explicate their research" before commencing it. The reality of collaborative research with participants, they explained, is that the research tends to change over time:

"Ethical matters shift and change as we move through an inquiry. They are never far from the heart of our inquiries no matter where we are in the inquiry process." (Clandinin & Connelly 2000: 170)

A further problem that resonated with my experience was that it may be impracticable for researchers to obtain informed consent from every individual with whom they come in contact. In short:

"From a legalistic point of view, the questions of informed consent are insoluble and would, in a study of any degree of complexity, bring it to a halt... from a relational point of view, [narrative researchers] have to consider their responsibility as researchers with the participants." (Clandinin & Connelly 2000: 171)

Perhaps most of all I was taken by Clandinin & Connelly's statement that narrative inquirers are doing something different from empirical research ("the grand narrative"), which typically views participants "as subjects in need of protection in research undertakings" (p.172-3). The authors suggested the term "relational responsibility" as a useful way of thinking about research ethics. This term fitted with the way I had been trying to work with individuals and groups at Macmillan. Rather than starting with all the assumptions and processes associated with empirical research, I had viewed the people we met and talked with as participants and colleagues rather than as subjects. And rather than submitting a proposal to a fixed procedure before starting research, I had been trying to remain alert to ethical issues throughout my work (as I imagine any

researcher would claim to do). This meant: reminding myself again and again to explain and explore with participants “what it is we are trying to do together”; and discussing draft material with them before circulating it to a wider readership, knowing that they might say “no” at any stage.

[Risk in narrative writing]

My experience tells me that narrative inquiry is risky for both parties – those who are written about risk having an external light shone on their story, but the writer also risks embarrassment. In my experience, no codes of practice can fully prepare or spare us from making difficult choices spontaneously in our daily interactions. It is also worth noting that such “choices” are not usually based on rational thought processes that precede action - in reality, I find myself spontaneously acting into whatever situation I find myself in. I hope my account shows that it can be useful to question and reflect on taken-for-granted concepts such as “informed consent”.

Re-reading these personal reflections now, I note that this questioning of taken-for-granted methods has become characteristic of my practice – I resist the notion that there is “a right way” to conduct an inquiry. I know what the rules of empirical research are, but I don’t follow them rigidly. I attempt to notice, articulate and reflect upon what I actually do rather than idealising my approach as researcher.

One colleague who read my private reflections on “sticky moments” was struck by the implicit theme of anxiety in my writing and the way in which my work involved “taking risks relationally”. She commented that much writing about organisations and organisational consulting is idealised, perhaps reflecting the writer’s self-preservation motive. Our conversation highlighted for me that my constant efforts to elicit and record narrative detail may actually make upsets even more likely. A second colleague commented that my written reflections were “disarmingly frank, slightly self-doubting”. A third colleague said that my reflective account really “came alive” for him when I described a specific experience with a doctor who had turned down my request to write about her. Together these comments strengthened my sense that I was deepening my learning by exploring difficult experiences through reflective writing, even if I was

risking exposing my practice and thinking to critical scrutiny and even ridicule. As Ann Cunliffe has pointed out, reflexive writing tends to surface our fallibility (Cunliffe 2003).

A story about user involvement – in which “striking moments” take on significance

The second Macmillan project I refer to involved tracking the activities of a group of “service users” over a two-year period. This particular group of people affected by cancer was helping to shape a Macmillan/Department of Health programme (referred to below as the “cancer genetics programme”) offering tests and counselling to people with a family history of the disease. For the sake of brevity I will refer to this group simply as the “patient group”.

Many people (e.g. clinicians and managers) without direct experience of “user involvement” find it hard to imagine what patient groups get up to, or how they can contribute. What Macmillan had therefore asked me to do was to track the work and evolution of the patient group, exploring how it was contributing to the cancer genetics programme.

My main method of tracking the group was to participate in its meetings in London, which happened once every three months and lasted about five hours. At these meetings, I introduced myself as a writer who would like to explain to the outside world what this group does, or words to that effect. I responded to what I heard, and brought in my experience when it felt relevant, and sometimes I talked specifically about my writing plans or discussed draft material with them. In other words, I viewed myself as a participant, not just as an observer.

One of the features of the work with this group that struck me as distinctive was the quality of the conversations stimulated by the narrative writing process. The group’s meeting agendas always included a slot called “narrative writing”, in which there would often be draft material to discuss. These conversations had a particular, free-flowing, storytelling quality about them and typically prompted members to go more deeply into their experiences. This rather personal, storytelling quality stood out particularly from the more impersonal, transactional and rational feeling of some of the other parts of the meetings – for example,

when we discussed Macmillan's strategy regarding the cancer genetics programme. The storytelling episodes in the meetings confirmed to me the potential for learning (new thinking) to emerge during group conversations. Furthermore, the way I saw my role in these conversations was not so much as a "facilitator" controlling the discussion, but more as a participant who asks occasional questions and notices what emerges. By "introducing" the writing to the group in this way, a rich, face-to-face group conversation seemed to open up. This also felt different from simply circulating a draft for comment via email.

In the excerpt below from my private reflections, I relate a number of experiences I had while working with this group. In doing so, I draw attention to certain "striking moments" that shaped and guided my work. It might help to give a quick example of what I mean by this term.

It was at my third meeting with the group, on 7 July 2005, that something "striking" occurred. It was the day of the 7/7 London bombings and only three of us had made it to the meeting, which would normally involve about 15 and was due to start any minute. Phone calls quickly revealed that the others were not going to turn up – most had been forced by the terrorist attacks to turn round and go home. So there we were, wondering whether to stay and talk to each other or try to get home somehow. We decided to stay until lunchtime, eat some of the sandwiches meant for 15 people and give the rest away to staff who happened to be in the building.

I remember getting into conversation with Joan, a member of the group. She told me that she had a breast cancer gene called "Braca" and that she had lost several members of her family to the disease. She herself had had a "preventive mastectomy", which meant she had had both breasts removed to reduce her risk of getting cancer. I recall doing a "double take" at this point. This was a truly striking, arresting and memorable moment. It shocked me into reflecting on the kinds of experiences and choices that some of the people in the patient and carer group might have been through. I realised I had not been entirely present to these realities up until then. In the meetings, we had so far tended to discuss less personal aspects of the group's work, such as patient leaflets and letters.

(Since hearing Joan's story, I have often reflected on when, and when not, to include such personal experiences in the public narrative accounts.)

This time I will present my private stream of writing first. The excerpt below refers to a meeting I joined in March 2006, set up for project staff who had been given responsibility for user involvement in the local cancer genetics services. Two members of the patient group also participated in this meeting.

Excerpt from private reflections on writing about user involvement

One surprise occurred after a meeting involving a small group of people known as "user involvement leads" – members of staff who had been given responsibility for patient involvement in their local cancer genetics service. The "user involvement leads" particularly highlighted the difficulties they had encountered finding suitable patient representatives, and shared their experiences of working with those they did manage to find. I made an audio recording of the meeting and included much verbatim material in my written account.

My draft went first to all who had participated in the meeting, plus the two user involvement leads who hadn't been able to make it on the day, with an invitation to comment. I received just a few minor suggestions from the participants, but some time later I happened to bump into one of the user involvement leads (Liz) who hadn't made it to the meeting. My chance conversation with Liz prompted her subsequently to send me a long email explaining the challenges she had faced in finding and involving two Asian women as patient representatives in her local cancer service. In particular, she had accompanied the two women – who had told her they wouldn't travel independently by train to London – all the way from [northern England] to a meeting at Macmillan's UK office in the capital. As I read her email, I vividly recalled being at that same meeting myself a few months earlier and seeing her arrive with the two women. Liz's email included intriguing details like the fact that the mobile phone of one of the two women rang about three times during the train journey and it was apparently her family asking if everything was alright. I was so interested in the story that I decided I would like to include it in the draft narrative account. I created a new section called "Challenge of involving ethnic minority representatives" and sent the

revised narrative back to Liz for her further comments. She replied saying she "would like to make some more changes" and then "pass it by the women concerned".

What happened next probably surprised both of us. One of the Asian women who read the account evidently told Liz: "You don't really know me. I am much more westernised than you think".

In Liz's next email to me, which she had sent at about 6am on a Monday morning, she passed this comment on to me, expressed her discomfort about the woman's reaction and asked me not to use the text in its current form. I acknowledged her email and suggested we have a chat on the phone whenever it was convenient for her. My intention was to participate in this increasingly complex set of interactions and see whether we could jointly move things on, with the hope that Liz could salvage the relationship with one of her patient representatives and that we could all learn from the experience and eventually share it with others. I waited a few days for her to respond and, in the meantime, I withdrew the journey-to-London story from the draft narrative.

Two weeks later, Liz and I had a long and friendly chat on the phone, exploring the incident and what it might mean. I recall being aware of two particular thoughts going through my mind, which give an example of how my previous experience played a part in the inquiry. One was that I have friends from Pakistan who apparently manage to hold the tension of living in more than one cultural world. So maybe, I reasoned, an individual can be both "westernised" and "not westernised" at the same time. The second thought was that somebody I knew in another context had written an amusing and readable account of his journey to visit a man in Egypt who wanted to do a PhD in England. Some people who read that account had commented that they found it disturbing and somewhat "colonial" in tone. Comparing this case with the journey-to-London account, I felt alive to the risk of unconsciously adopting a condescending tone.

Meanwhile, my phone conversation with Liz had clarified that she was happy for me to retain a version of the "journey to London" in the narrative but wanted me to de-emphasise the ethnic element and highlight instead a financial theme. She

had felt it would not be right to ask a patient representative to pay £170 in advance for the train ticket, especially as she knew this individual had no credit card. I therefore went ahead and modified the narrative account, steering what felt like a careful path in the process. I wanted to mention the fact that the women were from an ethnic minority (since Liz had said this was important for the project) yet not make ethnicity the point of the story. Also, in emphasising the financial issue, I did not want to imply that the two women were too poor to afford a train ticket to London. The text was beginning to feel a bit of a minefield.

Being "struck"

The experience of being "struck" is worth dwelling on for a moment. When Liz reported the woman's comment about being "westernised", I felt slightly shaken as I sensed that suddenly the meaning we had settled on earlier about the journey to London was crumbling. This provoked an internal dialogue in my mind, including a stream of silent questions. Had I been too quick in accepting Liz's original interpretation of the story as being about ethnic differences? If I downplayed the cultural aspect, or even omitted to mention that the two women were Asian, would I be compromising the narrative in order to save Liz embarrassment? Could I arrange to speak directly to one or both of the women? [I kept the story in the public narrative account but de-emphasised the ethnic angle.]

What determines what strikes us? Perhaps the main factor is our personal history, and the interests, values and beliefs we have developed as a result. In this case, I have alluded to the personal experiences that influenced my reflections. It seems too that embarrassment can play a part. Liz seemed embarrassed about the reaction to her narrative. Perhaps the Asian woman had been embarrassed at how she was portrayed – as a foreigner, as reluctant to travel independently, as unable to pay for an expensive train ticket? And I myself felt slightly embarrassed that I might have missed something. Should I have warned Liz to re-read what she had written very carefully before showing it to the women? After all, she had originally written it with me in mind as her reader and I knew from experience that people often want to re-consider a text before it is shown to a new reader. Moreover, I felt partly responsible for endangering Liz's relationship with the Asian woman. As I reflected on the episode, I was interested to note that Eliat Aram (Aram 2006) has argued that shame is "a

necessity, if not an inevitability, of any process of learning". This reassured me that a sense of embarrassment is something any narrative inquirer can expect to experience.

Where does the notion of "being struck" come from? [It is very much part of everyday speech to say "what strikes me is ... ", but this phenomenon has also been studied and written about. John Shotter credits Wittgenstein with having discussed the nature of such experiences (Shotter 2006: 36), and goes on to elaborate:

"Fundamental to the nature of such moments is the fact that they are what we might call 'arresting', 'striking' or 'moving' moments. They are moments that matter, that make a difference in our lives... .." (Shotter 2006: 60)

In responding to such moments, he adds:

"our position shifts from the usual taken-for-granted stance" and we, fleetingly, create "a new way of seeing and acting" (Shotter 2006: 60)

The experiences described so far reveal other aspects of my method. For example, there was no "interview" with Liz as such, but a series of interactions (e.g. a chance conversation at the top of the stairs at a Macmillan event, spontaneous email exchanges, informal telephone calls)... Additionally, the writing was iterative (and intersubjective) throughout – I frequently revised the account as new stories or perspectives came to light. The experiences recounted also bring out again the risky nature of this kind of inquiry. By trying to get written accounts into people's hands to stimulate discussion and learning (giving the accounts a "social life"), I increase the risks of upsetting someone.

At the time I first wrote the above private reflections, I was also very conscious of what I thought of as the "emergent" nature of my inquiry. By this I meant that I was not following a strict plan, but instead participated in meetings and conversations in the organisation and noted and wrote about incidents that struck me as interesting or revealing. In the process, narrative material emerged, relationships formed, and new thinking developed. On further

reflection, I think I was fortunate in being given considerable freedom by the organisation I was working with. I could talk to more or less anybody who seemed relevant to my inquiry. Furthermore, the length of time I had been working for Macmillan contributed to a sense of mutual confidence and made it easier to pursue the inquiry in this “organic” way.

What follows next is an excerpt from one of the “public accounts” about the same patient group, in this case an external article due to appear shortly in a specialist cancer journal (Donaldson et al 2007). The text refers to the same “journey to London story” mentioned above, though it only hints at the ethnic aspect and gives little sense of the discussions and negotiations that had occurred. It has been condensed into just a few lines for external publication. It is worth noting that I did include far more detail in the “raw” narrative account, which I am not reproducing here for lack of space, but which I discussed with the group and revised to reflect their reactions.

Excerpt from an external publication about the patient group

...One of the user involvement leads who hadn't been able to make it on the day described in a subsequent email (sparked by the circulation of the narrative account of the meeting) some of the challenges her project had faced in finding and involving users from poorer families and ethnic minorities, concluding:

“One of the issues that I feel needs to be brought to the fore is the financial one... The train fare to London with a one-day tube pass is just over £170. People usually purchase their own rail tickets and claim the money back from Macmillan. But I am not sure that people have £170 kicking around as spare cash to use on a train fare, and not everybody has a credit card or the confidence that they would be reimbursed this money. I do think that Macmillan and other organisations need to carefully consider what type of support is required to encourage people to be comfortable in becoming patient representatives.” (user involvement lead)

At a subsequent national user group meeting, members agreed that the key thing was to make sure that people receive the necessary information right from the start. Group facilitator Sharon Lomas explained that, before the national user group was formed, it had been agreed that the projects would pay users' expenses and then reclaim them from her. In addition, she always paid some expenses (e.g. hotel accommodation) directly so that members didn't have to find the money upfront. Finally, group

members emphasised that all those who have participated in meetings have done so despite personal constraints, whether financial or other (e.g. poor health, competing commitments).

What has emerged from the reflexive writing?

Now that I have given some examples of the two streams of writing, I will reflect again on what strikes me today. As I do so, I am aware that many themes have emerged and I am choosing which ones to highlight and thus amplify in this paper. The following list seems a reasonable place to start:

- *Noticing striking and sticky moments.* “The practice of noticing”⁵ has become central to how I participate – in interviews, conversations, group discussions, and in the writing process itself. My reflections also point towards risk and anxiety as normal features of narrative inquiry.
- *The value of multiple perspectives* in narrative accounts, as a way of acknowledging and reflecting the reality of organisational sensemaking with its many voices and histories.
- *The narrative writer as part of the political process.* This is already implicit in the multiple perspective question, but there is more to explore (see below) in terms of the writer’s role in the client organisation.
- *The value of iterative writing* for reflection and learning.

The narrative writer as part of the political process

I acknowledge that I was “part of the political process” at Macmillan from the minute I first spoke to Macmillan’s Medical Advisor, Jane Maher, about the way she was trying to improve cancer care by working through groups of doctors and patients. Like anyone operating at a high level in organisations, she was putting much effort into winning support and continued funding for a programme of work she thought worthwhile. Many Macmillan managers see doctors as expensive to work with, and not all share Jane Maher’s conviction about the potential for communities of practice to act as a force for change.

Jane, my colleague Elizabeth and I all agreed that conversations in communities of practice are ephemeral and that writing can be used to “make the invisible

⁵ A phrase coined jointly in a recent conversation with some close colleagues.

visible". We also hoped it would help to legitimise this way of pursuing improvements for people affected by cancer.

I do not think that I am unique in being part of the political process in my client organisation. Indeed, in recent years I have come to view power, and therefore politics, as a factor in all human relating (Elias 1978; Stacey 2000). Elias argues that humans are social and interdependent beings. We constantly have to choose what we can and cannot say in an effort to preserve our relationships with those human beings who matter to us. We constantly risk being excluded or rejected as a result of what we say, write or do. If we are interested in bringing about change or influencing people, we cannot avoid taking such risks.

In constructing narrative accounts, I have found myself at times in interesting situations, resisting the temptation to "look for evidence" to support an existing point of view, and trying to report what I experience in a "balanced" way. Multi-perspective narrative has therefore been a useful means of revealing a range of interpretations without insisting that one is "the truth". I recall when I was working on the published article about the patient group referred to earlier, a member of the group strongly urged me to emphasise the value of user involvement, and not portray users as people who were "afraid to travel to London". Nevertheless, I kept a brief reference to the travel issue in the published article and also pointed to other difficulties faced when trying to involve patients in shaping a new service.

The politics of working with an organisation has inevitably had an effect on my own morale at times. Back in 2004 and 2005, I think my colleagues and I were more optimistic about being able to use writing and other forms of participation (e.g. facilitating informal meetings as well as more formal events) to build support for the programme of working through doctors. However, in early 2007, the small team I had been working with had all but disbanded, and the whole organisation had been going through major internal change, including involvement by management consultants, new corporate strategy and sub-strategies, departure of the chief executive and structural reorganisation. The programme of work I was involved in, known as "working with doctors", was in danger of losing support. For me, all these developments contributed to a feeling

of being “anchorless”. Not long after this, an “ally” in the organisation commented privately that we hadn’t really succeeded in building support within Macmillan for our way of working with groups of doctors and patients.

More recently, however, the organisational climate has started to feel more encouraging. This ebb and flow in the political environment must be a feature of any narrative inquiry.

The value of iterative writing for reflection and learning

Whatever way the organisational wind blows in coming months, I am left with a strong sense that I have been conducting a useful exploration into uses of “iterative” writing for learning in organisations.

I have already explained that, at Macmillan, our *public narrative accounts* underwent an iterative writing process – we drafted them, then took them back to the relevant group to stimulate another round of discussion and storytelling, then updated and enriched the drafts to incorporate new stories or perspectives and tailor them to specific readers. I know I have learnt through the writing process, but I also believe that others have been influenced by our writing and by my participation. It is hard to find concrete evidence for that influence, but occasionally it crops up unexpectedly. For example, one Macmillan GP emailed me after a phone call to say: “it was really good to revisit my thoughts about the discussions that took place [at a recent Macmillan meeting] – helped me to process them a bit further!”. Furthermore, Jane Maher has herself more than once expressed the view that the accounts have enabled the groups involved to settle on an accepted history and to move on together.

The *private stream* of iterative writing has also been an invaluable learning experience. Whereas the public stream had dealt mainly with other people’s experience, and was written largely in the third person, my private reflections allowed me to express myself in the first person and to articulate my thinking more frankly than I could have done publicly, making sense of my experience without idealising it. I believe that, by doing so, my writing, thinking and practice remain more flexible and open to change than they otherwise might.

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