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## **Editorial**

Where we are? Where we want to go?

**Phillip Riner**  
**Professor of Education**  
**University of North Florida**

Welcome to the 20<sup>th</sup> volume of the Journal for Invitation Theory and Practice! Having served as editor for nine years and associate editor for one, the honor of introducing our newest editor has been awarded to me. It is with great pleasure that I introduce to you Professor Sheila Therese Gregory as the new editor of JITP, who oversaw the publication of this, the 20<sup>th</sup> volume.

Sheila is imminently qualified for the job. An author of seven books and over thirty peer-refereed journal articles, Sheila is especially suited for the task. Sheila is also recipient of numerous grants and awards, including the *Distinguished Scholar Award*, from the American Association of Blacks in Higher Education (previously known as American Association for Higher Education, Black Caucus).

While the scholarship honors speak for themselves, it is important to remember that editors engage many very different people in assembling a journal. Each potential author has a point of view to be shared and those views often clash with mainstream thought. It is the editor's job to give the mainstream and those that advocate new paths, a voice by publishing in the journal. It is a difficult task to choose among those voices and to trim the content so it best fits the needs of the readers. In order to provide readers with the highest quality, editors must suggest changes, make critiques and mentor novice authors. Always behind these communications, editors must also make a decision to reject or to accept and publish a manuscript.

In working with Sheila this year, I can attest that she possesses all the qualities one could hope for in an editor of a scholarly journal. I believe a few of these traits stand out for particular mention, especially if you find yourself as an author submitting a paper for consideration. Sheila offers the journal and its people extraordinary patience, an exquisite general and technical knowledge in writing for publication, and an ethic of care for her authors and for her readers. Her talents will serve authors and readers well.

Sheila will be facing some major challenges afforded the Alliance and JITP in the next ten-year stretch. Invitational Education is only a small voice for research on self-efficacy, what it is, and how it can be nurtured. At the same time, the literature on self-awareness is blossoming. Here is a sampling of that work.

Those of you who like a word that brings a new concept to the forefront will like the research on anosognosia. Anosognosia is an impairment in the brain's ability to perceive one's own flaws or illness. Anosognosia results from anatomical damage in the brain and has numerous etiologies. For example, about 50% of those with bipolar disorder suffer anosognosia, which offers a partial explanation of why these patients do not take their medications. This is especially troubling when everyone around them can easily perceive the benefits of the drugs. However, those benefits are not evident to the sufferer. This

concept and many others, such as compassion, anxiety, and mindfulness have been studied by neuroscientists, with humbling results.

When we send an invitation, some individuals cannot accept, simply because they cannot identify the invitation as advantageous or addressing problem behaviors and thoughts; nor can they recognize the invitation's purpose. This presents a significant problem for those inviting individuals with neurological impairments.

Psychology has long explained the effect of repeated stimuli losing effect by the process of satiation. These studies indicate that with repeated exposure, newer more stimulating objects, events, or actions must be used to substitute for the satiated one. The result is a continual "raising of the bar." Logically, if we improve the policies, procedures, programs, places, and people's actions, this new heightened stimuli may get the desired effects, but will also soon lose its appeal. Thus, the old problem behaviors resulting from boredom, lack of a sense of belonging, and frustration reappear in an ever-upward spiral. Our technological society is a stunning example of this. Those of you who are baby boomers remember when as a student, a private telephone line with an extra-long extension cord was an unimaginable luxury. Compare that to the omnipresent smartphones of today given to children, sometimes even before they start school. There is a dissatisfaction inherent in our use. We desire better connections, more diversions, and new features and functionality. Consider the long line forming for the introduction of the Apple iPhone 6. All this behavior is not a condemnation of current practices (iPhone 5s are still highly regarded), but for most of us seeking out newer, richer stimulation is inherent in being human.

These psychological and neurological findings challenge Invitational Education to expand its concepts from manipulating the 5 P's, toward giving students experiences that enable them to empower and change themselves. Two examples of this are mindfulness training led by researchers, such as Jon Kabat-Zinn, to the more demanding samatha (calm abiding) and vipassana (insight) meditation. Neurological devices such as the fMRI have definitively shown benefits from these ancient traditional approaches that are not yet widely understood or practiced. My own experience with these practices have led me to the analogy that meditation is to the brain, as the toothbrush is to our teeth: essential.

Sheila's task before her will be to encourage and foster researchers, both the academic and the teacher practitioner, to expand the inviting concept with more complex explanations of human behavior and additionally, more complex ways to enhance self-awareness and self-esteem. I hope each of you will support Sheila and the JITP in a systematic self-reflection of current practices, as well as controlled studies using enhanced models of inviting theory, putting thought to pen and submitting to the journal in order to share and enrich the organization.

The 20<sup>th</sup> volume of JITP makes several steps in those directions. In our first piece, Gabriela Welch and Ken Smith look at the employment of invitational theory in non-school environments and conclude that to be optimal, inviting methods need to be combined with other approaches, such as those from cognitive, social, and behavior research findings.

The second piece is offered by Madalina Tanase and myself, and demonstrates how mindfulness meditation approaches can enhance student feelings of wellbeing. There is little time for additional subjects in the curriculum, so the authors devised ways to teach meditation, via the samatha tradition of very short, but intensely frequent practices and how to adapt them to the classroom environment. These approaches have the potential of employing time typically wasted during classroom transitions, to focus children's minds on the present purposes and how to enhance their "calm-abiding" emotional control.

The third piece by Scott Robinson continues this theme by looking at the use of written self-affirmations during induction into the classroom environment and their effects on teacher thinking, teacher behavior, and actual outcomes. Among the many results, Scott examines one that is of special note: This is the finding that written self-affirmations bolster inductee resilience to events, that might otherwise marginalize teacher effectiveness as a result of heightened stress.

The fourth piece by Judith MacDonnall is an intense case study analysis of the interaction between perceptions of Canadian health care provided and their effects on the gay, lesbian, bisexual, and transgendered population. The perceptual tradition of invitational theory holds that for each individual, his or her perceptions form reality, and that reality may be quite different from others. Judith exhaustively examines the aspects of health care availability, via the perceptions of a lesbian couple seeking to have a baby of their own.

The final piece by Sean Schat is a comprehensive and insightful review of social and emotional learning, as presented in Humphrey's book *Social and Emotional Learning: A Critical Appraisal*. In this review, Sean, as do other authors in this volume, compares and contrasts the efficacy of additional approaches to enhance the lives of our students, clients, friends, and colleagues.

I hope you will find this volume both interesting and useful, and I invite you to congratulate the authors and Sheila for their continued commitment to IAIE, JITP, and the greater good.

*Phil Riner*  
Associate Editor

# **From Theory to Praxis Applying Invitational Education Beyond Schools**

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## **Abstract**

This essay critically reviews the application of Invitational Education (IE)<sup>1</sup> beyond classrooms and schools by examining the activities of an educational volunteer program (The Atherton Gardens Homework Support Program). The authors advocate that in order to have a meaningful effect, IE needs to be implemented along with principles of other pedagogical approaches such as cognitive, social, and behavioural, and to take into serious consideration the social and political context in which it is applied.

## **Introduction**

In William Purkey and John Novak's *Fundamentals of Invitational Education* (2008), the reader is invited to imagine an exemplary institution where:

- ...parents call the school, the phone is answered promptly and professionally by a friendly human voice . . . (p. 1);
- ...the students have contributed over 2000 volunteer hours to community service; student work [is] displayed everywhere . . . (p. 1); and
- ...the school corridors [have] living green plants, colourful bright paint, fresh smells, and shining floors (p. 3).

The description of this imaginary school concludes that, "as the family settles in their new home, there is a wonderful feeling regarding the new school" (Purkey & Novak, 2008, p. 7). Reading these descriptions, one cannot help but recall the images of propaganda in the Soviet Union. In a number of such propaganda, an 'inviting' Lenin is smiling and showing children the path to a 'bright' new future.

This analogy points to a shortcoming in the formulation of the IE approach, which Peter McLaren captures in his criticism of IE. In 1986, McLaren, a radical theorist and active proponent of critical pedagogy, emphatically wrote in his review of *Inviting school success: A self-concept approach to teaching, learning, and democratic practice* by William Purkey and John Novak (1984):

The invitational approach to schooling can be read from a radical perspective as "Let's make the process of your domination and subjugation less painful. Let's dominate you in a humanistic fashion. We will put you in a basic level program, but treat you kindly all the same." Surely, nobody wants to go to school and be treated in an inhumane fashion. But

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<sup>1</sup> The authors are using Invitational Education and not Invitational Theory, because, although attempts have been made to distinguish between the two (most recently, Shaw, Siegel, & Schoenlein, 2010), there is no difference between their content (see Purkey & Novak, 2008).



for teachers and administrators to stress kindness at the expense of addressing fundamental concerns related to how schools reproduce class inequalities is a cosmetic form of humanization, tantamount to putting Clearasil on cancer” (McLaren, 1986, p. 94).

Putting aside McLaren’s neo-Marxist rhetoric, the key question that needs to be addressed, while examining the application of the humanist approaches to education, and of IE in particular, is whether they are simply cosmetic fixtures that do not address fundamental problems in the educational system and society more broadly. If so, how can this be overcome? This question becomes more relevant if we accept, not only that educational approaches should be applicable beyond school, but also that teachers themselves should see their role as influencing the broader community.

To address these issues, the authors review the activity of an educational volunteer program – The Atherton Gardens Homework Support Program- AGHSP (Fitzroy, Victoria, Australia) and examine how the principles of IE are applied. While McLaren may describe this program as another mode of hegemonic domination, “the process by which the dominant culture/class/group maintains its dominance” (McLaren, 1988, p. 173), it will be shown that the AGHSP is far from being a program of dominance and subjugation, but rather an ‘inviting’ program.

However, before turning to this case study, we will first examine the main principles of IE and the main criticisms that it faces.

### **Invitational Education: A Critical Review**

Invitational Education has its foundations in John Dewey’s (1916) “democratic ethos,” in the perceptual tradition, and self-concept theory. Its main ideas rest on: (1) the basic assumptions (optimism, trust, respect, care, intentionality); (2) the five P’s (people, places, policies, programs, processes);<sup>2</sup> (3) the ladder (intentionally disinviting, unintentionally disinviting, unintentionally inviting, intentionally inviting) and; (4) the four corner press (being personally inviting with oneself, being personally inviting with others, being professionally inviting with oneself, being professionally inviting with others) (Purkey & Novak, 2008).

Purkey considered that the purpose of IE is:

...to address the entire global nature of human existence and opportunity, and to make life a more exciting, satisfying, and enriching experience. Invitational theory is unlike any other system reported in the professional literature in that it provides an overarching framework for a variety of programs, policies, places, and processes that fit with its basic components (Purkey, 1992, p. 5).

The founders of IE believe that the theory can be adopted and implemented, not only in educational institutions, but also in health facilities, public offices and other settings (Shaw, Siegel, & Schoenlein, 2010).

Invitational Education is strongly based on humanist approaches to education (Purkey & Novak, 2008) and these approaches have been praised for recognising the human being’s uniqueness, underlining the importance of self-concept, developing methodologies that encourage group work, increasing the involvement of students in decision-making, and making schools more pleasant and inviting (Richards &

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<sup>2</sup> ‘Politics’ was introduced by Dean Fink (1992) as the sixth ‘P’.

Combs, 1993, pp. 266–67). However, humanistic approaches have also been criticised for having a lack of structure that leads to weaker academic outcomes, for the unpreparedness of teachers to implement these approaches, due to their lack of training, and for the difficulty in measuring their impact (Duchesne, McMaugh, Bocher, & Krause, 2013, p. 260).

However, to deal with these identified shortcomings, educators need to look at the critiques beyond educational psychology. From a philosophical perspective, Nimrod Aloni (2002) argues that, at the beginning of the 21st century, humanistic education faced a crisis that derives from what he calls “ideological banality” and “ethical nihilism.” The ideological banality he sees, in the fact that the value of humanistic education is lost because, while there is enthusiastic support for it, educators most often are not capable of describing its core values and elements (Aloni, 2002, p. 2). Aloni argues that “the problem of banalization of humanistic education derives from the current combination of its high public ‘rating’ on the one hand, and the superficial and confused attitude towards its nature and implications on the other” (p. 3). Perhaps radically, he concludes that “humanistic education is a symbol which does not symbolize anything” (p. 3). Nihilism, Aloni says, is “manifested in a lack of interest in broadening and deepening our understanding of the essence of humanistic education beyond banality of its assortment of clichés” (p. 3).

Aloni’s criticism is mirrored in what educational sociologists have said about humanist education. Their main criticism is that it fails to recognise the relationship between society and the school as an educational institution. McLaren (1986), in his review of IE, argues that “the authors [*Inviting school success*] fail to situate their pedagogical concerns within a broader problematic, one that understands how classrooms can be truly humanized only when there exists greater social justice and economic equality in the larger society” (p. 91).

McLaren’s criticism should be contextualised: he wrote in a time when humanist approaches to education were under substantial challenge, for not providing a structured curriculum and for being too focused on the individual, rather than the system. In the 1970s and 1980s, social theorists of education, such as Henry Giroux, Michael Apple, and Pierre Bourdieu, argued that the schools were not isolated from the broader society; if anything, they perpetuated social disadvantage and inequality (Torres, 1999). While acknowledging that it is “perhaps unfair to criticize invitational education for what it is not – namely, a social theory,” McLaren (1986, p. 92) argues that those same radical theorists:

...have taught us that curriculum development, policy making, and teacher instruction do not exist in a pristine state uncontaminated by the contexts and juxtapositions of which they are necessarily a part. Any assertion that the pedagogical encounter between teacher and student is a politically or ideologically neutral event is therefore pure pomposity, amounting to nothing more than spurious, contrived chimera (p. 92).

With these criticisms in mind, the following case study is presented in order to analyse an instance of the practical application of IE.

### **Case Study: The Atherton Gardens Homework Support Program**

The Atherton Gardens Homework Support Program (AGHSP) is extremely relevant and revealing in the application of IE. In particular, the AGHSP attempts to address the 5Ps in a collaborative and cooperative manner.

A partnership was formed with the Melbourne campus of the Australian Catholic University (ACU) Community Engagement Program, The Smith Family, and the local Vietnamese Mothers Group (VMG),

in response to community concern about how best to increase support for children's learning (*People*). The partnership's shared vision and collaborative approach provides a program designed to engage children from refugee and disadvantaged backgrounds, to increase social inclusion through education (*Program*).

The ACU's Community Engagement program is aimed at promoting justice and equity. It provides the capacity of all third-year, pre-service teachers from the Faculty of Education as tutors in the program. The Smith Family works within the community to facilitate partnerships and provides educational opportunities for disadvantaged families. The VMG is responsible for the logistical aspects of the Homework Support Program (*Policy*). They bring their own refugee experience and personal settlement knowledge to the partnership, and demonstrate a commitment to the local needs of refugee children and their families.

The program was initially run for Sacred Heart primary students. Due to the success of the program, it is now accessible to all primary school students in the Fitzroy area, and the rise in numbers has prompted an expansion to two venues (*Place*). Student enrolments have risen from an initial 18 students in 2002, to 132 students in 2010.

The AGHSP is mutually beneficial for all stakeholders. It actions ACU's mission of community engagement and provides the tutors with the opportunity to enhance their pre-service teaching experience. The VMG is a vital link in connecting and supporting families in the local social and learning networks (*Process*). The Smith Family provides 65 students with educational scholarships, while also offering literacy support programs for students and their parents. The school values its strong relationship with the partners, in providing a positive response to community capacity building.

The program is run for various ages, from primary school to high school. Each child, as they join the program, signs a contract that has three main provisions: the right to be safe, the right to be respected, and the right to study. For the weekly sessions, the tutors arrive half an hour before the students. They sit at the tables and wait for the students to arrive. When the students arrive, they can choose where they want to sit and with whom they would like to work.

In the first half an hour, the students do the homework they have received from school, with the tutor assisting them with the reading and writing tasks. When this is completed, the students choose a book to read or a game to play. At the end of the session, the students who have done particularly well, receive a certificate of achievement, and all students receive a small treat (such as a chocolate). According to the organisers, the program has a high attendance rate.

The practical organisation of this program is particularly relevant for IE. Not only does it follow some of the main principles of IE (generally speaking, to create an inviting environment for learning and development), but the AGHSP program also combines them with other approaches to education: cognitive (the combination of work and play), behavioural (the certificates of achievement and the treat), and humanist (the choice of whom to work with and the student-focused activities). This program goes beyond facilitating the learning of the school curriculum, and aims at providing the children with the skills and knowledge to overcome their disadvantage. For example, as part of their collaboration with ACU, the university organizes once a year, an open day for the program, where children are invited to attend various activities to familiarize themselves (and their parents) with what a university is and how they can benefit from further education. Furthermore, the tutors (the majority of whom are pre-service students at Australian Catholic University, and thus future teachers) have a space of interaction, in which

they can reflect, in an inviting way, on broader implications of educational programs and social disadvantage.

Based on stakeholders evaluations of the program (parents, tutors, students) it has been found that a number of changes has occurred in the homes and the wider community: education is valued, children taking more responsibility for their learning, children better able to self-manage, professional development for the tutors, strengthening of community relationships, greater sense of belonging, and increased literacy and numeracy (<http://www.schoolsfirst.edu.au/2010-schools/sacred-heart-school-fitzroy.phps>). In 2010, the AGHSP was awarded the prestigious *School First Award* (an Australian-wide national awards program for all Australian schools, for outstanding examples of school-community partnerships that deliver improved educational outcomes for students).

As can be determined from the above, the AGHSP is based on a collaborative and cooperative school-community partnership working together with local business, industry and the wider community. Certainly it cannot be described, as Peter McLaren may believe, as another mode of hegemonic domination.

### Conclusion

In summary, the example of the Atherton Gardens Homework Support Program shows that in order for IE to have a meaningful impact, it needs to be applied in combination with other educational approaches. As such, the authors recommend that Invitational Education needs to develop a bridging point between the various educational approaches, such as cognitive, social, and behavioural.

In addition, while education may be “*fundamentally an imagination of hope*” (Purkey & Novak, 1996, p. 1), IE needs to acquire what Antonio Gramsci called ‘social imaginary,’ that is, an engagement with the broader social and political context. By ignoring the social and political, it runs the risk of falling into the traps described in the introduction. The development and progression of IE will only occur, when IE acquires a moral responsibility and a political commitment:

The moral responsibility is to imagine social scenarios where people can deliberate and construct mechanisms of participation that may expand the workings of democracy. The political commitment is to create a sphere public debate . . . an autonomous sphere of public deliberation that is neither controlled by the market nor controlled by the State (Torres, 1999, p. 109).

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## **Inviting Calm Within: ADD, Neurology, and Mindfulness**

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### **Abstract**

The fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) describes ADD as behaviorally observed impairments in attention, impulsivity, and hyperactivity. Officially known as AD/HD, we use ADD here because we are dealing primarily with attention, organizational, and impulsivity issues. A more sophisticated model of the disorder is being developed as research in neurology, psychotherapy, cognitive psychology, and education as unified into a comprehensive view, offering more promising treatments than in the past.

In this robust model, ADD is viewed as a neurological condition where individuals struggle with regulating executive functions of the brain, as a result of impaired operation of the prefrontal cortex. In contrast to the DSM IV viewpoint, these impairments may or may not result in behavioral deficits, depending on the success the individual has in accommodating the symptoms. Acknowledging that these deficits create substantial challenges to the individual, this newer model acknowledges personal resilience and the self-creation of compensating factors that mitigate the difficulties that are required in the DSM IV diagnosis. Thus, an ADHD individual may be quite successful, but that success comes at a high price, from either continued struggles hidden carefully from others to control functions others take for granted, or enduring great underachievement when the intellectual ability of the individual is considered.

Although ADD is a substantial lifelong disorder, its effect can be mitigated by a number of factors. While medication is the front-line treatment, success typically involves a combination of strategies, including altering the immediate environment, education about the condition, and psychological therapy. This article describes additional approaches creating an inviting perspective to problematic organizational and concentration issues. This approach includes the traditional approaches, but reaches out to more experiences known to aid in the development of mindfulness and attention, in ways that can benefit the ADD individual. The purpose of the paper is:

- To counter negative stereotypes of ADD ;
- To provide an accurate basic explanation of the neurological and genetic basis of ADD;
- To describe the compatibility of Invitational Theory (IT) in creating classroom environments that foster ameliorative settings, situations, and activities for students with neurological differences; and
- To describe strategies for calming the mind, specifically adapted for ADD that consume minimal time, can be integrated into daily classroom functioning, and are appropriate for individual as well as classroom use.

## Introduction

Attention Deficit Hyperactivity Disorder (ADD)<sup>3</sup> is a collection of neurological differences in specific brain functions, where individuals exhibit difficulty in controlling attention and impulsivity in variable and often unique ways (Antshel, 2009; Balint et al., 2009; Hallowell & Ratey, 2005; Jackson & Farrugia, 1997; Wender, 1995). Extensive study in neurology and brain functioning utilizing non-intrusive dynamic techniques, such as fMRI, SPECT, qEEG, and CAT scans have provided a description of ADD as more complex than a childhood disorder, where children demonstrate hyperactivity and the inability to pay attention to classroom lessons. This research reveals ADD to be a lifelong impairment, where a malfunctioning prefrontal cortex results in serious challenges, in regulating the brain's executive functions of attention, focus, effort, emotion, action, and memory (Kohler et al., 2009; Makris, 2007; Makris, et al., 2008; McLean et al., 2004; Weiss & Murray, 2003; Wender, 1995). When viewed in a neurological perspective, ADD is a highly varied collection of one or more specific disruptions, in the executive functions of the prefrontal cortex of the brain. Thus, two individuals with ADD may not share any similar behavioral symptoms, but still have the disorder, since different areas of the executive functions are involved. ADD is appropriately viewed as a chronic congenital disorder that remains with individuals for their entire lifetime and has a seriously negative impact on total quality of life measures, even among those who successfully compensate for the disability.

It is naïve to consider ADD as limited to being a childhood disorder that will mitigate itself as the child matures. ADD symptoms and the severity of the symptoms can vary greatly over the lifetime of the individual. At times the symptoms can abate, but they always present the potential for substantive disruption to attention and organization. Often, especially in resilient adults, the ADD diagnosis is made decades after childhood and only then, as a result of changes in the individual's life experiences (Able et al, 2007; Antshel et al., 2009; Balint et al., 2009; Faraone et al., 2009; Newton-Howes, 2004; Shaffer, 1994). This past experience, along with environmental conditions and learned adaptations, plays a significant role in the lives of ADD individuals.

## Contributors to the ADD Condition

Researchers have indicated that the unique neurological functioning of the ADD individual has been shown to have origins in four broad areas of influence: genetic, physiological, psychological, and environmental.

### Genetic Factors

Genetic factors are heritable, that is, the suspected associated genes are neither dominant nor recessive and react to many factors in an individual's life, including experiences, diet, exercise, stress, education, and self-esteem. While symptoms typically emerge in early childhood, symptoms can be triggered, altered, or become more or less severe, as a result of life experiences and other factors. These factors

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<sup>3</sup> ADD is the official designation by the DSM IV criteria of APA. However, not all researchers endorse the DSM IV description or diagnostic elements. In this paper, ADD refers to the inattentive subtype that the many researchers frequently refer to as Attention Deficit Disorder (ADD). The issue of hyperactivity is not addressed in this paper. Many researchers currently publish materials under the ADD designation referring the ADD inattentive subtype. The DSM IV treatment of ADD is currently under revision by APA with the unusual procedure of soliciting perspectives through open hearings.

result in genetically determined structural differences in the ADD brain, that affects physiological functioning in the brain's prefrontal cortex (Hallowell & Rately 2005; Wender, 1995).

### **Physiological Factors**

The physiology of the ADD brain is not fully understood, but most current theories provide evidence that the neurotransmitter production and regulation varies significantly with the normal brain functions, as exemplified by non-ADD individuals. The research has indicated that the production and usage of neurotransmitters influences lifestyle (e.g. choices in exercise, diet, and sleep patterns), as well as cognitive functioning (e.g. attention, focus, and concentration) and emotional states (e.g. depression, anxiety, responses to stress, and sense of wellbeing). This relationship between physiology and experiences has been found to be bi-directional; that is, neurotransmitters affect behavior, but the reverse also happens: behavior alters neurotransmitter production and reception (Hallowell & Rately 2005; Wender, 1995). Among many behavior choices that can positively affect brain functioning, such as a proper diet, regular sleep patterns, moderate regular exercise, the practice of mindfulness and mindfulness meditation has been shown to be beneficial. Meditation practices are considered to be a substantial contributor to effective mental functioning (Kabat-Zin, 2005).

### **Psychological Factors**

Psychological conditions that affect ADD refer to the impact of past and present experiences, which in turn, affect the individual's willingness to recognize problems and make efforts to modify thinking and behavior. Environmental influences (people, places, policies, procedures, and programs) are well established in IT as being critical for all students. However, for individuals with ADD, those factors have more serious consequences: positive experiences are more critical in establishing wellbeing, and negative experiences are more damaging to self-esteem.

### **Environmental Factors**

Chaotic, busy, and distracting environments are known to be stressful. For the ADD individual, although they readily engage in activity that create this chaos, the stress of low or dysfunctional organization, typically results in an exaggeration of the current symptoms: focus becomes even more difficult, short term memory erodes, irritability increases inordinately to the environmental stimuli, etc. To counter this, typical adaptations for ADD students include alternate testing environments that are quiet and do not contain distractions, and seating that provides the least student movement and most commanding viewpoint for the teacher's lessons. But these accommodations are temporary measures at best, and are not likely to follow the child through the demands of adulthood. While environmental conditions can be altered to accommodate ADD student needs, accommodations cannot be provided in all circumstances in school, and they are rare in the social environment of the child or adult. Therefore, people with ADD need to learn adaptive strategies to deal with environmental factors. Successful adaptations can lead to success, which in turn, contribute to the psychological wellbeing of the person. Success and the confidence success creates are major stress reducers, and as such they can influence the brain's physiology in positive ways. Methods of calming the mind in stressful environments or when ADD symptoms are bothersome are important skills that can be learned through mindfulness practice and a variety of meditation techniques.



## Calming the Mind

Current neuropsychological research supports theoretical explanations and practical foundations for implementing instructional and personal strategies in calming the distracted mind through meditative practices (Butler & Hope, 1995; Kelley et al., 2007; Kinder, 1994; Ornish, 2008; Ramsay, 2010; Wadsworth & Harper, 2007). Davidson (2008), Davidson and Lutz (2008), Lee et al. (2009), Lutz et al. (2009a & 2009b), Perlman et al. (2010), and many others have convincing evidence that trained individuals can immediately induce brain functioning that corresponds with neurological patterns, believed to represent specific emotion, as reported by test subjects. These states include the establishment and maintenance of a calm demeanor, empathy, and compassion. The intensity of these states, the starting and stopping of these states at will, and the consistency of the findings, all lead to the conclusion that neuroplasticity is a predictable result of meditative practices.

Meditation has been found to promote not only neural plasticity, but also a wide range of physiological benefits, such as increased immunity to disease, reversal of arteriosclerosis, and enhanced effectiveness of flu vaccines (Davidson & Lutz, 2008, Kabat-Zin, 2005; Ornish, 1998 & 2008; Yongey, 2007). Advantageously, there are *no indications* that involvement with mindfulness and meditation practices has *any* negative outcomes or risks.

There is strong evidence that certain “habits of mind” (that is, practicing thinking patterns repetitively), change both the structure and the functioning of the brain. The linkage between the knowledge found in emerging neuroscience and the ancient knowledge of mindfulness meditative practices, permits an adaptation of these formal practices to the classroom environment. Two of the key barriers to developing and implementing this adaptation are the relative immaturity of students, compared to the demands of mental self-discipline and the scarcity of time for meditation practices in the classroom, with the expectation of predictable results. This paper approaches the problem by adapting mindfulness meditation techniques to the current environmental factors of today’s schools (such as time constraints and an externally imposed curriculum), to create the most effective inviting environment for *all* children, but especially those with ADD and other neurological challenges.

## Invitational Theory and the Perceptual Tradition

Integral to Invitational theory (IT) is a demonstrated respect for differences in perception, regardless of the stimulus of the perception. Differences that result from learned experience, cultural factors, or a differentiated neurological predisposition are to be respected (Purkey & Novak, 1996). Through IT’s RIOT (respect, intentionality, optimism, and trust) educators and helping professionals manage the 5 P’s (People, Places, Policies, Program, and Procedures) to optimize the environment for successful learning (Purkey & Novak, 1996). IT provides the theoretical and practical basis for an ameliorative approach to dealing with student differences with neurological origins, through modification of practices, procedures, and context.

## Methods, Techniques, and Modes of Inquiry

Combining meditative practice of mindfulness with the type of strategies advocated by invitational learning can enhance student performance, satisfaction, and happiness (Bunaratana, 2002; Chodron, 2002; Goldstein, 2003; Hagen, 1997). These practices, if exercised in the classroom setting, should obtain

similar results. A number of meditation strategies hold great promise in assisting ADD individuals in adapting to school demands, by increasing concentration and eliminating the incessant background “chatter” of iterative second guessing of one’s actions. As schools have become increasingly focused on singular cognitive processing objectives as measured by high stakes tests, students with ADD will have even more difficulty in the classroom. To mitigate these difficulties, students can be taught adaptive practices explicitly designed to assist in concentration and focus. The process of combining well-defined and validated principles in neurology, psychotherapy, and mindfulness meditation, can establish a carefully defined component in the treatment of ADD.

### **Inattention**

Invitational learning provides the mechanisms for linking mindfulness outcomes, with classroom practices that are flexible and well-grounded in a theoretical base. The first task in this endeavor is to examine the neuropsychological work on ADD, to see which elements of cognitive processing are most troublesome and, if countermanded, would yield the greatest benefits.

Although co-morbid conditions, particularly mood disorders, present great challenges, arguably the most difficulty aspect of ADD to ameliorate is the combined effect of inattention, distractibility, and difficulties in the regulation of focus. All of these can be managed more effectively by the ADD student, if multiple treatments are employed and the ADD student can make significant contributions to the classroom climate. Yet, there is a strong, negative stereotypical view of these students as having behavior problems, that inevitably disrupt the student’s and others’ classroom learning.

This negative stereotype is a “built in” aspect of the traditional view of ADD that has evolved on the necessity of negative behavior observation (see DSM IV), rather than on neurological analysis. Using a clinical diagnosis (based on observed behavior) and using the DSM IV criteria, (as stated earlier) “realized failures” are required for the ADD diagnosis (Balint et al., 2009; Hollowell & Ratey, 2005; Wender, 1995). That is, if a student compensates for difficulty in attending to classroom lessons and tasks and does well in school, but that same student’s neurological functioning was consistent with that of an ADD diagnosis, the student would *not* qualify for an ADD diagnosis. As a result, the student would not receive any assistance in accommodating the challenging neurological condition, because the student is meeting the minimal expectations of the school, while it is ignoring the student’s greater potential, nor recognizing the emotional drain that results from expending much more effort to succeed, than other students require.

In looking at which areas are the most difficult for ADD students to address, inattention, combined with the effects of focus impairments and distractibility, is at the forefront and is typically the impetus for co-morbid disorders, including generalized anxiety disorder and depression. Inattention results in missing critical information needed for daily functioning. For example, an ADD individual may hear the time and place of an important meeting, but forget the day. Or hear a negative sentence, but not attend to the “not” of prohibition: When told, “Do not open the door,” the inattentiveness results in receiving and interpreting the statement as “Open the door.” Such minor lapses in attention have major consequences that cumulate over time to incredible levels of frustration and stress, as well as feeding the “pathological self” that demeans and devalues an individual’s estimation of worth.

Inattention is characterized by:

- Being easily distracted, missing details, forgetting things, and frequently switching from one activity to another, or in speech, from one topic to another;
- Having difficulty focusing on one thing, or paradoxically, not being able to terminate focus (“hyperfocus”) on one thing and transition to the next topic or activity;
- Becoming bored with a task after only a few minutes, unless they are doing something enjoyable, where hyper-focus makes it difficult to leave the task;
- Having difficulty focusing attention on organizing and completing a task or learning something new; in general having difficulty in getting started on a task;
- Having trouble completing or turning in homework assignments, often losing things (e.g., pencils, toys, assignments) needed to complete tasks or activities; and
- Not appearing to listen when spoken to.

Consequently, the result is a combination of one or more of the following:

- impaired performance or failure;
- confusion and emotional distress;
- expending greater time on tasks than is needed;
- poor self-esteem; and/or
- the failure cycle: “I fail, I can’t do it, I won’t do it, I fail again.”

These traits, when left unregulated and uncontrolled, offer few benefits. This list may seem familiar to educators who find that all children demonstrate these characteristics from time to time. These are natural traits occurring in everyone; however with the ADD student, these traits happen with greater, often near constant frequency and often dominate cognitive functioning. Examples of these difficulties include managing simple tasks, such as remembering an idea long enough to write it down, keeping track of pencils or the paper that is already completed, and when out of the classroom seat, remembering what task prompted movement.

Instead of a single focus, ADD individuals attempt to attend to many perceptual “channels” at the same time (listening to the teacher, looking out the window at the oncoming storm, listening to two students discuss a project, watching a bumble bee find nectar, and so on). This, in part, is one of the reasons these children often notice things that others ignore.

These traits are not the result of poor decision-making or lack of personal effort. Instead, these traits are a result of cognitive processing differentials. However, since all students do experience these difficulties from time to time, the student strategies outlined in this paper can benefit all students with learning tasks, but also with emotional wellness. Mindfulness practice via meditation or other associated activities, such as yoga, tai chi, even properly taught martial arts are well known to reduce stress. Stress reduction is very important to ADD individuals, in that stress can trigger symptoms (e.g. lack of focus, restlessness, etc.) or intensify those that are already prevalent (e.g. argumentativeness, frustration, etc.). The Mayo clinic states that the benefits of mediation, include gaining a new perspective on stressful situations, building

skills to manage your stress, increasing self-awareness, focusing on the present, and reducing negative emotions (Mayo Clinic, <http://www.mayoclinic.com/health/meditation/HQ01070>).

Using invitational learning, educators and other helping professionals are directed toward assisting the individual by modifying the environment and by exploring exemplary practices in dealing with the individual. It also advocates the modification of the practices and procedures to meet the needs of students. Mindfulness practices can assist in controlling and neutralizing the negative effects of wandering thoughts and inattention. When mindfulness practices are viewed as life skills and are practiced frequently each day, greater control over the executive functions can be developed (Butler & Hope, 1993; Godstein, 2003; Gunaratana, 2002; Ralston & Smart, 2004). Adaptive strategies for ADHD can be found in a variety of texts (Hollowell & Ratey, 2005; Kabat-Zinn, 2005; Weiss, 2005). However, it must be kept in mind that true mastery of these mindfulness skills, can require rigorous mental training over years.

Fortunately, the most fundamental elements of mindfulness have strategies than can be adapted to time intervals, as short as three to five seconds (Riner, 2009a & 2009b). The effectiveness of mindfulness training is not dependent on single extended periods of time devoted to meditation, although extended practice is very effective. In order to develop mindfulness for those whose daily work requirements provide little sustained time for meditation (as, for example, in school), many meditation masters of the Buddhist tradition advocate frequent, short duration, and informal meditative practices. This approach is considered highly effective, particularly in the time prior to the development of the self-discipline sufficient for sitting meditation (Thich Nhat Hanh, 1999; Yongey Mingyur Rinoche, 2007).

These practices, described later in this paper, include using a mindfulness clock, three second breathing, and three-second postures. The use of “yoga type” stretching or keeping a particular focus on breathing can effectively be used in frequent three-to-ten second time units and can be inserted into the daily routine. For example, the transition time from the skill presentation in a lesson, to readying for guided practice, provides four seconds to take two deep slow breaths while concentrating on the sensation of the air passing over the nostrils. There are many “versions of the vision” of mindfulness practice, and many that are provided in this paper. All are derived from generalized “basic principles” of mindfulness practice.

- Maintenance of a focus: Students focus on some engaging object, sound, action or thought that is provided for practice.
- Processes for “bringing the mind back”: Mindfulness is perception of the immediate situation, but our minds spend a great deal of time judging, wishing things were different, or wandering off from the present in consideration of desires that things are different from what they are. Attempting to experience events as they are, and not attempting to judge them, is a basic skill in mindfulness.
- Awareness: Awareness is the process of consciously knowing what the mind is doing in the present moment. Mindfulness practice cannot be done incorrectly if awareness is present. When a mind wanders off, there is no mindfulness; but ironically when the mind recognizes it has wandered and the mind returns to the present focus, then mindfulness is now present and the process of being mindful has been practiced. This is the fundamental

cycle of “practice”: the mind wanders off, awareness recognizes it, and mindfulness returns the mind to the present. There is no such thing as “bad” mindfulness practice and there is no “failure” in one’s attempt to be mindful: If one realizes that the mind has wandered, then the mind’s awareness is being practiced and that significantly contributes to future efforts at keeping the mind focused. This is the primary purpose of mindfulness training.

- Frequent practice: The mind’s wandering and the awareness to bring the mind back to the present is a process that must be repeated many times, until it becomes habitual. Developing the “habit” of bringing the mind back to the present is the key to keeping the mind in the present. Oddly, keeping the mind focused on a task for the future, for example planning a picnic, is keeping the mind in the present, which is devoted to the current task of planning and not allowing the mind, it to wander to other tasks.

The mindfulness versions presented here represent only several of many possibilities for calming the mind of the ADD student, along with other students and the teacher as well. Slogans can be added that remind students to be mindful: For example, for upper elementary students “calm fosters calm; hurt fosters hurt” can be used by the class to self-direct in time of competing interests or minor conflict. It also focuses the teacher’s attention that aggressive discipline and threatening or unwanted ADD behavior increases stress, which in turn, increases the ADD individual’s aggressive behavior. This is a vicious self-defeating cycle. Keep in mind the observation of staff at the Mayo Clinic: “Meditation is an umbrella term for the many ways to a relaxed state of being. There are many types of meditation and relaxation techniques that have meditation components. All share the same goal of achieving inner peace” (Mayo Clinic, <http://www.mayoclinic.com/health/meditation/HQ01070/NSECTIONGROUP=2>).

## **The Exercises**

In doing these exercises, keep in mind that mindfulness and concentration are not quite the same. Concentration is a subset of mindfulness states. That is, one can be mindful without concentrating, but one cannot concentrate without being mindful. The distinction is not particularly critical to the practices advocated in this paper, other than for the teacher and students to realize that the mind during meditation is almost certainly likely to wander. A wandering mind is not concentrating, but realizing that the mind has wandered and bringing it back to the present is most certainly mindfulness. With that in mind, the basic principles relevant to mindfulness and concentration are below.

### **To Practice Mindfulness**

- Stay in the present.
- Return when thoughts drift away...just note the thought and return.
- Be non-judgmental.
- Welcome whatever arises.
- Open your heart.
- Let go.

## **To Develop Concentration**

- Be deliberate, think first and know what you need to achieve at the moment.
- Be controlled, know why you are doing something and know the likely outcomes.
- Be directed, know what must be done, how it is to be done, and when it is to be done.
- Be aware of your mental attention, remind yourself periodically what you are doing and what you need to be doing. If different, then reconcile and gently get back to what you need to be doing.

The following practices employ mindfulness and most can be taught and used many times during a lesson while others become the impetus for integrating the curriculum with high interest activities, combining kinesthetic experiences, cognition, and awareness of the present moment.

## **Deep Breathing**

- Periodically between lessons or stop a lesson (during a transition or when children are inattentive and need to refocus) and have children take a series of deep breaths.
- Have them breathe quietly, slowly, deeply in and completely out as peacefully as they possibly can.
- You may add a focus to the activity. For example, have children try to do this, so the other children will not know if they are breathing in or breathing out. Or have them following your hand, breathing in as you raise your hand, exhaling as you lower it.
- Do four or five breaths.

## **Deep Breathing Variation (for a three or four minute experience)**

- Periodically have children take a series of deep breaths, as in deep breathing.
- Introduce a smell to the air from a single location with air freshener, candle, incense, open window, or microwave popcorn.
- Have children notice how the smell comes...and goes.

## **Labeling Negative Thoughts**

- When beginning an activity that is difficult or unpleasant, explicitly ask children their negative thoughts about the work ahead.
- Label the thoughts with a name. Feel free to create imaginary labels (“grumpy giraffes,” “tumultuous tornados,” “boring beetles,” etc.).
- Discuss why these thoughts are normal.
- Ask if these thoughts help students succeed and be happy.
- Ask students what other thoughts could be substituted that helps the student succeed and be happy, but more so (Almost always...”The harder I work the sooner it will be over”).

## **Tracking Attitudes**

- Help students make a continuum of attitudes, from good to bad (e.g. stinker, aromatic, sweet).
- Ask children to rate their attitude about a specific upcoming (or completed) activity.

- Record the results and chart (can convert labels to a Likert type number scale and calculate cumulative averages, make graphs, or chart on-going repetition).
- After a week or so of recording the same (or different) activities discuss the results: Did the attitudes change over time? Why? Why are there differences among individuals (unless every child agreed on every activity, this will be the case).

### **Experimenting with Thoughts**

- Pick an activity that can be repeated quickly and can be measured (e.g. standing broad jump, completing worksheet on basic addition facts, etc.).
- Help students create a positive thought and have them think that thought for a few trials of the activity...measure and record.
- Help student create a negative thought and have them think that thought (as above).
- Discuss the results.
- (Note that this activity is used in sports psychology, as a performance enhancement technique).

### **Measuring and Charting Attitudes**

- In general, have student measure their attitudes about classroom activities, such as tests (invent a process or use a process similar to “tracking attitudes” above).
- Measure attitudes before and after the event.
- Have students create the scale (e.g. dichotomous: Spiderman or Venom; or continuous: Mickey Mouse, Donald Duck, or Goofy).
- Measure and record actual outcomes (e.g. grades).
- Record, chart, graph, and compare.
- Do attitudes predict or reflect results? Do results predict or reflect attitudes?

### **Meditative Redirects**

- Correct students by acknowledging their mindfulness

Example:

S: I don't want to do this; it's stupid!

T: (smiles) Wonderful! You are being mindful of the connection between our lessons and your feelings!

S: It is still stupid.

T: OK, let's think what you can do that's NOT stupid, but makes you smarter and practices what we are learning.

- The student either comes up with an idea or doesn't. If the idea is a good one, the teacher adopts the idea thus achieving on-task behavior, as well as promoting the student's problem solving prowess, and developing the student's sense of power and self-efficacy. If the student's idea is helpful, but not sufficiently complete in order to meet the lesson's goals, the teacher guides the student with questions to shape the strategy for use. If the student says, “I don't know,” the teacher replies, “Well, until you think of a better idea, let's use mine. But please do think about ways we can do things better or at least more enjoyable, and share them with me.”

## **Imagery as Meditation**

- Imagery is either a teacher-guided exercise, or if the student has some mindfulness skills, a self-directed mental creation of sense images (pictures, smells, sounds, etc.).
- There are many types of imagery exercises. In this case, we are envisioning the teacher “talking” the student through a particular situation or the student “re-thinking” through mental imagery (rather than thinking with language) how a particular incident can be accommodated. For example, the student (or with the teacher guiding) imagines the worst possible outcome from the situation at hand. such as failing an upcoming test. The student then imagines “backward in time” the conditions and decisions that led to the failure. The student then thinks forward to the present situation, then imagines choices that can lead to a different outcome. Another example might be having the student imagine in fantasy, what the student would actually like to do, but cannot because of the consequences. Live the fantasy for a moment, then, again, work back to the present moment and begin imagery of what can actually be done appropriately. In this case, granting the student in fantasy what the student cannot do or have in reality. If sharing with the teacher, the teacher can show empathy, “Yes, I can see how satisfying it would be to tear up the test and tell me to ‘Give me an “A,” or else!’ but right now you need to take the test. Would you like to choose a different place to sit?”

## **Reasons why Imagery Helps**

- The body can respond and use images and treat them as real.
- In calm (meditative states) of mind, the body can resolve problems more successfully with less time.
- Provides a “sense of mastery” by seeing the potential for success in challenging circumstances that reduces stress.
- Imagery of successful or satisfying effort tends to calm the mind.

## **Attending to Everyday Activities**

The teacher asks students simple questions involving mindful observations. This can be done several times a day before, immediately before, and after the event.

- Do you start walking with your left or your right foot?
- Do you put on your left or your right shoe first?
- Do you put your left or right arm into your jacket first?
- What is on the outside door of the classroom?
- How many trees or on the playground? ...in front of the school?

## **Using Activity to Redirect Attention**

- Redirection and “legitimizing” unwanted behavior for learning purposes could involve shooting paper balls into the trashcan (flying paper airplanes, shooting peas, running to one point in the classroom and back again, etc.) then varying the distance and ball size. For example, collecting data, charting and graphing results, obtain averages, and range.



- Take an activity (making a sandwich, washing dishes) and list ALL the things needed and the actions to be taken to complete the task. Then follow directions literally as if absolutely no knowledge existed other than what has been recorded.
- Look out the window or look at a large photograph.
  - List and count ALL the things you see.
  - Note that students will interpret this differently. They may see trees, a flower, the road (three things), or 12 trees, 20 flowers (things counted), or 12 trees with too many leaves to count, 20 plants with hundreds of flowers (can see but can't count).

### **Other Activities to Redirect Attention**

- From memory, write down everything in your backpack (purse, locker) and then compare results. How many objects were unlisted? How many objects were listed, but not there?
- Pick a color and then imagine an object that is that color and keep imaging objects linked to the present thought (two ways to do this: red leads to apple, fire truck, rose OR red leads to red tree, red grass, red milk).

### **Confined Motion**

- Stretching (three to ten seconds in a short series of yoga stretches)
- Isometric exercise (muscles exert force onto unmovable object or muscles exert pressure against each other so that no movement is produced)
- Very slowly walking in a tight circle or taking a step forward and a step back, breathing in with the left and exhaling with the right foot (establish a pattern of slow breathing, then have students take a half step forward when inhaling, then bring it back upon exhaling alternative feet with each breath)

### **Additional Exercises that Require Mindfulness to Complete**

- Close your eyes and make a wave of cold ice (hot stones, “pricklies,” etc.) move from the toes to the head. Have the feeling move to an arm then to a toe then to an ear.
- Have students write down the name of everyone in the class without looking (1st period, your soccer team, etc.) Afterward, compare answers with the actual list.
- Drink a glass of water in exactly 30 “same size” sips.
- Eat a slice of bread in 10 bites, chewing each bite 10 times, allowing 10 seconds between swallowing and taking the next bite.
- Close your eyes; visualize yourself (or another person) being happy [distinguish between pleasure and happiness]. What are you (they) doing? Why are you (they) happy?
- Stand on your tiptoes as long as you can, while singing your favorite song.
- Say the alphabet backwards. Spell full name backwards. Spell vocabulary words backwards.
- Point your finger with an outstretched arm at something distant for 30 seconds, without shaking.
- Take slow deep breaths. Breathe so that the other students can't tell whether you are inhaling or exhaling. With the breathing in, imagine the air coming in as one color, and while breathing out, imagine it as another color.
- Stand a coin on its edge.
- Stare at an object for 60 (30) seconds and then imagine it and change its color. Make it melt, blow up, vaporize, or morph into something else.
- Suck on a piece of candy. ONLY think about its flavor. Do not bite it. Let it dissolve naturally in your mouth (if an idea pops up, take note of it, and let it go and return to the flavor of the candy).

## Conclusion

Mindfulness practices have the potential to promote neuroplasticity and mental self-discipline, through the use of meditation techniques. These techniques can be adapted to school environmental to match time limitations and the students' levels of maturity. These practices offer a supplement and possible alternative to behavior management, via external controls for all students, but are particularly effective with those students with ADD traits. With students who have difficulties adapting to the schools' focus on cognition through information acquisition, mindfulness practice can provide opportunities to integrate kinesthetic-affective-cognitive activities using short duration exercises that can be practiced many times during the day.

The schools' typical focus on behavior management via rewards and punishments, such as grades, limiting or granting privileges, and other externally manipulative practices, are not particularly effective with ADD students. Inviting approaches that teach practices of mental self-discipline and promoting meditative practices that develop both skill and capacity in focusing the mind, constitutes an attractive alternative.

The practices illustrated in this article, can be implemented informally into the routine activities of students in any classroom. Narrowly defined and prescribed practices with a rigid set of procedures are not needed. Instead, creative, consistent, and ameliorative practices can be developed and implemented by the thoughtful teacher, by employing a few basic mindfulness principles. For optimal benefit to students, additional study must be done to develop and integrate methods for developing mindfulness that can be used in busy classrooms, where the established curriculum is not always attuned to student needs.

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## **A Case Study of Self-Affirmations in Teacher Education**

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### **Abstract**

This qualitative study reports on what was learned from two former teacher candidates, who engaged in self-affirmation writing exercises in an education seminar during their final semester in a teacher education program. Self-affirmations, as presented here, are brief psychological interventions designed to enhance the self-integrity of teacher education candidates, so they can persist and overcome challenges and demands encountered during their field placement teaching assignments. The research questions guiding this inquiry are: a) to what degree do self-affirmations minimize stereotype threat among teacher candidates; b) in what ways do self-affirmations help candidates remain optimistic in their roles as teacher candidates; and c) how can candidates apply self-affirmation writing with their own secondary students? A central finding from this case study is that self-affirmation writing sustained the teacher candidates through the challenges they encountered during their field experience teaching. The research participants describe how self-affirmations helps them focus on their own positive inner voice, or whispering self, that encourages self-acceptance and a belief that they are good persons who care for themselves and others. Additionally, candidates apply, or envision how they might apply self-affirmation writing exercises in their own middle and high school classrooms.

### **Introduction**

The present study grew out of a perceived need to support secondary teacher candidates, helping them cope more effectively with the pressure and stress associated with learning how to teach. Worthy (2005) noted that “teaching is a demanding job even with the best preparation and mentoring” (p. 382). The demands of teaching and learning how to teach can threaten a candidate’s feelings of personal adequacy and can reduce a desire to persist in teaching. On a macro level, this study evolved out of the need to counter the high rate of teacher attrition among beginning teachers (Craig, 2013; Hanushek, Kain, & Rivkin, 2004; Ingersoll, 2001, 2002; Kelly, 2004; Kukla-Acevedo, 2009). On a micro level, this paper examines the emotional domain of two secondary candidates, who discussed the impact of self-affirmation writing in their teacher education coursework.

Learning to teach is more than merely acquiring knowledge and skills for lesson planning, instruction, assessment, and working productively with colleagues, administrators, and parents. It is more than teacher candidates modeling themselves upon their mentor teachers in their school-based field placements, and it is more than asking candidates to complete standardized performance assessments to measure their competence. Learning to teach is an ongoing reflexive inquiry into how to best build productive relationships, so students and teachers can grow intellectually and socially. Teaching is a professional endeavor, yet it is deeply personal and often emotionally charged for candidates who may at times become angry, confused, exhausted, frustrated, and overwhelmed with the many pressures and demands encountered in their school-based, field experiences and their ongoing course assignments.

This study explores self-affirmations (Cohen & Sherman, 2014; Steele, 1988) as a tool for implementing essential elements of Invitational Theory and Practice (Purkey & Siegel, 2013). Self-affirmations invoke what has been termed--the *Whispering Self* (Purkey, 2000; Shaw, Siegel, & Schoenlein, 2013), as candidates engage in rich internal dialogues premised on respecting self and others, building trust within caring communities, and nourishing an optimistic, yet realistic perspective on their adequacy as prospective teachers. I will begin by introducing self-affirmations as an intentional frame upon which to establish an invitational stance with oneself and others.

## **Literature Review**

### **Self-Affirmation Theory**

Self-affirmations are a brief psychological intervention based on the idea that “people are motivated to maintain self-integrity” (Cohen & Sherman, 2014, p. 336). Building on the seminal work of Claude Steele, Cohen and Sherman (2014) highlight the three principles of Self-Affirmation Theory as the need for children and adults to: a) perceive themselves as “good persons;” b) feel that they are adequate enough to be considered moral and adaptive within a given domain, and; c) “act in ways worthy of esteem or praise” (p. 336).

In the classroom, self-affirmations take the form of 10-minute writing exercises targeting desired values, such as the importance of feeling supported and loved. Reflective writing on positive values can minimize the negative impact of stereotype threat, which is “what happens when people from negatively stereotyped groups worry they may be judged or treated in terms of a stereotype, or might do something that would inadvertently confirm the stereotype” (D.M. Steele & G. Walton, personal communication, November 7, 2013).

Stereotype threat has been shown to decrease academic learning outcomes (Steele, Spencer, & Aronson, 2002; Taylor & Walton, 2011). Self-affirming writing exercises premised on desired values promote greater academic achievement for members of stereotyped groups, including female undergraduate students enrolled in an introductory physics course at the University of Colorado at Boulder (Miyake et al., 2010), African-American middle school students (Cohen, Garcia, Apfel, & Master, 2006), and others in marginalized groups in school contexts (Yeager, Walton, & Cohen, 2013). Additionally, recent brain research reveals that invoking positive emotions prior to engaging in higher level cognitive tasks, enhances subsequent performance by minimizing amygdalae firing that would otherwise inhibit prefrontal cortex neural activity required for higher-level thinking (Kagan, 2014).

### **Optimism**

Incorporating self-affirmations in classrooms is consistent with Invitational Theory and Practice (Purkey & Novak, 2008), because affirmation writing is grounded in the intentional process of constructing inviting and inclusive learning environments centered on trust, respect, optimism, and care. The co-founder of Invitational Theory, William Purkey (2000) writes:

Even beyond what happens in the classroom, what teachers say to themselves about themselves is vital in itself. It has value regardless of whether or not it relates to their effectiveness as teachers. The teacher’s internal dialogue makes the difference between happiness and unhappiness in the classroom and in life (p. 58).

Completing affirmation writing exercises promotes a positive and realistic self-concept as teacher candidates may feel encouraged and valued through their own inner speech. Purkey (2000) suggests that

teachers engage in “positive self-talk about students... as able, valuable, and responsible” to create invitational learning environments (p. 59).

Purkey and Siegel (2013) point out that: “what people desire most is to be affirmed in their present worth, while being summoned to realize their potential” (p. 27). Maintaining an optimistic, yet realistic perspective about one’s abilities can be achieved through self-affirmations as individuals write about their core personal values and mitigate the potentially harmful effects of negative social stereotypes that pose psychological threat. For example, self-affirmations targeting an individual’s connections with family and friends may generate a sense of optimism and well being that can downplay defensiveness associated with negative socially held beliefs regarding their own identities. This can reduce the amount of anxiety and stress associated with the cognitive task and enhance academic achievement (Cohen, Garcia, Apfel, & Master, 2006).

### **Modeling Self-Affirmations**

One widely accepted teacher preparation practice involves teacher educators modeling effective pedagogy that candidates can apply in their own K-12 classrooms (Jones & Jones, 2013; Wong & Wong, 2009). Modeling in the teacher education classroom sets the stage for candidates to imagine how they might apply what they are learning in their own field experience K-12 classrooms. Modeling instruction that generates supportive learning environments where candidates feel safe and valued is a vital pedagogical tool and an important means for developing conditions that foster mutual respect.

The application of self-affirmation writing in a teacher education course serves as a model instructional tool that candidates may adapt to foster students’ critical self-reflection and become more mindful of their ability to manage their own thoughts and actions. Applying self-affirmations in middle and high school classrooms may help students to persist in the challenges they encounter in their relationships with self and others as their neurological, cognitive, psychological, and social domains develop (Cohen & Sherman, 2014).

Self-affirmation writing assignments, similar to the approach used in this study, have been noted as reducing academic achievement gaps among diverse groups of students in middle school (Cohen, Garcia, Purdie-Vauhns, Apfel, & Brzustoski, 2009) and post-secondary classrooms (Miyake et al., 2010). If self-affirmations are effective with diverse learners in multiple educational contexts as noted in the research literature, then this study aims to understand the application of self-affirmations in a unique context—the teacher preparation classroom with the goal of decreasing new teacher attrition while simultaneously creating more inviting and thriving classroom learning environments with students and teachers moving toward self-actualization (Maslow, 1943).

## **Methods and Methodology**

### **Context and Participants**

This current study took place in Hawaii after the author received formal approval from the Human Studies Program from his home institution. The two research participants, both female and 24 years of age, had recently completed a graduate-level initial licensure teacher education program. During the final semester of the program, one research participant engaged in a paid teaching internship at a public middle school, and the other participant held a non-paid teaching internship at a public high school. They also attended an education seminar in which they completed self-affirmation writing exercises. The research participants have been given the pseudonyms of Mary and Lisa in this paper to protect their privacy and to



maintain confidentiality. Mary and Lisa will also be referred to as teacher candidates, as well as research participants in this paper.

Self-affirmation writing prompts were created by Louise L. Hay (2000) and found on a mobile application (Oceanhouse Media, 2009). A sample prompt was: “I accept others as they are; and they, in turn accept me” (Hay, 2000). Each teacher candidate was asked to write about: a) how the affirmation makes you feel and why; b) to what degree the affirmation relates to your life; c) what you can do to achieve the desired affirmation outcome(s); or d) any combination of the above. They were given the option of putting their name on the paper and they could choose not to turn in their written response.

Mary earned secondary social studies teacher licensure, while Lisa completed requirements for a dual license in secondary mathematics and social studies. Mary had lived in Hawaii her entire life. On her father’s side, Mary was third generation Japanese-American, and on her mother’s side, she was fourth generation Japanese-American. Lisa was an Asian American of mixed ethnicity (Chinese, Native Hawaiian, and Japanese). She was born and raised in Hawaii and completed her undergraduate degree on the US mainland. The author is a white male teacher educator who moved to Hawaii from the US mainland eight years ago.

The author served as Mary and Lisa’s internship seminar instructor and field supervisor for the semester leading up to their graduation. Mary completed her teaching internship at a large Title I high school comprised mostly of students of Filipino descent. As a Title I school, more than 40% of the students were eligible for free or reduced price lunches, due to the low incomes of their families. Mary taught Participation in Democracy, US History, and Anthropology at a high school. Lisa’s internship was held in a Title I middle school enrolling many first generation immigrants. She taught mathematics for English Language Learners [ELL] at a middle school. Mary and Lisa, along with the other enrolled candidates, took part in self-affirmation writing exercises at each of the seminar meetings. Affirmation prompts were short, positive value statements regarding personal worth, such as caring for oneself and feeling supported by others.

## **Data Sources and Procedures**

The participants volunteered to take part in two semi-structured, audio-recorded interviews, approximately 60 minutes in length after grades had been submitted for the internship seminar. As a result, participating in the research held no bearing on candidate academic outcomes in the teacher education course or program at-large. Interview guides (Patton, 1990) were developed to focus conversations. However, the use of the interview guides allowed participants to speak on related topics that they felt significant to their understanding of the topics under discussion. Generative dialogues took place during the semi-structured interviews, allowing the author to focus on topics and issues that were significant to the participants. In this manner, the author learned what the research participants were thinking (Galletta, 2013). Data consisted of direct and indirect quotes from research participant interviews.

## **Data Analysis**

A constant comparative method (Bogdan & Biklen, 1992) was used to identify thematic patterns from the interview transcriptions. Emerging themes from the first interview were member-checked by the research participants during the second interview. This design enabled participants to elaborate on and clarify issues introduced earlier. Since the emerging self-affirmation themes were authentic and credible to the lived experiences of the research participants, the findings and conclusions were more likely to be

trustworthy in the minds of readers (Guba & Lincoln, 1989). As proposed by Galletta (2013), “engaging my participants in clarification, generation of meaning, and critical reflection furthered my analysis of the data, increasing their depth and complexity” (p. 103). Finally, the paper was reviewed by the research participants prior to submission for publication to ensure that their voices were fairly and adequately represented in the text.

## Findings

Findings are based on the lived experiences of the research participants who shared their thoughts and feelings regarding the affirmation writing exercises from the teacher education seminar. While responding to discussion guide prompts, participants offered critical reflections that were emotionally relevant to their lived experiences. The findings presented below are organized into recurrent themes based on participant feedback. Self-affirmation themes include: belonging, teacher identity, application, and intersection with Invitational Theory and Practice.

### Belonging

**Mary:** When discussing stereotype threat, Mary spoke about her race and ethnicity as a Japanese-American teacher candidate. She went on to say that she incorporated her ethnicity in her high school social studies lessons. When asked to consider if her students may have stereotyped her as a woman of Japanese ancestry, Mary mentioned that they were surprised to learn that she could not speak Japanese. Mary continued that when she was teaching World War II and discussing the Japanese attack on Pearl Harbor that initiated US entry into the war, one of her students unexpectedly blurted out: “Why don’t you go back then?”

Mary felt offended and hurt from the “why don’t you go back then” comment. As a teacher candidate who expressed a strong desire to build caring and empathetic relationships with students premised on respect and trust, the aggressive and mean-spirited comment alienated her in the classroom. When the other students also sat in silence after the comment was raised, Mary could almost feel that she had been “Given Notice” to pack up and vacate, just as many Japanese-Americans was forced to do in the wake of the attack on Pearl Harbor in response to President Roosevelt’s Executive Order 9066. In Mary’s mind, the irony was that her great grandfather who was living in Hawaii at the time of the Pearl Harbor attack had, in fact, been given notice and deported to a Japanese internment camp on the US mainland in early 1942. He remained there for the duration of the war that caused him and his family personal suffering and hardships.

**Lisa:** Lisa saw herself as young, female, and Asian. She emphasized her youth and inexperience in teaching at this early stage of her career. Like Mary, Lisa wanted to build a caring and warm classroom community. She acknowledged her lack of teaching experience and the desire to improve. A critical incident during her internship occurred when she began a learning activity by asking her middle school students to change chairs and sit with someone who had the same home language for an upcoming learning activity. In response, one of the more vocal students was from Micronesia and began directing students to move to different locations in the room. Then he pointed out where he and another student from Micronesia would sit, by exclaiming: “and the cockroaches should sit over there.”

Lisa was shocked and caught off-guard by this disparaging remark. She felt that the fact that this student made fun of his own Micronesian identity might negatively impact his academic learning and social engagement in the classroom. Lisa wanted to build an ELL classroom community premised on trust whereby all individuals in the room cared for and respected themselves and one another regardless of their

race, ethnicity, and other identifying traits. As a young and inexperienced teacher, she was unsure of how to respond to the “cockroach” comment when it occurred. Lisa wanted to learn how to properly address this kind of hurtful language and decrease the likelihood of it from reoccurring.

### Teacher Identity

**Mary:** Self-affirmation writing enabled Mary to vent her frustrations but also reflect on how far she had come in her teaching journey. One of the demands she faced during her internship was teaching out of her licensure field without much support from the high school’s administration. On one occasion, during her internship, she followed school policy by asking a student to put his cell phone away. The student replied “*expletive deleted*” in a sarcastic tone that was loud enough for her to hear. This remark caused Mary to question her own authority in the classroom. In Mary’s words: “the boy was angry, acting tough, and wanted his phone out. Maybe I had no business telling him to put his phone away.”

In response to challenging classroom management issues and the lack of administrative support during this out-of-field placement, Mary had this to say about the importance of self-affirmation writing:

As a teacher, you go through so much in a given day. Maybe you have issues with students, faculty, and assignments. Sometimes it is just good to vent, and share what you are going through such as how you have changed and how you have grown including setbacks you overcame to help improve the future.

For Mary, self-affirmation writing offered her an opportunity to reflect on the day’s events and consider how she had grown from the challenges she faced.

**Lisa:** As a self-described *young* teacher, Lisa sought ways to build connection and empathy in her classroom. She felt that the positive, optimistic nature of the affirmation statement was a way to build her confidence and ability as a teacher. According to Lisa, “whatever you shine a light on grows.” Focusing on the positive aspects of oneself creates a positive feedback loop further enhancing good feelings and actions.

### Application of Self-Affirmations

**Mary:** Mary used self-affirmation writing with her students in her internship classroom, soon after being introduced to the assignments in the education seminar. She felt that the affirmation writing exercises were a good non-content break from her regular social studies assignments. “Kids like talking about themselves and what they have gone through,” Mary said. She prompted her high school students to write about what they could do to improve their course grades as well as writing about accepting themselves and recognizing others who cared for and supported them.

Self-affirmation prompts, according to Mary, could be created that were consistent with values that underlie the social studies curricula. For example, if Mary were teaching a unit on Imperialism, she might design self-affirmations statements for reflection such as: “How did it feel when someone took something that was yours because they thought they were better than you?” In this way, she could build upon students’ social cognition memory in understanding human intention and action as they interpreted historical events.

**Lisa:** In Lisa’s words, “teaching is an act of social justice and an opportunity to use tools to help everyone be successful.” She believed that self-affirmations promoted positive attitudes in the classroom as

students acknowledged and supported themselves and others. In her mind, students would be encouraged to think positively about their own ability to overcome hardships and difficulties in their school and personal lives.

### **Intersection with Invitational Theory and Practice**

**Mary:** Mary believed that reading another person's self-affirmation response was a very personal matter because the writer opens up to another person. This form of personal sharing requires an invitational stance premised on respect and trust among students and teachers. Mary noted that "affirmation writing encourages risk-taking on the part of students as they describe the problems they encounter in life and how they could work with their issues to make it better." This form of receptivity to the whispering self and personal sharing thrives in inviting spaces where it has become a formal policy and enacted practice to become personally and professionally inviting with oneself and others.

**Lisa:** Lisa would like to use self-affirmations with her students in the future. She stated that, "She wants students to feel invited in the space, and students can be more authentic on paper." She noted that affirmation writing can "show students that you are caring, and it [affirmation writing] communicates to them that you are interested in who they are." Self-affirmations are a tool to develop intentionally inviting classrooms where all members are invited to value and care for one another.

Lisa felt that the feedback on affirmation writings in the education seminar was a powerful way to quickly build trust with the instructor. Feedback on self-affirmation writings showed that the instructor cared about her as a person and about her personal and professional issues and concerns. Feedback on affirmation writing was seen as intentionally inviting and made her feel supported.

### **Analysis**

The research participants in this study were under intense pressure to qualify for full-time teaching positions after their internships. Lesson planning, instruction, assessment, classroom management, and positioning themselves as classroom leaders were incredibly challenging experiences for the research participants. They struggled with a number of issues including a lack of proper teacher and administrator support, teaching out-of-field, and classroom management concerns that threatened their decision to become teachers.

A central finding from this study is that in the eyes of the two women-of-color research participants, stereotype threat was equated more with a kind of occupational threat as they grappled with many responsibilities and tasks required of full-time teaching during their internships. In their minds, race, ethnicity, and gender appeared secondary in terms of the immediate threat to their goal of becoming capable and effective teachers.

A secondary, yet important finding addressed the lack of self-understanding as a person of color, as Mary seemed surprised by her students' initial hostility toward her as a woman in a position of authority and as a person of Japanese ancestry. This may relate to a form of gender and ethnic blindness, given her Japanese ancestry and her immersion in a largely Japanese-American community in Hawaii. Mary may have perceived herself as a person in the majority and not fully cognizant of the degree to which some adolescent students might judge her as "other" based on her ethnicity. She also may have been unfamiliar with the ingrained patriarchal beliefs that some male adolescent students held regarding women in positions of authority.

Lisa was of multi-ethnic background, and she downplayed the importance of her own race and ethnicity in identifying stereotype threats. In her mind, the “cockroach” comment exemplified a kind of pervasive racism that some immigrants from Micronesia internalize while living in Hawaii. Lisa commented that some of her middle-school students viewed her as a woman with less authority than they might judge a male teacher. Some of her ELL students grew up in families that emphasized patriarchal power and granted less status to females in leadership positions, including teachers.

In spite of being hurt by sexist and racist comments from students, both Mary and Lisa worked diligently at building caring and productive relationships with their students, out of their deep-seated belief that they needed to create classroom policies and practices that made their classrooms safe, inviting, and democratic. The participants set out to build warm relationships with students to maximize their engagement and learning, in order to enhance their sense of belonging and purpose in the classroom (Worthy & Patterson, 2001).

The research participants felt that the self-affirmation writing exercises were a powerful way for teachers to connect with their students. This was due in part to their participation in the writing exercises in the education seminar, as well as Mary’s adoption of self-affirmation exercises in her high school placement classroom. Lisa felt closer to the seminar instructor, due to the feedback she received from her affirmation statements.

Self-affirmation writing exercises were seen as a way for instructors to build inviting classrooms premised on respect, trust, and optimism. The research participants believed that listening to their own inner voice, or their whispering selves, was a way to unwind and relax at the end of the workday. They felt that self-affirmations helped them feel like they belonged in the seminar course. Although they did not share their writings with seminar peers, they felt a sense of intuitive rapport with others in the seminar, perhaps born out of the common experience of the self-affirmation writing exercises.

## **Conclusions**

This study set out to examine self-affirmation writing in the context of a teacher education seminar for candidates who were engaged in teaching internships and preparing to launch their teaching careers. The outcomes reveal that self-affirmation writing served as an effective tool to promote candidate optimism in light of their vulnerability as entry-level secondary teachers.

In a practical sense, having candidates engage in self-affirmation writing in their teacher preparation coursework may help them overcome perceived threats in their field-based school classrooms and to facilitate their own decision making and problem-solving as student teachers and interns. However, self-affirmation writing is more than a pedagogical tool to structure student thought and action; it is also a formal co-curricular exercise that has the potential to enhance the development of classrooms as empathetic places, where all members of the learning community feel personally invited to care for themselves and each other.

Conducting this research project with Mary and Lisa has taught me the importance of setting the “regular” curriculum aside at times to offer candidates opportunities to reflect in writing on the people, places, events, and symbols in their lives that support who they are and who they want to become, so they may “act in ways worthy of praise” (Cohen & Sherman, 2014, p. 336). In my mind, Cohen and Sherman (2014) have it right when they note that self-affirmations allow writers to maintain their self-integrity when they face occupational dilemmas that seem perplexing and impossible to deal with.

Areas for further research include offering affirmations that specifically target candidates' valued domains, whether these include recalling cherished relationships with family members and friends, resilience in the face of hardships, or other positive aspects of candidates' lives that sustain them and make them feel worthy when they face challenges in the classroom. Understanding how these kinds of personalized affirmations impact a candidate's sense of adequacy as a teacher, could generate insights into how best to support each candidate. Another area for continued research includes having candidates engage in self-affirmation writing immediately before and after their teaching. The effects of self-affirmation writing at these critical moments could offer insights into how self-affirmation writing can serve as a means to generate hope, encouragement, and perseverance in light of stress associated with upcoming or previous lessons. A third potential area for continued study involves embedding self-affirmation writing exercises in dialog journals that are passed back-and-forth from candidate to teacher educator for ongoing written reflections on affirmation statements and responses. Dialog journal applications of self-affirmation writing could emphasize sustained teacher educator feedback to candidates, based on themes raised by candidates.

### Final Remarks

Self-affirmations can be applied in the teacher education classroom for candidates like Mary and Lisa who struggle with the occupational demands of learning how to teach. Learning to teach can be a joyful, yet difficult experience for some teacher candidates as they encounter broader social inequities and injustices that are represented in the thoughts and actions of their students. Confrontations with students and lack of administrator support may threaten a teacher candidate's sense of personal and professional adequacy. However, with psychological interventions like self-affirmation writing, learning to teach may become an opportunity for candidates to center themselves and to persist through both minor setbacks and major defeats, that might otherwise tear down their self-image and threaten their confidence and motivation to teach.

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# **LGBT Health Care Access: Considering the Contributions of an Invitational Approach**

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## **Abstract**

Lesbian, gay, bisexual and transgender (LGBT) people have historically, and continue today to encounter barriers to accessing health services. This has been attributed to the well-documented heterosexism, homophobia, biphobia, and transphobia that shape all health and social institutions. In this paper, invitational theory offers insight into the challenges faced by a childbearing lesbian couple to access supportive health care, and sheds light on inequities faced by LGBT people when accessing health care in Canada. The author draws on critical feminist research and invitational concepts to build an understanding of four dimensions of this couple's access to supportive care. The invitational approach is combined with an explicitly critical stance to highlight gender and other relations of power, and to provide a theoretical rationale for incorporating invitational concepts into equity-related research, including a current application focused on improving LGBT home care access in the Canadian context. Given the deeply embedded structural inequities that hinder the creation of intentionally inviting environments for diverse groups, this research has implications both for shedding light on areas in need of health care access research, as well as for integrating invitational approaches that align with critical pedagogies into health care education.

## **Introduction**

Invitational Education® (Purkey & Novak, 2008) integrates the concepts of self-construct, caring and social democratic education theories that have been widely applied to enhance teaching, learning, social interactions and group dynamics for diverse student groups in primary and secondary schools, as well as in colleges and universities (Haigh, 2011; Novak, 1992). A range of educational foci have been addressed from an invitational theory perspective, such as welcoming school climates (Okaya, Horned, Laming, & Smith, 2013); reflective teaching practice (Smith, 2010), curriculum (Chant, Moes, & Ross, 2009); and racial/cultural diversity in education and professional practice for teachers and the helping professions (e.g., Lewis, 2008; Schmidt, 2004; 2007; Moeller, Anderson, & Grosz, 2012).

Less attention has been directed to an invitational approach to enhancing health care access, specifically to sexual and gender minorities (lesbian, gay, bisexual and transgender [LGBT] people). This is in spite of the well-recognized need to foster cultural competence in health providers to serve diverse populations, as well as to support diversity in the health care providers themselves. The focus of Invitational Theory on creating respectful relationships and educational environments offers important potential for health provider education that can help create welcoming environments for diverse groups of patients/clients and foster access to equitable health care for patients/clients. LGBT people have historically, and continue today to encounter barriers to accessing health services that have been attributed to the well-documented heterosexism, homophobia, biphobia, and transphobia that shape all health and social institutions (Institute of Medicine [IOM], 2011). Heterosexism is the assumption that heterosexual relationships are preferable to non-heterosexual relationships, and it is embedded in most social institutions by normalizing

heterosexism and contributing to what is known as heteronormativity. The term “heteronormativity” is “useful because it makes it clear how heterosexist ‘normalcy’ normalizes itself through making homosexuality ‘deviant’” (Weiler, 1988, pp. 55-56). Since homophobia, biphobia and transphobia are pervasive, heteronormativity contributes to dynamics in which health providers often lack knowledge and understanding of diverse LGBT people’s experiences of health, hold negative attitudes towards them and thus may not provide high quality care. This shapes health inequities for sexual and gender diverse communities (Bauer et al., 2009; Eliason, Dibble, DeJoseph, & Chinn, 2009; Mulé et al., 2009) by contributing to the heteronormative policies and practices that create barriers to equal access, thus disenfranchising and rendering vulnerable LGBT populations. Longstanding historical, social, political, economic, and cultural dynamics sustain a dominant heteronormative society by marginalizing and rendering invisible the range of holistic health issues relevant to LGBT people, and as a result contribute to well-established health inequities ranging from increased mortality and morbidity to an inability to locate responsive and relevant services (Dean et al., 2000; IOM, 2011). Diverse LGBT people across age, race, ethnicity and geography, experience unique health issues. Many LGBT people cannot disclose their same sex relationships or gender identity as trans people, and often would rather avoid care, than chance disrespectful and harmful care (Dobinson, MacDonnell, Hampson, Clipsham, & Chow, 2005; Mulé et al, 2009; IOM, 2011).

The purpose of this paper is to illustrate how invitational theory offers insight into the challenges for childbearing lesbians to access health care, by drawing on observations from a Canadian case study completed in 2001 (MacDonnell, 2001). Findings from this case study have implications for enhancing health care access for diverse groups of LGBT people. A 3-part conceptual framework for access emerged from this qualitative case study that includes: A) four dimensions of access to care: 1) perceived safety of resources, 2) disclosure status, 3) situated privilege, and 4) public and private availability of support; B) consequences of lack of access for childbearing lesbians; and C) recommended changes to the system to enhance access, captured under “future possibilities.”<sup>4</sup> The focus will be to describe how invitational concepts inform the four interrelated dimensions of access to supportive care by childbearing lesbians, by drawing on the contributions of the foundational philosophic contributors to Invitational Theory: Kelly’s self-construct theory (1955), Dewey’s social democratic education (1939), and Noddings’ feminist/caring theory (1984) as well as Purkey and Novak’s work on Invitational Education ® (1996; 2008). The five indicators of positive educational environments known as the 5 P’s (people, places, programs, processes, policies) will be utilized, and attention will be drawn to a 6<sup>th</sup> P (politics) which emerged as relevant in this research. Findings are situated in feminist literature, affirming some important, seminal lesbian work from the 1990s.

I begin with a brief overview of the research and critical feminist methodology with attention to heteronormativity as it relates to lesbians. I then briefly describe themes emerging from analysis by contextualizing them using the 6 Ps, and describe the four dimensions of access to supportive care that emerged as relevant, sharing relevant links to invitational theory that helped support findings. Finally, I discuss some implications for health care access research and education for health care providers.

### **Setting a Context for Lesbian Childbearing**

Historically, lesbian childbearing couples, like other LGBT people, have been bombarded with stigmatizing messages, which have often rendered them invisible and excluded them from health care programs and services in a way that contrasts with traditional families based on male and female relationships (Biblarz & Savci, 2010; DiLapi, 1989). As Clunis and Green (1995) note, “Starting in the

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<sup>4</sup> Detailed study findings have been described previously (See MacDonnell, 2001; MacDonnell & Andrews, 2006).

late 1970s and early 80s there [was] a baby boom among visible lesbians, particularly in some of the larger, lesbian-friendly urban areas in the United States” (p. 11). A similar phenomenon began in Canada at that time. Often, lesbians had become pregnant through heterosexual couplings, however, were increasingly turning to lesbian community resources and mainstream reproductive health services, such as artificial insemination (Ehrensaft, 2008).

Social hierarchies and structural oppressions linked to gender norms, continue to influence the social context of childbearing lesbians’ lives. Patriarchal dominance shaped by historical, economic, social, and cultural forces (Mandell, 1998) remains a powerful influence over individuals and societal institutions, yet is often not perceived at the conscious level (DiLapi, 1989). As sexism assumes an inherent superiority of one gender over another, women, regardless of sexual orientation, encounter oppression based on gender. This dominant patriarchal perspective is produced and reproduced within most societal institutions, through mechanisms of heterosexist values and homophobia. Lesbians experience heterosexism compounded by sexism (Canadian AIDS Society, 1992). Rigid gender stereotypes, which recognize heterosexual difference and reject same-sex orientation, rank heterosexuality as inherently superior to homosexuality. The roots of this pervasive heterosexist thought within society are “founded on the subordination of women’s needs, issues, and perspectives to those of men and on the denial of the potential bonds of love and friendship between women” (Eliason, Donelan, & Randall, 1992, p. 32). Lesbians’ rejection of economic, physical, and emotional dependence on patriarchal authority ensconced in the nuclear family accounts for the extensive social repercussions they encounter (DiLapi, 1989). The ways in which difference is created by dominant groups shape their vested interest in maintaining this hierarchical power. Homophobic strategies preserve the heterosexist perspective of hegemonic institutions at the expense of other ways of knowing and being which are excluded or minimized, producing power and reproducing dominance in ways that are taken for granted and naturalized so that most members of society are often unaware of how intersecting oppressive relations of power structure their everyday lives. This process of oppression and counter-oppression known as hegemony, “is never complete, always in the process of being reimposed, always capable of being resisted, and the dominant classes are always struggling to reimpose an hegemony” (Weiler, 1988, p. 13).

### **Overview of the Study**

In 1998, I completed an extensive literature review on childbearing lesbians and the context of health professional practice in relation to lesbian health. I uncovered twenty years of research about childbearing lesbians and lesbian health. However, with few exceptions, this evidence for practice had not been integrated into nursing education, clinical practice or programming (MacDonnell, 2001). In response to this gap in research on meaningful educational support for childbearing lesbians and based on my own lack of knowledge as a public health nurse and childbirth educator, I undertook research to explore the issues. That study was completed in 2001 (MacDonnell, 2001; MacDonnell & Andrews, 2006).

Certainly, over the last decade, recent changes to federal and provincial legislation in Ontario, Canada, acknowledge that lesbian families are entitled to benefits as common-law couples and both media and public support have increased awareness of sexual minorities (Rickard, 2013). Yet, it is clear that current gaps in health professional curriculum and training contribute to practitioners’ discomfort, limited understanding of how to create inclusive care environments, and the unique issues faced by diversely situated lesbians (Abdessamad, Yudin, Tarasoff, Radford, & Ross, 2013; Beagan, Fredericks, & Goldberg, 2012). Given the need to foster meaningful professional education, invitational education’s focus on affirming educational practices and environments, and the urgent need to respond to the barriers to care faced by LGBT people, this topic is relevant to this journal.

## Methodology

This feminist ethnographic research (MacDonnell, 2001) is a descriptive exploratory study examining educational needs perceived by expectant lesbian women. It aims to facilitate the development of inviting informational community support for childbearing lesbians in a public health context and focuses on childbirth educators and related programming. Given the exploratory nature of this work, a qualitative case study design (Stake, 2003) was used to undertake an in-depth examination of lesbian childbearing from preconception through to the postpartum period as experienced by one lesbian couple. Ethnographic interviewing was suitable to understand their everyday experiences and ways in which they constructed meanings through their educational interactions. Denzin and Giardina (2010) advocate for self-reflexive qualitative studies such as case studies to explore social justice issues and demonstrate the interconnectedness between individual experiences on the micro level and structural dynamics on the macro level.<sup>5</sup>

This inductive research, congruent with constructivist and naturalistic paradigms, aims to understand the phenomenon of lesbian childbearing in the context of socially constructed knowledge, norms and realities. It reflects a critical feminist lens in which complex relations of power as it pertains to gender and its intersections with sexuality, inform knowledge claims for both researchers and participants. There is a focus on everyday lived experiences which mirror larger cultural, historical, economic, political, and social relations in order to identify injustices and bring to light subjugated knowledge, which reflects the voices and experiences of minorities such as lesbians that have often been dismissed or overlooked. Through social action, the study aims to challenge social structures and improve the everyday lives of these minorities (Kirby & McKenna, 1989; Reinharz, 1992).

At the time this research was undertaken, almost all health research which addressed sexual minorities focused on gay men and to a lesser extent, lesbians. That literature, which has grown enormously over the last 15 years, now also examines the particular issues that bisexuals and trans people encounter in accessing health care. Nevertheless, our understanding of the particular needs of diverse LGBT people across geography, age, ethnicity and other social strata remains limited. As will be shown in this paper, by identifying a conceptual framework which is grounded in thematic findings, this case study offers insight into issues of access that move beyond the particular experiences of this one lesbian couple.

## Sample

Ethics approval was obtained from Brock University Research Ethics Board and Hamilton-Wentworth Department of Public Health Services. The study employed purposeful convenience sampling to recruit one or two available childbearing lesbian couples, given the few who would be openly “out”. Study postings were shared through the researcher’s contacts with lesbian community resources and professional networks to locate childbearing lesbian couples in the Greater Toronto/Hamilton area of Ontario, Canada. Two couples expressed interest and one, living in an urban area, agreed to participate. Sharon and Ellen (pseudonyms) are white, middle class women in their early 30s; one is a physician and her partner is highly involved with midwifery care. Given their experience with the Ontario reproductive health systems, and as mothers who had each taken roles of biological mother and co-parent, they were key informants regarding childbearing support for lesbian couples in an urban setting. At the time of the first interview, the couple had a toddler and subsequently their second child was born.

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<sup>5</sup> Case study findings including the reflexive components are detailed in MacDonnell & Andrews (2006).

## Procedures

Informed consent was obtained from each participant and they completed a short demographic form. Two in-depth 2-hour couple interviews, one prenatally and one post-natally were audiotaped and transcribed. The first visit to the couple's home took place close to the end of the couple's second pregnancy and the second visit was made at 2 months postpartum to facilitate data collection relevant to the delivery and early postpartum periods. Semi-structured interviews focused on their personal decisions surrounding the pregnancy; how they accessed, interpreted, and acted on the healthcare information, supports and services that were provided to them; and how they evaluated the care they received, both by the healthcare system and by the community (See Appendix A for prenatal and postnatal interview guides). Computer files and transcribed interviews were stored in a locked filing cabinet in my home study, secured for 5 years and then destroyed.

## Rigor

In order to foster confidentiality, pseudonyms were used and no identifying information was shared in the reporting of findings. Strategies to ensure rigor included prolonged contact with the participants, member checking and use of verbatim narratives to provide rich context. Strategies to ensure trustworthiness involved disciplined subjectivity that included the use of a personal reflection journal to document any emerging insights and reflections on how my own social location as an outsider to lesbian communities and as a public health nurse influenced the emerging study (McMillan & Schumacher, 1997). This case study approach was not intended to offer generalizability but it had the potential to generate extension of the findings. Situating the findings in the social and historical context of the literature and interpreting the findings with respect to theory, facilitated that process.

I used Kirby and McKenna's (1989) approach to analyzing data by examining transcripts for identification of descriptive narrative sections of information, phrases, or paragraphs which could be identified and grouped under a mini-theme. These were then gathered under broader thematic categories and during the final scan for themes, the transcripts were colour-coded to ensure that all data had been accounted for under the themes. Themes included: co-parent experiences, biological childbearing experiences, isolation, determination, barriers to support, childbearing as a turning point, diversity of lesbian communities, public or private availability of support, strategies, and recommendations captured under "future inviting possibilities".

A key theoretical underpinning of this research draws on Invitational Education ® (Purkey & Novak, 2008). This approach systematically addresses the 5 P's, that are indicators of educational environments: people, places, programs, processes, and policies that can create environments that are "intentionally inviting"; and that are consistently perceived to reflect relevant, respectful care. The study results also supported the addition of a 6<sup>th</sup> P: politics, since the political component of invitational interactions is a key to enabling supportive processes.<sup>6</sup> Power is inherent to all individual and institutional interactions. Study findings framed in relation to these 6 P's are detailed elsewhere (MacDonnell, 2001; MacDonnell & Andrews, 2006). This paper briefly discusses the value of systematically addressing interactions with individuals and environments as advocated by an invitational approach. This is integral to understanding how providers can work towards creating high quality support.

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<sup>6</sup> Dean Fink (2013) identified a 6<sup>th</sup> P, politics. Findings from this study extend his focus from organizational change to a broader notion of political action and a focus on structural dynamics in relation to equity

Using a critical gender lens to apply the Invitational Approach and identify a 6<sup>th</sup> P, “politics” aligns with other educational approaches that have similar goals of disrupting the status quo and creating space for subjugated world-views (hooks, 1994). Critical and queer theories which focus on oppression and strategies to counter oppression, and which incorporate the fluidity of identities and world-views, have fostered important understanding of LGBT issues in an educational context. This has implications for inclusive education spaces where LGBT voices across race and gender have often been invisible (Kinchloe, 2004; Kumisharo, 2002; Misawa, 2010; Murray, 2015). Making LGBT issues visible in relation to Invitational Education is an important first step. The systematic approach that Invitational Education provides for assessing educational environments using the 5 Ps, also offers an important tool for educators in a health care context to gauge and enhance the relevance and quality of health care education that will improve access for LGBT people. Attention to the complex dynamics of power and privilege when applying Invitational Education concepts can enhance inviting, inclusive spaces for diverse LGBT people.

Given the heteronormativity embedded in all social institutions and the ways that this marginalizes and often renders invisible the holistic health issues of lesbians in the health care system, the findings from this ethnographic study (MacDonnell, 2001) suggest that access to high quality health care for this group involves reflective rethinking the complex dynamics of power and gender. Four interactive dimensions of access were found to be relevant to childbearing lesbians’ capacity to locate supportive care: 1) perceived safety of resources, 2) disclosure status, 3) situated privilege, and 4) public and private availability of support.

### **Narrative Findings: The 6 Ps**

It was clear through this case study that childbearing lesbians can encounter unique issues relevant to their childbearing. With few exceptions, the language used in reproductive health services and resources addressing pregnancy, prenatal classes and parenting assumes that the childbearing couples consist of a male and female partner. Achieving pregnancy often depends on assisted reproduction such as artificial insemination with its associated anonymous donor policies and/or prohibitive costs. A couple’s ability to secure resources or find supportive providers may require them to disclose their sexual orientation, and this can elicit hostile or neutral responses from providers. Sometimes harmful care can follow, especially for women who are part of minority groups defined by disability or ethnicity. For women who are birthing, such responses exacerbate their vulnerability during the birth process. The challenges of negotiating the couple relationship for biological and non-biological mothers from pregnancy planning to the postpartum time frames are often overlooked as being relevant to childbearing. Subtle and more overt recognition of the biological mother as the legitimate mother can precipitate relationship tensions. Furthermore, as this couple’s experiences have shown, the arrival of a child can prompt both unexpected support and upheaval in extended family relationships. For some couples, families of choice rather than families based on kinship relationships become significant. Responsive and relevant educational support and care provision requires an understanding of these unique issues. This will foster the creation of supportive climates both within individual interactions with clients, as well as within organizations that consistently convey the respect, optimism and trust that reflect intentionally inviting interactions and environments.

In this section, I share some narrative excerpts from the findings using the 6 P’s to ground the invitational concepts addressed in more abstract ways later in the paper. In addition to the 6 P’s, Invitational Education also focuses on four elements of educational environments on a spectrum that includes 1) Intentionally Disinviting (purposefully hostile); 2) Unintentionally Disinviting (the interaction is intended to be positive but the impact is negative); 3) Unintentionally Inviting (the interaction is positive but

inconsistent); and 4) Intentionally Inviting (interactions convey optimism, respect and trust because they are reliable and consistent at both the individual and organizational level).

## People

The first P, People, focuses on human interactions between patients/clients and health care providers in educational environments

Sharon remarked that her work environment was inviting, and she attributed this to the progressive workplace, as well as the accepting colleagues there. “I am in family medicine. There are public health nurses, plus the staff there. Everyone is great, wonderful to myself and Ellen. It’s unique. I don’t know whether it is just because there is inherent power in my position. Regardless, it still feels wonderful” (p. I-2).

Many well-intentioned individuals were unintentionally disinviting. Ellen described her network of friends:

I spend my time with other extremely privileged white, upper-middle-class, heterosexual women, which is fine on the one hand, and difficult in many other ways. They don’t have a clue about the upward struggle we have in life... They don’t have to fight for recognition of family and partner. They don’t have to struggle to adopt their children. People are continually asking questions. “How is your baby?” and “How’s Sharon’s pregnancy?” They don’t have any concept of the fact that these children are ours. So at times, I find it overwhelming, this sense of profound isolation and oppression that we have, and that although these women are extremely nice . . . and positive parents, they’re not in any way, very conscious... every day, that we’re surviving. (p. I-2)

## Places

The 2<sup>nd</sup> P, Places, focuses on environments in which childbearing lesbians receive clinical, informational or other support. A key aspect is how healthcare providers communicate caring through responsive and relevant support.

When discussing places that invite, the participants often referred to their knowledge of Toronto, Ontario which has visible, organized services for childbearing lesbian women. Ellen had learned from an acquaintance that it was:

very clear that growing up in Toronto their children knew tons of kids, AI kids [kids born through artificial or alternative insemination]. It’s a very common experience, that one woman was saying, for her children to know children born from AI, children who [have] gay fathers who are donors, who are gay men, who are in their lives.... (p. I-23)

The visibility of lesbian families is considered supportive as it publicly validates their family structure for both the parents and children. Gays and lesbians have a number of well-known resources in Toronto. In their search for information on AI, the couple “talked to the Hassle Free Clinic in Toronto and they gave us two or three pages of clinics, individual doctors’ names and feedback on each of them” (Ellen p. I-9). As well, certain hospitals and clinic facilities had reputations for being lesbian-positive. Their chosen AI clinic was inviting in the information on donor selection. “They provided a lot more information about their donors. They also used Canadian donors and . . . we were looking for cultural diversity . . . Sharon has some native background” (Ellen, pp. I-10-11; II-7).

## Programs

The 3<sup>rd</sup> P, Programs, addresses curriculum for health care providers in both workplace training and professional education contexts, and comprehensive curriculum for childbearing lesbians that meets the needs of diverse lesbians. The quote below addresses the latter context:

Neither the local lesbian community nor mainstream parenting resources available to childbearing women provided resources that met their needs. Prenatal classes were perceived as disinviting. Ellen explained:

It is our understanding from colleagues, friends, and other health care professionals that prenatal classes... [are] so...focused on marriage, and male and female relationships... [that] even friends of ours who had been to prenatal either left for that reason, [or] highly recommended that we don't go. (p. I-1)

Visibly lesbian-positive postpartum supports geared for mothers with newborns were not available locally in the same way that parenting supports were available for lesbian parents with school-age children.

The participants emphasized that while organizations and resources which focus on women's issues may profess to be lesbian-positive, this is not necessarily so. Direct programming may be disinviting by conveying homophobic and heterosexist messages and even when resources are managed by lesbians, disinviting messages may inadvertently be conveyed when family stereotypes are not challenged. Heteronormative understanding maintains that families are comprised of heterosexual couples and this fosters the invisibility of lesbian families. The couple pointed out that lesbians who are in leadership positions may not challenge this invisibility either because their own experiences of lesbian communities do not include same-sex families or because they perceive barriers such as career costs if they were to speak out. They recognized that individuals may not have the power to control curriculum or program directions, and this may perpetuate the barriers.

## Processes

The 4th P, Processes, attends to ways that inviting interactions are achieved by involving lesbians and representing lesbian voices when developing programs, resources and policies.

Ellen felt that "setting up a really good complaints or concerns process that is accessible to people of different privilege, those of different language or whatever" is important (p. II-47). She noted that many organizations offer this service, but it is effectively inaccessible when a person feels powerless to make a complaint and anticipates that individuals concerned may be homophobic. In the couple's view, an organization that is determined to facilitate access would benefit from a systematic assessment of their programs and policies. Ellen stated:

You would have to commit the institution to assessing all their documents, all their tools, interviewing assessment tools. If you could get representatives of various groups, race, colour, privilege, sexual orientation to actually look at some of their assessment interview tools, the very least they can say is they have done that process, and that says a lot to the public because word will spread. (p. II-47)

Following diversity-sensitive policy when drafting documentation would also be inviting. Sharon suggested a policy statement which mandated the use of a generic term such as "spouse", instead of



“husband and wife” (p. II-47), along with other measures that included education of healthcare providers. Both participants agreed that education alone would be insufficient to create welcoming and safe care.

## **Policies**

The 5<sup>th</sup> P, Policies, includes both formal and informal organizational, professional and social policies that reflect inclusion and democratic principles. The following is an example of organizational policies that present barriers to access.

The process of AI presented many issues for the couple. As the participants checked out possible sources of support for AI they encountered barriers to accessing the system that women assumed to be heterosexual would not face. Ellen notes:

We heard that with lesbian women . . . [this fertility clinic] would make you see a social worker, and they'd ask you who's going to be the positive male role model in your child's life, and what are you going to do if you have a boy—totally inappropriate and homophobic . . . . The majority of AI clinics in Ontario (17 out of 23) won't serve heterosexual single women or lesbians (Ellen, p. I-9-10).

Even resources they considered lesbian-positive were problematic at times. Ellen explains:

We were very interested in [this hospital clinic] because we had heard such positive feedback, so we called them. They sent us an information package and all the information was on, “Now that you know you are infertile.” First of all, for most women, that is a hard thing to hear. But you would think that they would want to explore further before they drew that conclusion. Secondly, we did not know if we were fertile or infertile. We just didn't have a male factor, which makes things a little more difficult, but not infertile. (Ellen, p. I-10)

Even this particular service which was considered lesbian-positive required a physician's referral, which could be disinviting to women whose access to lesbian-positive practitioners is limited. As well, this clinic was “exceedingly expensive” (Ellen, p. I-9). Since the AI system is not regulated, the costs per month for donor sperm might range from \$500 to \$1,300 per month on top of any fertility medications which could be required (with an average cost of \$1,000 per month).

## **Politics**

The 6<sup>th</sup> P, Politics, addresses the dynamics of power and privilege across a spectrum from individual to community levels; and action for social change through political and professional leadership and advocacy for LGBT people.

Although the participants applauded the recent gains in legal status for lesbian couples, they noted that the persistence of negative stereotyping of lesbian women continues to put them at risk for custody and access issues when there are children in the family. Sharon relates that:

The courts have been really horrible, especially in low-functioning families. The lawyers can be just horrible. . . just awful. People have lost custody over their kids just because she is lesbian. Husbands are concerned their partner is going to molest the child. (p. I-7)

Such attitudes continue despite evidence from well-respected psychological sources that children who are part of same-sex families are not at increased risk for harm. The women note that media images that focus on and sensationalize the sexuality of gays and lesbians perpetuate these stereotypes. They observed that funding and opportunities for promoting lesbian-focused and family-focused Gay Pride celebrations are less available than those for the high-profile Pride parade in Toronto (p. II-49).

By analysing the narratives provided by Sharon and Ellen, a conceptual framework emerged for access. This framework includes four dimensions of access: perceived safety of resources; disclosure status; situated privilege; and public and private points of access to support. In the next section, invitational concepts are linked to the part of that framework that addresses these four dimensions.

### **Findings: Considering Invitational Concepts in Four Dimensions of Access**

The first dimension of access is the perceived safety of resources. This couple placed a priority on safety as they sought support for their childbearing. In their view, a favourable outcome for childbearing was one in which interactions were intentionally inviting processes and conveyed caring and respect for their lives as childbearing lesbian women. They saw disinviting relationships as posing heteronormative barriers to care and having the potential to marginalize or dismiss the holistic health issues relevant to their lives, and so were perceived as unsafe (MacDonnell, 2001). Invitational theory (Purkey & Novak, 1996) maintains that human self-concept shifts in relation to different life experiences, and the role of positionality<sup>7</sup> is key (Misawa, 2010). Individuals marginalized by gender, race, or sexuality, will interpret their worlds in a different way from those who are privileged and have power.

Personal construct theory (Kelly, 1955) can be useful to understand how interactions can be perceived as safe (intentionally inviting) or unsafe (disinviting) from the perspective of sexual minorities living in a heteronormative world. Kelly (1955) uses personal construct theory to explain how information is processed on conscious and unconscious levels into ways of viewing the world. Existing information is structured according to previous experiences in specific historical, social, and cultural contexts. Dominant social attitudes which privilege certain beliefs, values, and world-views are unconsciously internalized and form the framework for understanding new experiences. This structure increases the predictability of interactions in the environment. As responses to events are largely based on prevailing constructs of the world, when conflicts arise between experienced and predicted interactions, opportunities emerge to modify existing constructs. Kelly uses this concept of “cognitive dissonance” to describe gaps between existing constructions of the world and current life experiences such as those that emerge when marginalized groups encounter mainstream intolerant attitudes.

Marginalization shapes pervasive feelings of oppression which may be overwhelming. Dewey (1933) uses the term “felt difficulty” to describe the discord experienced when the biological, social, and historical aspects of a particular environment are in conflict within oneself. Tensions between an individual’s worldviews and those of society as experienced in institutional environments may cause significant emotional upheaval and affect perceived options for action.

Invitational theory (Purkey & Novak, 1996) recognizes that inconsistency, unreliability, or uncertainty in interactions contributes to environments which are either unintentionally inviting or unintentionally disinviting, depending on whether the messages received are those which incorporate respect, optimism, and trust or suspicion, contempt, and pessimism. For Sharon and Ellen, because supportive institutional

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<sup>7</sup> Positionality is discussed in more detail in the section on Situated Privilege starting on page 25  
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interactions were unpredictable, the anticipation of not knowing what to expect in terms of a safe environment was very draining. Purkey and Novak (1996) differentiate between intentional and unintentional invitations. They stress that intentionality “suggests a purposive act intended to benefit the recipient” (p. 53). There is a conscious component inherent in the process of intentionality as discussed by Purkey and Schmidt (1996) of which the unconscious opposite is unintentionality. Optimal encounters are intentionally inviting. Actions are goal directed with the purpose of offering invitations to others which convey genuine respect, validation, and unconditional acceptance. For Sharon and Ellen, this predictability was integral to their ability to find relevant resources that were affirming and safe.

When a society is dominated by heterosexist and homophobic values, it cannot be expected that the actions of individuals (regardless of sexual orientation) or the policies of institutions will reflect inclusive perspectives. Paolo Freire is an educational theorist committed to praxis. He noted the importance of having teachers and students both “seek[ing] to understand the forces of hegemony within their own consciousness, as well as the structured, historical circumstances in which they find themselves” (cited by Weiler, 1988, p. 18). Being aware of the sociopolitical structures that maintain dominant attitudes requires critical reflection to understand how lesbian perspectives are marginalized and excluded, and how this can be changed.

Dominant discourses which privilege heterosexual mothers over lesbian mothers are learned unconsciously and influence the information available to educators and potential advocates. Because power shapes social environments, high quality communication between lesbian childbearing women, and their personal and professional supports and institutional providers frequently remains elusive. As a result, educators often remain unaware of the intensity of feelings of oppression and marginalization (Dei, 1999; Onken, 1998). These feelings are intensified by issues concerning disclosure and safety, particularly during times of vulnerability such as childbearing when contacts with healthcare institutions and providers can contribute to the marginalization (Stevens, 1998). Without deep reflection, health care providers limit their own capacities to acquire skills that reflect the respect, nurturance, and support necessary for advocacy (Riddle, 1991, as cited in Canadian AIDS Society, 1992).

Dewey (as interpreted by Gatens-Robinson, 1999) attributes this to deeply entrenched habits. In his view, to function in democratic and inviting ways, individuals must develop skills which connect thinking and actions so that responses are attuned to current environments. His view of democracy is one in which “conflicting [interests are brought] out into the open where they can be seen and appraised . . . in the light of more inclusive interests” (p. 185). This is in line with Riddle's (1991) focus on the need to reflect on current behaviours and values in order to achieve more effective ways of functioning. For Dewey, resistance to such change is found in the “inertia of our habituated social, emotional, and moral responses” (as cited in Gatens-Robinson, 1999, p.184). Social norms facilitate the perpetuation of individual habits which promote heteronormative strategies.

## **Disclosure Status**

The second dimension of access is disclosure status. For lesbians, the decision to be totally invisible or selectively or completely “out” is often dependent on whether there are messages from the environment that are inviting, or that convey threat to safety (Peterson, 2013). The participants described a medical colleague who faced homophobic reactions in her hospital workplace as she attempted to locate support for disclosing as a lesbian. She anticipated significant challenges to having a child given that hostility. Organizational work settings which avoid addressing homophobia or heterosexism exhibit disinviting characteristics. Despite this woman’s high social privilege as a physician, heteronormativity shaped the life options that she perceived to be available to her.

When this research was completed in 2001, openness about same-sex parenting was quite different from the current climate of openness in Canada. Of the parents in same-sex relationships surveyed across all regions of Ontario for the 1997 CLGRO report, 70% were “generally open about their sexual orientation [but] . . . almost all had to hide the fact they were parenting with a same-sex partner” (p. 85). This is not to say that in 2014, disclosure is a non-issue. For instance, in her recent (2013) dissertation entitled, *Authenticating Family: Re/Claiming Legitimacy by the Lesbian Headed Stepfamily*, Tracey Rickard points to the uneven progress in acceptance for lesbian families in Eastern Canada, and questions whether open disclosure is even possible for biological lesbian mothers or co-parents. Certainly, for diverse groups defined by ethnicity, age, ability and language, in both North American and global contexts, sexual and gender minorities continue to face dilemmas about disclosure and this extends to health care encounters.

The premise that inviting interactions involve sharing authentic issues of self with significant others within appropriate contexts lies at the heart of Invitational theory, and characterizes relationships that promote trust. Childbearing lesbians may claim many subject positions and this influences disclosure. Claiming a specific self-identity may depend on the acceptance of a perceived fit within a named category such as lesbian or lesbian mother. Self-disclosure as a lesbian in a given context will depend on a number of factors including an inherent non-dichotomous nature of sexual orientation (Onken, 1998); heterogeneity in sexual practices; and fluidity of sexual identities over a lifetime. Non-biological mothers/co-parents may or may not claim a mothering identity; but when they do claim it, others in their social worlds may deny them this identity.

Environments which encourage honest disclosure and genuine communication between individuals are considered optimal for educational exchanges (Purkey & Novak, 1996). Context and perceived safety will determine what information is disclosed and how it is represented to others. As demonstrated in the participants’ narrative, the daily lived experiences of lesbians may be described as a constant vigilance about their “outness” combined with anticipation of homophobia (O’Hanlan, 1997). The “narrative structure of the closet” (p. 12) is described by Sedgwick (as cited in Armstrong, 1996) as one in which the public has the power to name the space in which affection can be displayed or concealed.

Verbal and non-verbal information sharing is contingent on how individuals experience and understand themselves in relation to their environments. Purkey (1992) explains: “what an individual believes to be true about his or her personal existence . . . enables the individual to assume a particular role or stance” (p. 17). Understanding bodies as sites of knowledge production and resistance (Abbey & O’Reilly, 1998) contributes to the complex ways in which women negotiate their multiple representations of childbearing with themselves and others. Disclosure is influenced by “felt difficulties” (Dewey, 1933), which represent disparities between the ways we know and value ourselves relative to how we know the world and what it values.

For these participants, the exclusion until very recently of lesbian motherhood from public discourse contributed to the disapproval and misconceptions that shape their everyday encounters. Negative messages perpetuate the subordination of lesbian childbearing women in society through stereotyping and myths which promote their invisibility and exclude them from institutional supports. These homophobic messages are internalized and contribute to self-talk or internal dialogue (Purkey & Novak, 1996) which shapes the self-concept and is shared with others.

For example, the participants described a range of strategies they used to locate meaningful support at various points of the childbearing process. As Sharon noted, a primary decision, prompted by their first pregnancy, was to “face our own homophobia” (p. 1-3) by increasing disclosure to others. The couple

decided to be more open about their relationship in order to receive validation from others for their family. This commitment required immense courage and determination. Ellen had been “out” to family and much of her community for over a decade. Sharon, on the other hand, had disclosed only to her family and a group of friends in their lesbian community. Her family was initially supportive, but then reacted more negatively, projecting blame onto Ellen and refusing to acknowledge her status as Sharon's life partner. With these disinviting messages from those close to her, Sharon's decision to disclose to workplace colleagues that her partner was pregnant was an important step forward to resist this silencing.

### **Situated Privilege**

A third dimension of access is situated privilege that is linked to one's social location. At any one time, an individual can be identified in terms of her/his position or status in social groupings such as race, class, gender or sexuality. Social power is based on binary hierarchies where one group holds power over the other. An example of this occurs when males are the privileged group and hold power over females. Patriarchal dominance remains a powerful influence over individuals and societal institutions, and women, regardless of sexual orientation, encounter oppression based on gender. All individuals have a sexual orientation that includes heterosexual, gay, lesbian or bisexual identities, and rigid gender stereotypes that recognize heterosexual and reject same-sex orientation rank heterosexuality as inherently superior to homosexuality. Heterosexism, like other oppressions, involves power and prejudice (Canadian AIDS Society, 1992). It operates as a dominant social value and permeates most societal institutions, including those that are involved in the education of expectant lesbians (DiLapi, 1989). Educators often don't recognize heterosexism as having a powerful influence on health, legal, media, and educational institutions, and this enables patriarchal influence to continue with limited resistance.

Peggy McIntosh, in her ground-breaking work (1988) on the notion of “unearned privilege,” points to the ways in which privilege is so entrenched in gender and race that it is naturalized and institutionalized and often not apparent at a conscious level. Hegemonic forces operate to enforce male, White, heterosexual dominance and simultaneously subordinate those who are defined as female, non-White, non-heterosexual. She notes that it takes ongoing work and deep reflection to examine one's unearned privilege, in order to grasp how privilege operates to favour male dominance and Whiteness. At any time, one's positionality or situated privilege is socially constructed, fluid, and contextual (MacDonnell & Andrews, 2006; Misawa, 2010). As stated by Misawa (2010), “Because positionality impacts everyone's daily life, marginalization and discrimination are particularly inescapable issues for minorities in contemporary society” (p. 1). For instance, in predominantly White lesbian communities, lesbians living with a disability or who are racialized can be marginalized in relation to White able-bodied lesbians.

The privileging of heterosexual over other sexual orientations is reinforced by myths and stereotypes that pathologize, exclude and stigmatize them, and claim them to be “unnatural”. These processes contribute to the social marginalization and invisibility of minority sexual orientations and the complexity of their holistic lives and needs. So, although individuals can challenge this invisibility by disclosing their sexual orientation, powerful social norms and structures operate to reinforce this invisibility (Onken, 1998).

Situated privilege is that ascribed by society to a social position, which is claimed or assumed; and it includes features like sexual orientation, race, class, ethnicity, gender, ability, professional authority, to name a few. It may be based on visible markers, verbal disclosure, or affiliations with specific communities. A distinguishing feature of situated privilege is how it confers access to geographic, financial, or other resources. Strategies such as disclosure that individuals utilize as they seek support, contribute to the societal privilege available to them.

Whereas the decision to disclose a largely invisible social location is under the control of the individual, given the oppressive circumstances that shape these actions, situated privilege is ultimately based on the perceptions of others within a specific context and not those of the individual. For instance, health care organizational practices that overlook or discount the unique childbearing issues faced by lesbians, in effect privilege heterosexual families by stratifying support based on perceived social location. This can influence decisions to disclose sexual orientation. For lesbians, situated privilege is further related to mothering roles, be they biological or co-parenting, and to associated acceptance within lesbian communities (Abbey & O'Reilly, 1998; Peterson, 2013). For the participants, childbearing was a turning point in terms of the altered privilege conveyed to them as openly lesbian women within their communities.

### **Public and Private Points of Access to Support**

The Canadian public health system is based on democratic principles, in which equality of access to publically funded health care resources is considered a basic right of citizenship. However, it became clear through this study that childbearing lesbians in Canada face systemic barriers to reproductive health service access based on their sexual orientation. Participants in this study sought access to information, social support and clinical care and resources for childbearing from preconception, through pregnancy, labour and delivery into the postpartum period. They encountered challenges at each point of the childbearing process as they navigated the publically funded services, such as reproductive health clinics, prenatal classes and postpartum/parenting support provided through public health reproductive health programs; and found themselves relying more on personal and professional networks, which could point them to lesbian-affirming supports (MacDonnell & Andrews, 2006).

Despite the couple's extensive situated privilege and connections, the support they sought was based on whether it was inviting: safe, validating, celebrating, and available in ways that maintained confidentiality or anonymity when desired. Even as members of an active lesbian community in their city, they often felt excluded from public venues for pregnancy and parenting, and depended on private points of access such as friends or medical colleagues for information and support. Although some specific reproductive health support for lesbians had already been created by the year 2000 in Toronto's lesbian community, such as the "Tykes for Dykes" program, lesbians were still largely unrepresented in public health childbirth education and maternal child programming. Preconception resources, such as artificial insemination programs were geared to heterosexuals, and private fertility clinics required and continue to require significant financial resources. In 1989, DiLapi described how public support for motherhood by social institutions was based on gendered hierarchies influenced by heterosexism and ableism. Heterosexual mothers in traditional nuclear family relationships garner more resources than single or same-sex mothers or mothers with disabilities, and this has implications for creating welcoming programs for lesbians who disclose their mothering status.

I turned to Dewey, Noddings and others with respect to democratic ideals and issues of access in the public realm. For instance, according to Seigfried (1998), John Dewey maintained that the goal of philosophy is to emancipate us from prejudice. His belief in "linking knowledge with action, and thinking with emancipation" (p. 194) supports a concept of social justice that requires action with consciousness. "Dewey was commit[ted] to a philosophy in which individual growth can only develop and thrive in an atmosphere [where] all of society supports these goals for growth collectively; individual growth occurs through interaction with others in society" (p. 189). Validation of lesbian identities that include parenthood has been noted as essential to establishing an authentic motherhood and facilitating individual rights to self-determination (Abbey & O'Reilly, 1998). As Noddings (1984) indicates, caring involves a moral consistency that implies a responsibility to a larger community. Caring communities are those that

validate and affirm diversity within humanity. As Iris Marion Young (1990) stresses, “The primary meaning of public is what is open and accessible” (p. 108). The explicit and implicit exclusion of lesbian mothers from public awareness and resources sends a strong message about who has the rights to claim citizenship in a community. There are implications for establishing respectful inclusive environments with publically funded programs and resources that affirm lesbian parents.

Alongside the masculine ethic which espouses rights (Shogan, 1993), a caring ethic with a focus on responsibility, espouses and promotes social justice (Noddings, 1984) This requires development of a collective empathy for others, which is attained by critical reflection of our position within society and more than token support for those whose voices are weakened by their relative value to those who purport to speak for all. The pervasive influence of heterosexism and homophobia limit the rights of expectant lesbians to information and resources, which promote acceptance of lesbian identity and support motherhood. These barriers preclude genuine reflection and communication within the health provider institutions and communities that could initiate change. According to Purkey and Novak (1996), “democratic practice is a guiding ideal that focuses on developing continuous dialogue and mutual respect among people regarding shared aspects of their lives . . . [It] is founded on open and free dialogue which promotes social responsibility” (p. 37). There are implications for social action to foster the visibility and affirmation of lesbians and publically accessible and inclusive resources for their care.

The needs of marginalized groups can be made visible by reviewing service provision through their lived experience lenses and including their diverse voices in the democratic process. Invitational Theory is based on the philosophical premise that democratic and caring processes must align with ethical, human rights and legal justifications for inclusivity. A systematic invitational approach with its potential to foster equitable environments for diverse groups is a practical strategy for health providers and educators to use in this context of improving access.

### **Discussion and Implications**

Findings from this study shed light on the everyday issues of living in relationships with self and others that lesbians face in the context of childbearing and co-parenting. These include negotiating role identities and decision-making strategies, as well as working through the emotional and behavioural impacts that childbearing has on their lives. These findings highlight the determination and energy required to cope with the pervasive hetero-normativity that shapes their lives and that denies them equitable access to healthcare.

At the heart of the invitational perspective lies an understanding of the processes of living in relation to others, in ways that facilitate mutual caring. Its theoretical base is comprised of principles focused on perception, self-concept, caring, and democratic processes. It offers opportunities to address the quality of interactive relationships by assessing people, places, processes, programs, policies, and politics. Invitational theory is also premised on an optimistic stance. Consistent with an invitational approach, the findings of this case study help to identify potential avenues for improving relationships between individuals and communities and relationships between individuals and institutions. Educational programming and policy development are key to making providers aware that services need to be made responsive and relevant to all users, particularly those who are marginalized. This will allow trust to build regarding the safety and consistency of resources and as a result, disclosure will be possible (Peterson, 2013).

Understanding the social context in which lesbian women seek information and connections with others in ways that meet their needs for childbearing education, facilitates the development of intentionally

inviting environments. The goal is to develop educational environments and community contexts, that convey respect and provide support that is meaningful to individuals from their perspectives. The systematic approach espoused by Invitational theory of assessing educational structures, offers a means of critically examining the dynamics between people, places, programs, processes, and policies within institutional communities, with respect to expectant lesbian women and provides an avenue for change.

My analysis of this case study demanded a focus on the dynamics of power and privilege to explain the findings and make suggestions for practice. This supports the use of a 6<sup>th</sup> P, “Politics” to understand the perspectives of all players, and their interactional dynamics on both an interpersonal level, as well as an individual to institutional level. The study began with an examination of the perceived barriers to the prenatal and birth education that this expectant lesbian couple needed to access, and the findings support a conceptual framework that addresses access to care. There are implications for public health prenatal educators and other providers to critically reflect on their own individual practices and become aware of the political influences arising from their professional education, organizational priorities and larger social dynamics which inform their practice and prescribe possibilities for taking action (Misawa, 2010; MacDonnell & Andrews, 2006; Peterson, 2013). Developing this critical consciousness is key to becoming a social justice educator (Mthethwa-Sommers, 2013).

As this paper has illustrated, invitational concepts in conjunction with a critical feminist lens are instrumental in explaining how childbearing lesbians perceive, interpret and experience their engagement with the health care system and thus offer insight into the challenges of health access for this group. Since this study with childbearing lesbians was completed, an improved policy climate and increased awareness of LGBT issues have emerged to shape Canadian health care for LGBT people. However, these findings continue to resonate with more recent research within North American and beyond that identifies gaps in service provider consideration of lesbians and their reproductive health (Arita, 2008; Goldberg, 2005, Hayman, Wilkes, Halcomb, & Jackson, 2013; Hequembourg, 2007; McManus, Hunter, & Renn, 2006; Rohndahl, Bruner & Lindhe, 2009; Rickard, 2013).

By identifying four dimensions that shape access to healthcare for childbearing lesbians as part of a larger conceptual framework for access, these findings can also be applied to other sexual and gender minorities. So while resonating with other research that explicitly or implicitly identifies situated privilege, disclosure, and safety as relevant to LGBT health care access (e.g. Brotman, Ryan, Jalbert, & Rowe, 2002; Dobinson et al., 2005, IOM, 2011; Makadon, Mayer, Potter & Goldhammer, 2008) these findings can also inform the basis for future research with trans people who are creating families. Rachel Epstein (2014) in her recent dissertation, indicates that while in the course of creating families, gays and lesbians still encounter reproductive health service access barriers, and trans families face even more challenges. Certainly the focus on public and private health care access in a Canadian health care system that prioritizes universal access to care is relevant, especially for sexual minorities who have been excluded from reproductive health clinics (Ross, Epstein, Goldfinger, & Yager, 2009; Yager, Brennan, Steele, Epstein, & Ross, 2010). These findings also extend the literature base on frameworks that address access to care for LGBT people (e.g., Daley, & MacDonnell, 2011; *Gay, lesbian, bisexual and transgender health access project*, 2010; Makadon, Mayer, Potter, & 2008).

Aiming for fair and just practices is not equal to treating everyone the same. Instead, it is crucial to recognize that particular groups, populations, and communities consistently encounter challenges in their everyday interactions with society, and the health care environments that everyone relies on to achieve good health. The social determinants of health, such as gender and socioeconomic status, suggest that good health and access to healthcare can be related to social privilege. As John J. Schmidt (2007) notes, invitational theory offers the potential for meaningful and inclusive health and education practice. In his



review of the *Journal of Invitational Theory and Practice* issues up until 2006, Schmidt (2007) proposed the use of the six elements (Six Es): “empowerment, encouragement, enlistment, enjoyment, equity, and expectation”(p.1) as a tool for a range of practitioners to use in relation to working with diverse populations. Of these invitational concepts, equity and empowerment are most aligned with the critical stance of this research on equitable health access for LGBT people. His proposed tool/rubric resonates with my initial application of the 5 Ps of Invitational Theory (people, places, programs, processes and policies) to research with marginalized groups, such as childbearing lesbians. Rather than “managing diversity” which may not address underlying structures that contribute to inequitable care, this focus on equity and attention to underlying structures at both the individual and institutional level is consistent with the World Health Organization’s (1986) philosophy of primary health care with social justice aims.

The addition of the 6<sup>th</sup> "P", Politics, has implications for both providers and clients/communities in the context of health. In fact, Peter (2000) argued that the political dimension is the most integral to the feminist approach to ethics and bioethics. While the notion of bioethics informed by the biomedical model is often focused on ethical/moral crises in clinical and hospital settings, Peter (2000) identifies politics as the key element in attaining social justice and equity. These inquiries examine how relations of power and privilege, including gender and other social relations are relevant to health and nursing practice, and scrutinize the processes whereby knowledge is created and authorized (MacDonnell & Andrews, 2006). Critical self-reflection is an integral aspect of practice where power is conceptualized on the one hand, in terms of oppression, and on the other hand in its positive form, in terms of producing knowledge through action. Such inquiries lend themselves to focus on context and everyday lives, provider experience and their relationships. These phenomena nicely align with invitational concepts.

On a personal level, the opportunity to learn about Invitational Education in a graduate course was a crucial turning point in my engagement with equity issues, from my first research inquiry on childbearing lesbians to a research trajectory that has been focused on equity and engagement with political action. Invitational theory has been formative in my understanding of equity-related research and education, and the ways that an invitational approach could be applied using critical feminist lens. There are implications for enhancing graduate student research capacity, in relation to equity focus using invitational concepts.

Reflecting on my own engagement with equity and LGBT-focused research over the last 15 years, invitational concepts, in conjunction with a critical lens, are robust in terms of their potential for LGBT-focused research. Equity and dynamics of power in research are addressed using invitational concepts from an interpretive/constructivist paradigm with its goal of understanding, and from a critical paradigm with its focus on power and privilege to attain the explicitly political goals of social justice and action for social change (Guba & Lincoln, 2005).

This case study combines an invitational approach with an explicitly critical stance, foregrounds gender and other relations of power, and thus provides a theoretical rationale to incorporate invitational concepts into current practice with a focus on improving LGBT home care access in the Canadian context. Invitational Theory provided the ideal framework when a recent opportunity emerged to consider a theoretical perspective to underpin strategies that address an identified gap in LGBT health care access to home care (Moore, 2009). A rubric was created for use by health care providers to address the spectrum of intentionally disinviting, through intentionally inviting care. It stresses the need to consider both provider and patient/client perspectives, along with a systematic approach using the 6 Ps when assessing environments and developing strategies to work toward intentionally inviting health care environments. Preliminary feedback from a range of home care stakeholders, including health professionals and educators indicates that Invitational Theory can prompt engagement with otherwise challenging anti-oppression education concepts, such as critical self-reflection and can promote an interest in examining

care environments to enhance inclusivity (Daley & MacDonnell, 2010). There are implications for creating spaces to engage in interdisciplinary dialogue on inclusion in educational contexts, and undertake further equity-related health care access research that incorporates a critical lens in relation to applying an invitational approach.

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## **Appendix: Guidelines for Interviews**

### **Prenatal Interview:**

1. Tell me about the pregnancy. How have you both been feeling? Is this the way you expected to feel during the pregnancy? Can you tell me about planning for the pregnancy and making it happen? How did you make your decision? What factors were involved: information, supports, resources, networks for donor sperm, pre-conceptual counseling/information, and cost incurred?
2. What words do you use to describe your partnering with a female (e.g., do you identify with lesbian, gay, queer, or women loving women)? What language issues are relevant for an expectant couple in a lesbian relationship (e.g., co-mother, co-parent, mom, other-mom, first names, legal names and assisted, artificial, alternative insemination/conception/ baby dancing)?
3. Whom are you seeing to met your health needs during pregnancy (include all providers)? How did you choose your caregivers for the pregnancy? How do your caregivers meet your needs? What would you consider ineffective in meeting your needs? How do you figure out whether a health care provider is lesbian-positive? Is disclosure of lesbian status usually necessary in order to obtain specific information? How do you access lesbian-positive resources (e.g., written information/human supports/networks/videos)?
4. Whom do you consider to be personal supports during this pregnancy? Have these changed since you announced the pregnancy? Does this differ with biological or comother roles? What concerns do you have about supports during the pregnancy, labour, or after the baby arrives?
5. What do you see as important education issues for expectant lesbian couples? What would be important component of education that would be meaningful to your prenatal experience? How do you obtain information on these issues? What kind of legal and ethical issues are you concerned about? What are specific educational issues for the coparent? In what ways are these issues similar to or different from those of heterosexual couples? What have you heard or experienced with regard to expectant lesbian regarding prenatal classes?
6. How are families involved in expectant lesbian women's experiences? How is the lesbian community involved? What kind of connections do you have with other expectant lesbian women or parents? How did you connect with them? What makes this easier? Are you aware of specific groups/resources for women partnering in a pregnancy who want to get pregnant, are pregnant, are postpartum, or have kids? Are on-line supports part of the life of those expectant lesbian couples you have known? How are males part of the parenting experience/your lives? Bisexual women? Lesbian grannies?

7. Couples in an expectant lesbian relationship may experience role conflict and/or stress during pregnancy and with the birth of a child. How does this apply to your relationship? What relationship issues did you deal with when you planned this pregnancy (if applicable)? How do you manage stress during the pregnancy? What kinds of issues are particularly stressful during the pregnancy? Who might be considered supportive community contacts?
8. What are your experiences of disclosing lesbian status to others? Has this changed with the pregnancy? How is disclosure of lesbian stature to other expectant couples and providers of care facilitated (if desired)?
9. How can providers of care offer gay-positive information if anonymity is desired? There is often no provision for identification of sexual orientation status on intake forms. Many providers of care are not aware of the expectant lesbian population/do not perceive the need to know/feel uncomfortable knowing the sexual orientation status of couples. How do you deal with this?
10. Do you identify yourself with a particular political philosophy (e.g., have political affinities or participation in women's groups, etc.)? Has this affected your approach to seeking care (i.e., information and support) during the pregnancy? Many feminists feel that motherhood is the telling time in many relationships because of the birth link and work that is done by mother (often not celebrated/valued) and the default roles which are assumed. Has this been an issue (with a toddler) and to you have plans to change this with the birth?

### **Postnatal Interviews**

1. What have you learned about yourself and your partner through this childbirth experience (e.g., strengths, vulnerabilities)? What would you have done differently knowing what you know now?
2. How has this childbearing experience been similar to and different from your previous childbirth experience in terms of identity as biological mother, co-mother (and your preferred language for these)?
3. The heterosexism and homophobia that you have both named have been present through your childbearing experience: the decision-making, prenatal, intra-natal, and postpartum phases. How would you say you have resisted this everyday presence?
4. In light of having accomplished childbearing together, what characteristics does it show—what does it say about you as a person? What would your partner say about his? What implications does this have for your decision to experience childbearing as a lesbian couple?
5. What kinds of issues have contributed to your postpartum experiences—the good times
6. As you reflect on your childbearing, what kinds of experiences, information or support were helpful or not so helpful in shaping your lives?
7. What factors contributed to inviting individual interactions and institutional interactions (e.g., policies, etc.)?

## Book Review

### **Social and Emotional Learning: A Critical Appraisal**

Humphrey, N. (2013). *Social and emotional learning: A critical appraisal*. London, UK: Sage.

Reviewed by Sean Schat  
Brock University

*“Social and emotional learning (SEL) involves the processes through which children and adults acquire and effectively apply the knowledge, attitudes and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.”*  
([www.casel.org](http://www.casel.org))

Building on the important groundwork established by the emotional intelligence tradition advanced by Salovey and Mayer (1990) and popularized by Daniel Goleman (1995), social and emotional learning has gained significant traction in educational systems across the globe. In *Social and emotional learning: A critical appraisal* (Sage, 2013), Neil Humphrey, an educational psychology professor at the University of Manchester, provides an incisive and penetrating analysis of the SEL approach.

While writing from within the SEL community, Humphrey’s critique is balanced, authentic, and important. He is not afraid to ask tough questions about the field’s research history, nor does he hesitate to advocate for SEL’s immense potential to influence student affective growth and learning. Humphrey challenges the SEL community to pursue excellence in the system’s foundations, development, and implementation, thus ensuring greater credibility, practice, and impact.

SEL has the potential to “promote students’ self-awareness, social awareness, relationship and responsible-decision-making skills; and...improve student attitudes and beliefs about self, others and school ([www.casel.org](http://www.casel.org)). The approach has been remarkably popular. Humphrey notes that, in many respects, SEL’s development arc has much in common with many recent fads in Western education. However, he is very clear: SEL is not a fad. He believes that SEL is here to stay, and that it will continue to have an important impact on student growth.

However, Humphrey takes great pains to qualify his confidence in the SEL approach. While it is not a fad, neither is it a panacea, as some SEL proponents have suggested. Instead, SEL is an effectively developed way to address the affective dimension that has always been valued in education. Humphrey notes that SEL is unique from other approaches because it applies emotional intelligence theory and research to education (Hoffman, 2009), and it focuses on a developmental approach to social and emotional abilities (Denham and Brown, 2010).

Perhaps the most important contribution of Humphrey’s work is his identification of some key limitations of SEL-related research. These are limitations which he also believes must be addressed through better research and more realistically-aimed objectives. Humphrey notes that too many SEL-related studies have drawn on teacher or student self-reports or have been based on unpublished reports that have not



been sufficiently peer-reviewed, do not monitor implementation, and have poor or no reported reliability and validity considerations. These are significant challenges from an empirical perspective. However, Humphrey makes specific suggestions to address each of these concerns. He also provides evidence that some studies have overcome these deficiencies, thus advancing the SEL discourse.

One of the most significant challenges Humphrey identifies is the complexity of assessing implementation. Because SEL appears similar to many other attempts to address affective aspects of education (e.g., character education programs), practical steps taken to implement the approach can vary widely from school to school and from person to person. Without consistent strategies and a clear understanding of the model itself, assessing implementation has been very challenging. Humphrey is realistic about the authenticity of these challenges. Implementation depends heavily on the perceptions and attitudes of educational leaders and classroom teachers. And it demands that implementers pay attention and respond to the unique learners they are working with in classrooms. This will continue to be a significant challenge for SEL researchers, but Humphrey provides some important suggestions and questions to guide their work.

Humphrey challenges the panacea mindset that often characterizes SEL discourse. While the evidence suggests that well-structured, well-implemented SEL interventions can make a difference for students, caution, wisdom, and appropriate expectations are in order. Rather than claiming SEL is “good for everybody,” Humphrey writes:

We may consider for whom such approaches may be most needed and/or beneficial, why, and under what circumstances (Durlak et al., 2011; Weisz et al., 2005). Given this, SEL may be best viewed as a potentially very effective means through which to effect positive change for children and young people, but one that schools may need to consider in terms of their individual contexts (p. 138).

The evidence suggests that SEL has a marked impact on students who are typically deemed “at risk,” and will have small to moderate impacts (based on Durlak et al.’s (2011) effect size measures) for most students. SEL may not be a panacea, but it has the potential to be transformational for some students, and will, at the very least, positively influence the growth and development of all students. In this context it is important to note that the focus of SEL is not on academic impacts of the intervention, even though the research suggests that this will be a positive side-effect. The focus and benefit to students is the affective dimension. The approach can have a significant influence on social and emotional awareness and skills development. Despite the enthusiasm about academic impact, the true strength of the SEL approach is that it provides specific resources and tools for establishing a caring, relational educational context that develops self- and other- social and emotional awareness and skills.

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The **Journal for Invitational Theory and Practice (JITP)** (ISSN-1060-6041) publishes once a year and promotes the tenets of invitational theory and practice, self-concept theory, and perceptual psychology. First published in 1992, it is currently indexed in the ERIC and EBSCO databases. The JITP seeks to publish articles under two priorities. **First**, manuscripts are encouraged that examine and expand the theory of invitational learning and development, investigate the efficacy of invitational practices, and relate these beliefs and findings to other theories of human development and behavior. Second, manuscripts are considered without directly relating their discussion/findings to ITP if their focus is on theories that are compatible with ITP. The JITP accepts articles for submission year round; however the **submission deadline for each issue is July 1** of each year.

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