Peer Mentorship in an Undergraduate Health Professional Education Program: An Embodied Hermeneutic Phenomenological Study

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Abstract

Student peer mentorship, in which a more senior student mentors a more junior student for at least one term, is on the rise in health professions education programs. The research presented adopts an embodied hermeneutic phenomenological approach to investigate student peer mentors’ perceptions of teaching, learning and relationships within peer mentorship interactions in the context of one collaborative nursing program in Ontario, Canada.

This dissertation is composed of five integrated manuscripts, in addition to introductory, body-map findings, and conclusion chapters. The first manuscript describes the theoretical foundations of the doctoral research, drawing on phenomenologist Maurice Merleau-Ponty’s concepts of embodiment, intersubjectivity and intercorporeality. The second manuscript offers an overview of the embodied hermeneutic phenomenological methodology and methods utilized in this research. The third manuscript introduces the practice of body-mapping as an approach to foster embodied reflection; through elucidation of an ‘auto/body-mapping’ process, that shows how body-mapping can be used to examine educators’ assumptions about teaching and learning and make embodied forms of knowledge visible. The fourth and fifth manuscripts present findings from the study, reporting on student peer mentors’ perceptions of engaging in a student peer mentorship program. The fourth manuscript presents student peer mentors’ perceptions of teaching in a peer mentorship program, highlighting the core theme of ‘commitment to mentee growth’ and considering seven related themes and implications for health professional education. The fifth manuscript presents student peer mentors’ perceptions of relationships, centered by a core theme of ‘nurturing a trusting learning community,’ with five associated themes.

This thesis contributes knowledge pertaining to embodied, relational and pedagogical factors that shape the work student peer mentors contribute through participation in a peer mentorship program in undergraduate education. This research further contributes theoretically informed insights about considering embodiment and intersubjectivity in health professional education, and opens several theoretical, methodological and ethical discussions. This work has implications for post-secondary faculty and others who offer and manage
student peer mentorship programs, for students in peer mentor and mentee roles, and for health professional education.

Keywords
Health professional education; Nursing education; Peer mentor; Student peer mentorship; Near-peer teaching; Embodiment; Intercorporeality; Intersubjectivity; Hermeneutic Phenomenology; Body mapping

Summary for Lay Audience
This research examines peer mentorship within a nursing education program. Peer mentors’ perceptions of experiences of teaching, learning and relationships are investigated. The research aims to better understand peer mentorship as an approach to health professions education. Participants engaged in interviews and a new, arts-based research method called body-mapping. The thesis is composed of five articles, in addition to introductory, body-map findings, and conclusion chapters. The first article describes the theoretical foundations, using ideas from philosopher Maurice Merleau-Ponty including: 1) embodiment: the body offers a means of understanding our world through perception; 2) intersubjectivity: understanding occurs through expression of our subjective interpretations in relation with others; and 3) intercorporeality: understanding each other socially happens through interactions between people’s bodily actions, gestures, and speech. The second article provides an overview of the approach, which I’ve called ‘embodied hermeneutic phenomenological methodology’, which was used to conduct this research. The third article introduces body-mapping, an arts-based method which aims to make embodied forms of knowledge visible. The fourth article presents findings related to student peer mentors’ perceptions of teaching in a peer mentorship program; there was a core theme of ‘commitment to mentee growth’ and seven related themes: ‘sharing responsibility for learning,’ ‘moderating stress,’ ‘mediating power relations,’ ‘navigating unknown processes,’ ‘valuing creative approaches,’ ‘offering generous acceptance,’ and ‘facilitating confidence.’
The fifth article presents findings related to student peer mentors’ perceptions of relationships, centered by a core theme of ‘nurturing a trusting learning community’ with five associated themes: ‘attunement to mentees,’ ‘commonality of experiences,’ ‘friends with boundaries,’ ‘reciprocity in learning,’ and ‘varied learning spaces.’ An additional chapter presents themes depicted in the body-maps: ‘warmth,’ ‘light,’ ‘openness,’ ‘action,’ ‘growth,’ and ‘connection.’ This work has implications for post-secondary faculty who design, offer and manage student peer mentorship programs, for students in peer mentor and mentee roles, and for health professional education.
Co-Authorship Statement

I, Helen Frances Harrison, acknowledge that this thesis includes integrated manuscripts that were developed in collaboration with others. In these manuscripts, the primary intellectual contributions were made by the first author, who led the design and execution of the studies, the data analysis, and the writing of the manuscripts. The contribution of Dr Elizabeth Anne Kinsella was primarily through supervision of the research, theoretical and methodological guidance, reflexive dialogue throughout the program, and intellectual and editorial support in preparing the manuscripts for publication. Drs. Sandra DeLuca and Stephen Loftus offered additional intellectual and editorial support in preparing manuscripts for publication. As members of the advisory committee and participant-co-researchers are acknowledged as co-authors for the purposes of publication, the first, second, fourth and fifth manuscripts (Chapters 2, 3, 5 and 6 of this dissertation) are written in a first-person plural voice (i.e., we, our).
Dedication

This work is dedicated…

to

Michael Ross:

thank you for walking beside

me on this journey of life and learning.

In memory of my mother: Eunice Frances Janet

whose presence in my heart still shapes how

I love, learn, believe, and

nurse.
Acknowledgments

This thesis has grown through the nurturance of several intertwining communities of people, for which I am truly grateful. I could not have done this work alone, nor without God, who strengthens me.

I would like to thank the participants whose experience and wisdom are woven into this work. Your creativity, resilience, and deep passion for helping your peers as they learn to become nurses inspire me. With gratitude, I acknowledge the scholarships and funding received from Western University, from the Social Sciences and Humanities Research Council of Canada, and from Sigma Theta tau Honor Society of Nursing—Iota Omicron chapter.

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Members of my loving family have been there for me in countless ways throughout my doctoral journey, and I will mention only a few examples of ways they supported me: my husband, Mike, by making me laugh and by reading through my descriptions of Merleau-Ponty’s complex ideas for ‘readability;’ my daughter, Kristin, by discussing many ideas during our walks and helping me to re-word my talk and calm my nerves the night before the Ireland presentation; my daughter, Katherine, by sharing excitement about embodiment and encouraging my farfetched idea to return to school again; my grandchildren, Robert and Elena, by reminding me of the importance of curiosity; my Mum, by loving me and believing in me, no matter what; my “Dab,” by offering feedback on early versions of several papers and editing photos; my siblings, Sara and Peter, by always asking how my doctoral work is...
going; my cousins, Laura and Joanne, by encouraging me to take breaks and play Mars Dash™ every now and then; and our lovely dog, Mandie, by being there beside me for hours, every day, patiently waiting for me to be finished typing for the day so we could walk. My extended family members have contributed in myriad ways—I appreciate each one of you.

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My friends have offered immeasurable support and understanding throughout this process, and for this I am abundantly grateful. Special thanks to Sharon Bee for her work in setting the poem You Sense My Changing World (in Chapter 8) to music, and for the beautiful recording of our resulting song.

I look forward to spending more time with family, friends, and colleagues very soon.
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Chapter 1

1 Introduction

_Learning is a hermeneutic dance_
_flexible, responding to life’s flow_
_bodies moving freely to explore_
_unexpected insights, felt within_
_taking turns with leading, following_

_moving far apart, then close again_
_making sense together: dialogue._

Found poem from my personal teaching philosophy (2021; 2009)

1.1 Situating the researcher

I am a dancer, and a nurse educator. When I dance, the thoughts in my head fade into the background, and my body helps me to remember how to move to the music. My muscles seem to guide me, in sync with the musical rhythms and fellow dancers, to express the joy and passion that I feel while dancing. When I practice nursing, there are times when I have a similar experience, like I’m dancing—my body spontaneously reaches out to hold the hand of a fearful patient or applies just the right tension while wrapping a tensor bandage around a patient’s injured limb. When I teach nursing, I often feel attuned to my students’ moods and learning needs. I often sense the qualities of the relationships between the students and myself. I wonder how relationships between teachers and learners may shape experiences of learning for all involved. I also wonder about the role of the body in teaching-learning activities and relationships.

This dissertation arose out of my own practice as a nurse educator interested in peer mentorship in nursing education. I am a Registered Nurse and have been teaching nursing in Southwestern Ontario since 2004. With my longstanding curiosity about the
processes within the human body, I enjoy teaching courses such as anatomy and holistic health assessment. During my years of teaching and learning nursing, I have observed many types of instructional approaches used by faculty, clinical instructors, health professionals such as physicians and nurse practitioners, preceptors, and peers. Peer teaching is one method that has stood out to me as highly beneficial.

My own teaching philosophy/pedagogy involves empowering students to learn in a way that suits them best and provides them with as much power in the teaching-learning relationship as possible. I must admit that I have felt, at times, that our current educational system promotes a “power-over” relationship between faculty and students. Over the last several years, I have worked in the clinical skills laboratory as an instructor, and I have also been involved in setting up and coordinating a peer mentorship program at the college site of our university-college collaborative program. In this program, second-year nursing students attend our skills laboratories and provide mentorship to year-one students. I have noticed that many times the first-year students seem to feel more comfortable asking questions of the second-year lab peer mentors than the faculty in the laboratory. I have had informal discussions with these peer mentors and have heard that the social connections between the peer mentors and mentees becomes quite strong, even though the faculty “chose” the peer mentors. First-year students have given overwhelmingly positive feedback regarding their learning from the clinical skills laboratory peer mentorship program. The program works so well that students tell me they are also more likely to ask a laboratory peer mentor questions about theory courses and navigating student life, than they are to ask their dedicated “academic” peer mentors. As a faculty member, I would like to both support and learn from the experiences of peer mentorship in the clinical skills laboratory. Since this process seemed to play a particularly powerful role in the skills-based and academics-based learning of first-year students, exploring these relationships promised to be a fruitful endeavour for students and faculty.

In my work with nursing students in the peer mentorship program within a health assessment skills laboratory, I noticed that students related to each other differently than with faculty, in a way that might be described as more embodied. Reflecting on this
observation gave birth to an interest in exploring theories of embodiment in more depth, and in bringing an embodied perspective (Merleau-Ponty, 2012; Harrison et al, 2019) to the study of peer membership programs in health professional education.

I have noticed differences in the views of the peer mentorship program among faculty members and students. In my capacity as coordinator of a peer mentorship program, these are some of the tensions I observed, along with fellow faculty members:

1) We were concerned that having second year students volunteer to help with nursing skills in the year 1 skills labs might be an unfair burden to the mentors, but the second-year students gave abundant positive feedback about participating in the program, and several of them asked to volunteer as peer mentors in subsequent years.

2) We were concerned about the possibility that second year students may pass along incorrect information to the year 1 students, but students being mentored by second-year peers showed mostly excellent understanding and capabilities with regard to their nursing knowledge and both interpersonal and hands-on skills.

3) Although, as faculty members, we took great efforts in guiding students by lecturing, demonstrating skills, providing resources and communicating expectations, we noticed that year 1 students continued to seek out year 2 peer mentors (rather than faculty members) for additional guidance related to the health assessment course in particular, and the nursing program in general.

In light of these experiences, I decided to investigate students peer mentors’ experiences of teaching, learning and relationships within the peer mentorship program. I planned to undertake this work during an academic term when I had no direct teaching or marking responsibilities for participating students (winter 2019). I reasoned that a greater understanding of these experiences may help faculty to better support both peer mentors and mentees as they interact together and learn to be nurses. I also wondered if understanding peer mentors’ perceptions may inform the way faculty approached
teaching and student-teacher relationships. In addition, I wished to gain a deeper understanding of what other researchers had found regarding student peer mentors’ experiences with peer mentorship. A brief summary of the literature—which is elaborated in more depth across the dissertation—follows.

1.2 Situating the research: student peer mentorship

Peer mentorship, and the closely related peer-assisted learning and peer tutoring, have increasingly been used as approaches to enhance learning and socialization of health professional students over the last two decades (Rohatinsky et al, 2017; Zentz et al, 2014). Student-peer mentors are students within the same program who help other students to develop professional capabilities over at least one academic term (McKenna & Williams, 2017, CNA, 2004). There has been a growth in the body of literature regarding benefits of peer mentorship, including several scoping, integrative and literature reviews on the benefits for both mentees and mentors (Irvine et al. 2018; Rohatinsky et al., 2017; Jacobs, 2017; Wong et al., 2016; Williams & Reddy, 2016; Secomb, 2008). While the benefits to mentees’ academic (e.g., increase in grades and decrease in course failure) and competency-based performance (e.g., performance of health assessments and hands-on skills) in health professions students has been reported widely (Williams & Reddy, 2016; Secomb, 2008) explicitly stated investigation focusing on the experiences of student peer mentors has not been emphasized as much in the literature, especially in the academic setting (Jacobs, 2018). There have been calls to address this gap by conducting research on mentor benefits of student peer mentorship programs in health professions education (Brannagan et al, 2013; Ramm, 2015).

Concurrently, scholars have highlighted the need for enhanced consideration of embodied and relational perspectives of learning and teaching in higher education and practice (O’Loughlin, 2006; Barnacle, 2009; Perry & Medina, 2011; Draper, 2014; DeLuca et al., 2015; Kinsella, 2015; Loftus, 2015; Marchetti et al, 2016; Wang & Zheng, 2018). Draper (2014) argues that “dominant rational-scientific-objective knowledge can displace embodied-subjective knowledge and thereby create only a partial understanding of our…practice” (p. 2236). She calls for further research into embodiment as it relates to the experiences of both clients and practitioners.
Recent studies have focused specifically on experiences of student peer mentors (Smith et al., 2015; Rosenau et al., 2015; Won & Choi, 2017; Vandal et al., 2018), and most were carried out in clinical settings. Findings from these studies, along with earlier, more general studies of student peer mentorship, found that mentors experience benefits such as increased confidence (Rohatinsky et al., 2017; McKenna & Williams, 2017; Secomb, 2008; Gilmour et al., 2007), enhanced nursing knowledge (Andersen & Watkins, 2018; Jacobs, 2017; McKenna & Williams, 2017; Smith et al., 2015; Miles et al., 2014; Iwasiw & Goldenberg, 1993), growth in leadership skills (Miles et al., 2014; Andersen & Watkins, 2018), enhanced interpersonal communications (Loke & Chow, 2007; Brannagan, 2013; Smith et al., 2015; Ramm et al., 2015; Jacobs, 2017), enhanced collaborative abilities (Rohatinsky et al., 2017; Smith et al., 2015; Secomb, 2008) improvements in critical thinking abilities (Loke & Chow, 2007; Jacobs, 2017; Andersen & Watkins, 2018), personal satisfaction (Blowers et al., 2003; Gilmour et al., 2007; Smith et al., 2015; Rohatinsky et al., 2017), feelings of being supported (Andersen & Watkins, 2018; Jacobs, 2017; Ramm et al., 2015; Bryer, 2012); shared responsibility (Rohatinsky et al., 2017) and development of abilities as educators (Andersen & Watkins, 2018; Rohatinsky et al., 2017; Rosenau et al., 2015; Ramm et al., 2015; Miles et al., 2014; Brannagan, 2013).

There were critiques that many studies of student peer mentorship had a poorly expressed theoretical and methodological framework (Secomb, 2008; Wong et al., 2016). We found scarce literature with an explicit aim to investigate student peer mentors’ lived experience of peer mentorship programs, and none that addressed embodied perceptions. In light of this, the overarching aim of my doctoral research was to advance knowledge about students’ cognitive and embodied perceptions of peer mentorship in a Canadian undergraduate nursing program.

1.3 Plan of presentation

This document comprises a report of my doctoral research. Chapter 2 presents an article entitled *Locating the lived body in client-nurse interactions: embodiment, intersubjectivity and intercorporeality* (Harrison, Kinsella & DeLuca, 2019), which was
published in the journal Nursing Philosophy. The manuscript describes the theoretical foundations of my doctoral research, drawing on Maurice Merleau-Ponty’s concepts of embodiment, intersubjectivity and intercorporeality. The aim is to advance understanding of the affordances this work may offer to enhancing client-nurse interactions within the practice of nursing. This paper examines Merleau-Ponty’s notions of embodiment, intersubjectivity and intercorporeality as articulated in his seminal texts The Phenomenology of Perception (2012) and The Visible and the Invisible (1968). These three constructs are discussed as they relate to the lived body in client-nurse interactions in nursing practice and education. Implications of how attention to ‘the lived body’ could shape interactions and have the potential to foster increased quality of life of clients and nurses are considered. The concepts of embodiment, intersubjectivity, and intercorporeality permeate the design and conduct of the research and are woven through many chapters within the dissertation.

Chapter 3 presents a manuscript entitled: *Embodied hermeneutic phenomenology: Bringing the lived body into health professions education research*. This chapter comprises a description of the embodied hermeneutic phenomenological methodology and methods used for my doctoral research. Hermeneutic phenomenology is proposed as a methodology that can be enriched through deeper attention to embodiment and embodied perspectives. Merleau-Ponty’s (2012) theoretical tenets of embodiment, intersubjectivity and intercorporeality, as well as insights from other thinkers who focus on embodiment, are invoked to inform an embodied hermeneutic phenomenological methodology. The application of this approach—and the contributions to knowledge that it can offer—are considered drawing on examples from my doctoral study of student peer mentorship in nursing education. The ways in which an embodied perspective can shape various aspects of research are highlighted. The aim is to make visible what an embodied hermeneutic phenomenological methodology might look like in research in health- and social- care contexts. Specific examples of how embodied perspectives were foregrounded in the research questions, methods, and data analysis are included. A version of this chapter is scheduled to be published in 2022 in the Routledge book: Hermeneutic Phenomenology in Health and Social Care Research.
In Chapter 4, entitled *Body-mapping to facilitate embodied reflection in professional education programs*, I discuss indications that body-mapping, an innovative and emerging method, may be a suitable approach to encourage not only cognitive reflection, but also embodied reflection. Linking to Maurice Merleau-Ponty’s theory of embodiment, I describe a synopsis of the body-mapping process. As a college nursing professor, I describe my own use of body-maps as a means of reflection and discuss the powerful impact it has had on my own pedagogy. The body-mapping method highlights strong connections between one’s own history and contextual situations as a learner and one’s current practices as an educator. Through the body-mapping process, my own embodied knowledge was uncovered, and my ideas evolved in new directions. I gained a stronger sense of my own positionality as a teacher and researcher, greater awareness of the importance of sharing power with students, and increased recognition of the need to attend to teachers’ and students’ bodies in the teaching-learning and in research processes. The potential affordances of body-mapping as a means to inquire into teachers’ and students’ embodied knowledge in professional educational programs is discussed. This chapter is currently in press, to be published in the Springer Nature book *Embodiment and Professional Education: Body, Practice, Pedagogy*.

Chapter 5, entitled “*We know what they’re struggling with*”: *Student peer mentors’ embodied perceptions of teaching in a health professional education mentorship program*, comprises the first manuscript reporting the study findings. The study investigated student peer mentors’ cognitive and embodied perceptions of teaching during peer mentorship. The data were collected over one calendar year (2019) and involved analysis of 10 participants’ interview data and their ‘body-maps’, produced in response to guided questions. Through the data analysis a core theme of ‘commitment to mentee growth’ was identified, along with seven interrelated themes: ‘sharing responsibility for learning,’ ‘moderating stress,’ ‘mediating power relations,’ ‘navigating unknown processes,’ ‘valuing creative approaches,’ ‘offering generous acceptance,’ and ‘facilitating confidence.’ The findings suggest that student peer mentorship has the potential to contribute to health professions education in a number of unique ways including through embodied attunement and dialogic education. The findings point to the
promise of student peer mentorship for advancing health sciences education. Implications for peer mentorship program development in health professions education are discussed. This manuscript has been submitted to a peer-reviewed journal (Advances in Health Sciences Education) and is currently under review.

In Chapter 6, *Nurturing a Trusting Learning Community: Nursing students’ perceptions of relationships in a peer mentorship program*, findings in response to the question “What are nursing student peer mentors’ perceptions of relationships within a health professions program?” are presented. The findings from both interview and body-map textual analysis included a core theme of ‘nurturing a trusting learning community’ and five related themes: ‘attunement to mentees,’ ‘commonality of experiences,’ ‘friends with boundaries,’ ‘reciprocity in learning’ and ‘varied learning spaces.’ Student peer mentor relationships were suggested to reflect complexity, shifting boundaries, liminality, embodied social understanding, and trusting intersubjective relations.

Chapter 7 portrays images and participant narratives (‘testimonios’) of all ten body-maps created in the study and associated thematic findings. The anchoring question for the analysis of the visual images and words on the body-maps, in combination with the testimonios was, “What meanings and embodied understandings are revealed about peer mentorship through the images, symbols, drawings and stories created during a body-mapping process?” Six predominant themes were identified: ‘warmth,’ ‘openness,’ ‘connection,’ ‘light,’ ‘action,’ and ‘growth.’ The body-map themes are congruent with and can be perceived as overlapping and adding depth to the themes identified in the two manuscripts in Chapter 5 and Chapter 6.

Chapter 8 presents a conclusion that outlines the contributions this work offers to existing knowledge of embodiment and peer mentorship. Quality considerations and future directions are also discussed.

1.4 References


Chapter 2

2 Locating the lived body in client-nurse interactions:
Embodiment, intersubjectivity, and intercorporeality

2.1 Introduction

The practice of nursing involves ongoing interactions among nurses’ and clients’ lived bodies (DeLuca et al, 2015). Despite this, several scholars have suggested that the ‘lived body’ or phenomenal body has not been given its due place in nursing practice, education, or research (Draper, 2014). With the advent of electronic health records and increased use of technology, face-to-face assessment and embodied understanding of clients’ lived bodies may be decreasing. Furthermore, staffing levels may not afford the time nurses need to be as ‘present’ with their clients in embodied ways. The failure to attend to the lived body may contribute to missed opportunities for care and decreased quality of life for both clients and health-care practitioners. The thinking of twentieth-century French philosopher Maurice Merleau-Ponty (1908-1961) has laid the foundation for heightened sensitivity to the possibilities of attending to embodied interaction in health-care practice, particularly in the areas of personal, interpersonal and social relations.

In this paper, we undertake an analysis of selected aspects of the work of Maurice Merleau-Ponty. The aim is to increase understanding of the affordances this work may offer to enhancing client-nurse interactions within the practice of nursing. We examine Merleau-Ponty’s notions of embodiment, intersubjectivity and intercorporeality as articulated in his seminal texts *The Phenomenology of Perception* (2012) and *The Visible

We discuss these three constructs as they relate to the lived body in client-nurse interactions in nursing practice and education. We also suggest the implications of how perspectives on ‘the lived body’ in shaping these interactions have the potential to foster increased quality of life of clients and nurses.

After a brief discussion of contexts for client-nurse interactions, we introduce Maurice Merleau-Ponty and select aspects of his work. Following that, we discuss concepts of embodiment, intersubjectivity and intercorporeality as presented in the original (translated) sources of Merleau-Ponty’s work. A number of quotes directly from the primary sources are included to ‘show’ his ideas to the reader. Key implications of these three concepts for nursing practice are discussed as each topic is introduced.

Interactions among clients and nurses take place in many different contexts, including clients’ homes, other community settings, primary health care offices, long-term care facilities, acute care hospitals, and remotely via technology such as Skype and telemedicine applications. While each of these contexts has unique aspects that shape relationships among clients and nurses (Tanner, 2006), most of them have at their centre the goal of improving health through a partnership between health-care providers and clients (RNAO, 2015). While most ‘practice guidelines’ include considerations of clients’ biological bodies, many scholars have highlighted the inadequate consideration of the body, as lived and experienced by clients and nurses, in nursing practice and education (Barnacle, 2009; Draper, 2014; Marchetti et al, 2015; DeLuca et al, 2015; Loftus, 2015; Kinsella, 2015); some have speculated that this omission results in the development of ‘partial’ nursing knowledge and less-than-optimal understanding and care of clients (Draper, 2014; Marchetti et al, 2015). Part of this issue may be related to the nursing profession’s quest to gain status by identifying itself as a profession with a base of scientific and social scientific knowledge as its foundation. Within female-dominated professions, such as nursing, Grosz (1994) has suggested that such perspectives can represent an attempt to be valued according to the dominant view of cognitive (‘masculine’) knowledge as superior to bodily (‘feminine’) knowledge. It is time to enhance consideration of the body, as experienced by both the client and the nurse, in all aspects of client-nurse interactions and provision of care. We argue that Merleau-Ponty’s
work, along with developments of his ideas by present-day scholars, provide an excellent basis to inform a more intentionally embodied practice within the client-nurse relationship.

2.2 Selected writings of Merleau-Ponty

A brief consideration of Merleau-Ponty’s selected writing is presented in this section, recognizing that a more complete history of Maurice Merleau-Ponty’s life and work has been written elsewhere (Thomas, 2005, 2018; Carman, 2008). His most influential work *The Phenomenology of Perception* was written in French in 1945 during the Second World War. It was translated into English by Colin Smith in 1962. This version was later found to contain some questionable translation decisions. Regardless, the first English translation brought the ideas of Merleau-Ponty to a wider audience. The philosopher’s writing tends to be complex and difficult to understand by people outside the world of philosophy. However, his main ideas of the body being simultaneously objective (physical) and subjective (‘lived’ body) as well as the body as the context by which we think (Varela et al, 1991) have been well received by many scholars, including nursing scholars (Benner, 2000; Thomas, 2005). In 2012, a new English translation was carried out by Donald Landes, which brought to light some significant differences in meaning. While Colin Smith interpreted ‘corps propre’ as ‘lived body,’ Landes felt the more accurate translation was ‘my own body’ (2012, p. xlviii). Landes points out that this sense of ‘own’ is not meant to highlight ownership of an objective body separate from one’s being but rather to signify the body is ‘my body,’ the body that is lived as my own.

Merleau-Ponty wrote several other essays and books, with topics spanning from philosophy to politics. *The Primacy of Perception and Other Essays on Phenomenological Psychology, the Philosophy of Art, History and Politics* contains a collection of his papers written between 1947 and 1961; it was translated into English in 1964. Also translated into English in 1964, *Signs* contains writings about Merleau-Ponty’s philosophical ideas about human expression - including speaking, silence, gestures and lived behaviour - written during the last decade of his short life. *The Visible and the Invisible* (1968) contains the beginnings of the book Merleau-Ponty was working
on just before he died in 1961, along with some rough notes. In this work, he develops ideas relating to potential research based on his philosophy. He also extends some of his ideas from previous work, most notably in the concepts of ‘flesh’ and ‘the chiasm’. These last two concepts, while related, are beyond the scope of what is discussed in this paper.

2.3 Introduction to Merleau-Ponty’s philosophy

Maurice Merleau-Ponty was a contemporary of Heidegger and Sartre, and followed the work of Husserl, the philosopher credited with bringing phenomenology into mainstream awareness (Smith & Woodruff Smith, 1995). While Merleau-Ponty agreed with many of Husserl’s ideas, there were some aspects of Husserl’s deliberations which Merleau-Ponty took in a different direction, especially where he sensed that Husserl was following ‘realist’ or ‘idealist’ thought processes. Husserl (1859-1938) became dissatisfied with the ‘scientific process’ of his time and argued that what was taken to be objective scientific knowledge was founded on a leap of faith—namely, that the world exists independently from human thought and presence (the world-in-itself), and that theories about objects in the world and their relations were able to be reached by human consciousness (the ‘transcendence’ of consciousness in knowing about objects, i.e., an ability of consciousness to go beyond the brain to objects outside of itself) (Husserl, 1999). He endeavoured to explore a new, ‘rigorous’ science that was not dependent on this tentative basis, one that was based instead on what was ‘fully given’ to consciousness, or ‘immanent’ and therefore fully present and certain. He took up and further developed phenomenology as the ‘rigorous science’ that he sought. His focus in this development of phenomenology was primarily epistemological or related to how we come to have knowledge (Husserl, 1999; Smith & Woodruff Smith, 1995).

Merleau-Ponty studied Husserl’s work, agreed with many of his ideas, and incorporated them into his own work, which has a greater ontological focus and is concerned with the nature of ‘being.’ (Pollard, 2016). In Merleau-Ponty’s most prominent work, *The Phenomenology of Perception* (2012), he launches many critiques of two classical systems of belief: ‘empiricism’ (realism) in which everything in the world (including consciousness) is composed of matter and which is bound to obey mechanical
laws, and intellectualism (idealism), in which material objects (including the body) are in the world and composed of matter while thought consists of something other than matter and exists outside the material world (Romdenh-Romluc, 2011; Pollard, 2016). After showing how both of these belief systems are inadequate to describe phenomena as experienced in living, Merleau-Ponty provides his descriptions of phenomena as lived.

In the Foreword to *The Phenomenology of Perception*, Taylor Carman explains that:

> Phenomenology is an attempt to describe the basic structures of human experience and understanding from a first-person point of view, in contrast to the reflective, third person perspective that tends to dominate scientific knowledge and common sense. Phenomenology calls us to return, as Husserl put it, “to the things themselves.” By “things” … Husserl meant not real (concrete) objects, but the ideal (abstract) forms and contents of experience as we live them, not as we have learned to conceive and describe them according to the categories of science and received opinion. Phenomenology is thus a descriptive, not an explanatory or deductive enterprise, for it aims to reveal experience as such, rather than frame hypotheses or speculate beyond its bounds. (2012, p. viii)

Another aspect of Merleau-Ponty’s approach was to deny the dualism inherent in Cartesian thought, although it has been argued that he was not completely successful in this endeavour as he continued to use separate terms for body and mind (Sheets-Johnstone, 2011). Descartes’ work propagated a philosophical separation between mind and body, the idea that thoughts are part of an ‘inner world’ able to be accessed through introspection, yet inaccessible to others (Romdenh-Romluc, 2011). Descartes believed that to develop ideas, representations are made of the outside world within the brain; in this view, the body is the container for and extension of the mind and is responsible for moving it from place to place (Grosz, 1994). Descartes developed the famous saying ‘I think, therefore I am,’ which some scholars argue laid the foundation for a philosophical dualism; however, he also acknowledged that the mind-body relationship was not analogous to that of a pilot in a vessel (Descartes, 1996; Romdenh-Romluc, 2011). Despite efforts of several thinkers to eliminate this arbitrary and unintended mind-body separation, the general tenets of dualistic thinking may be found today in science and health-care research and practice (Grosz, 1994). Merleau-Ponty set out to show that the
relationship between the mind and the body are ‘internally related’ to the world—or that mind, body and world are mutually dependent (Carman, 2008).

Merleau-Ponty’s work has great relevance for current-day philosophy and for the profession of nursing. Dowling (2007) summarized the usefulness of Merleau-Ponty’s work to nursing as “the utilization of the four existentials considered to belong to the fundamental structure of the lifeworld; lived space…lived body…lived time… and lived human relation” (p.134). This paper draws particular attention to selected aspects of lived body and lived human relation, focusing on three central concepts in Merleau-Ponty’s work: embodiment, intersubjectivity, and intercorporeality. The concept of embodiment lays the foundation of Merleau-Ponty’s theory which centres on our own bodies as the grounds of knowing. Intersubjectivity is important in thinking about the ways in which people recognize and interact with others as other subjects, or other ‘I’s’ (Merleau-Ponty, 2012, p. 364). Finally, the idea of intercorporeality is important, to advance understanding of our interacting, embodied selves, in the context of human communication and relationships. All three concepts have great potential to inform and enhance nursing practice.

2.4 Embodiment

2.4.1 Primacy of bodily perception

Merleau-Ponty prioritizes perception as the way humans, through bodies, understand their world. In undergraduate nursing physiology courses, the ‘process’ of perception is explained in a more linear manner. Each sense (such as vision or touch) has its own receptors, which receive stimuli from the environment; these stimuli set in motion action potentials of afferent neurons travelling to the central nervous system, which interprets the stimuli and develops a response to be conveyed via efferent neurons to effector cells (Marieb, 2015). There is minor acknowledgment of inter-sensory collaboration, such as between taste and smell, but overall, each sensation is produced via dedicated and discrete sensory pathways. Professors often expect nursing students to understand the sensory and perceptual experiences of their clients using this received knowledge.
Merleau-Ponty views sensation and perception (involving awareness of sensation) differently— from psychologists of his times, describing the experience of perception in elaborate detail. He argues that bodily experience is the primary source of perception through which we come to know the world. He does not describe sensation as something that ‘happens’ to us while we passively receive input from the environment through our sense receptors; rather, he describes sensation as intentional, in that it is directed toward, and signifies, something beyond itself.

Sensation is certainly intentional; that is, it does not remain in itself like a thing, it intends and signifies beyond itself. But the term that it intends is only recognized blindly through the familiarity of my body with it, it is not constituted in full clarity; it is reconstituted or taken up through a knowledge that remains latent... Sensation is intentional because I find in the sensible the proposition of a certain existential rhythm...and because, taking up this proposition, and slipping into the form of existence that is thus suggested to me, I relate myself to an external being, whether it be to open myself up to it or to shut myself off from it. If qualities radiate a certain mode of existence around themselves, if they have a power to enchant... this is because the sensing subject does not posit them as objects, but sympathizes with them, makes them its own...(Merleau-Ponty, 2012, p. 221).

For Merleau-Ponty, objects in the world are not sensed in full clarity in and of themselves—rather, knowledge that is ‘latent,’ and therefore hidden or ‘opaque’ within the body, ‘reconstitutes’ the objects in a way that is not apparent to the sensing person. In this reconstitution, the object being sensed becomes ‘present’ to the person instead of simply consisting of several discrete sensations. Merleau-Ponty also refers to a ‘sympathizing’ with objects, and the general reference made here suggests the sympathy can be with animate as well as inanimate ‘objects.’ For client and nurse alike, then, knowledge gained through perception comes about through a bodily process of sympathizing with what Merleau-Ponty refers to as ‘the sensible.’

For Merleau-Ponty, objects in the world start as indeterminate in our perception, and then become more determinate as the person obtains what he refers to as the best hold, or ‘maximum grip,’ on the object.

For each object, just as for each painting in an art gallery, there is an optimal distance from which it asks to be seen – an orientation through which it presents more of itself beneath or beyond which we merely have a confused perception.
due to excess or lack. Hence, we tend toward the maximum of visibility and we seek, just as when using a microscope, a better focus point, which is obtained through a certain equilibrium between the interior and the exterior horizons. (Merleau-Ponty, 2012, pp. 315-316).

Merleau-Ponty suggests that we ‘tend toward’ the maximum visibility, and his example of an art-gallery situation would be consistent with a viewer *moving* into the best position to attain the best hold on a painting. He goes on to explain that this ‘maximum grip’ also applies to other senses. For people with health challenges, it may be difficult to attain this ‘best hold’ on a situation. A person with mobility issues may have difficulty moving themselves into the best position to fully perceive the visual, auditory or tactile aspects of a situation, for example, while attempting to climb a set of stairs after knee surgery.

One of Merleau-Ponty’s main insights, from Gestalt psychology, is that we always focus on a noticeable figure in the foreground against a less-noticeable background (Merleau-Ponty, 2012, p. 4). For nurses and clients, despite having mutual goals for client health, there may be different aspects of a situation that stand out as the figure. As an example, for the nurse, the figural aspect of a situation may be the need of the client to fill a prescription to treat an inflammatory condition. For the client, the figural aspect of the same situation may be the debt that has accumulated and the inability to work caused by the illness. Conversely, the nurse may foreground documenting care on the electronic health record instead of spending time face-to-face with the client. The way the care environment has been set up can shape the interpretation of the foregrounded aspects of care. The client may perceive the need to socialize with family as figural while the nurse perceives the need to teach the client skills to manage their illness at home before the client is discharged.

Merleau-Ponty proposes that senses do not work in isolation, but that all senses influence and work with the others. Using examples from psychology research, he notes that vision and touch are intimately related to the point that tactile sensations have a visual element and visual sensations have a tactile element. Merleau-Ponty proposes that binocular vision, with a single image from two eyes a slight distance apart, does not come about by objective physiological processes, but rather as a result of the way the person
‘opens themselves to the world.’ He maintains that the senses work together during bodily perception of situations in the world:

…my body is not a sum of juxtaposed organs, but a synergetic system of which all of the functions are taken up and tied together in the general movement of being in the world, and insofar as it is the congealed figure of existence. It makes sense to say that I see sounds or that I hear colors if vision or hearing are not the simple possession of an opaque quale (experienced quality), but rather the experience…of a modality of existence, the synchronization of my body with it…. When I say that I see a sound, I mean that I echo the vibration of the sound with my entire sensory being, and in particular with that sector of myself that is capable of seeing colors. (Merleau-Ponty, 2012, pp. 242-3).

Merleau-Ponty also provides examples of descriptions that appropriately cross senses, such as ‘soft’ or ‘hard’ or ‘jarring’ music – terms that may be used to describe embodied perceptions or resonances of music of various qualities. This passage draws attention to the idea of echoing vibrations with the whole sensory being. This type of resonance during sensation is also the basis for extensions of Merleau-Ponty’s work in the areas of communication and social understanding; these ideas will be discussed later in the paper.

According to Merleau-Ponty, not only do the senses work together, but all perception involves movement or ‘motor intentionality.’ This idea may be helpful for nurses to understand ways to facilitate optimal circumstances for clients’ senses to work with their bodies to obtain ‘maximum grip.’ When we look at a scene or a picture, our eyes move around different areas to obtain a maximum hold of the entire field of vision. One moves one’s hands during tactile exploration of an object. For Merleau-Ponty, the senses are intimately involved with movement or motricity.

Vision and movement are specific ways of relating to objects and, if a single function is expressed throughout all of these experiences, then it is the movement of existence, which does not suppress the radical diversity of contents, for it does not unite them by placing them all under the domination of an “I think,” but rather by orienting them toward the inter-sensory unity of a “world.” Movement is not a movement in thought, and bodily space is not a space that is conceived or represented. (Merleau-Ponty, 2012, p.139).

Merleau-Ponty replaces Descartes’ ‘I think’ with ‘I can’ when describing intentionality (p 139). We see the world in terms of what actions are elicited from us by aspects of our
‘phenomenal field,’ which consists of what is ‘given’ to us in experience. The phenomenal field includes everything visible, tangible, audible, and able to be sensed through other ‘exteroceptors’ such as taste and smell, and ‘interoceptive’ senses such as proprioception and kinesthetic awareness. Accordingly, one responds to ‘calls’ for action from the world (see Merleau-Ponty, 2012, p. 81 & 108). A mountain may solicit the action of climbing, a glass of water may solicit reaching actions by one’s own body. In this way, the world and our bodies interact and respond to each other. The calls for action are shaped by the situations in which we find ourselves, and these situations influence the formation of intentions by the person. Komarine Romdenh-Romluc asserts that, according to Merleau-Ponty, part of our perception of the environment includes the ability to judge aspects of the environment as offering our ‘motor skills’ an opportunity to be practised (2011). If we are swimmers, we may judge a river or lake as being traversable for us. Romdenh-Romluc interprets this line of thought as describing our bodily knowledge as including “practical knowledge” (2011, p 82). She also describes the abilities of healthy persons to increase the range of actions suitable within any given situation as “engaging with the possible.” Nurses and clients may thus perceive calls for action from the health-care environment depending on the situation in which they find themselves. One could imagine different calls for action from health-care settings filled with medical equipment as compared to more home-like settings consistent with one’s ‘usual’ environment.

2.4.2 Consciousness as embodied being-in-the-world

Merleau-Ponty contends that humans are primarily embodied beings, and that bodies, minds and the world are inseparable and mutually dependent. Instead of classifying our bodies as alternating between objects, along with other objects in the world, and subjects, as the source of our consciousness, Merleau-Ponty describes the inseparable co-existence of all of these as ‘being-in-the-world’ (Pollard, 2016), suggesting that “one’s own body is in the world just as the heart is in the organism: it continuously breathes life into the visible spectacle, animates it and nourishes it from within, and forms a system with it.” (Merleau-Ponty, 2012, p. 209). In likening the body to a heart, Merleau-Ponty emphasises the contributions of the body to the world, by ‘breathing life’ into it, giving it
meaning, and nurturing it instead of simply being dependent on the world for its own nurturance and existence. This speaks to a reciprocal relationship between the body, ‘animation’ (requiring consciousness) and world. As opposed to notions of consciousness existing as ‘pure thought,’ he views consciousness as embodied, with the body existing as something more than simply an object that follows objective laws:

…one’s own body teaches us a mode of unity that is not the subsumption under a law. Insofar as it is in front of me and offers its systematic variations for observation, the external object lends itself to a mental examination of its elements and it can, at least as a first approximation, be defined as the law of their variations. But I am not in front of my body, I am in my body, or rather I am my body. (Merleau-Ponty, 2012, p. 151).

For Merleau-Ponty, bodies are not simply one’s possessions, not even where one resides, but a person and one’s body are identical. Descartes’ ‘I’ which suggests equivalence between one’s identity and the activities of one’s brain, is replaced by Merleau-Ponty with the equivalence of one’s identity with one’s own body. He extends this idea to suggest that people make ‘sense’ and have access to the world with their own bodies, rather than with their ‘soul’ or ‘pure thought:’

…one’s own body…is not an assemblage of particles where each one would remain in itself; or again, it is not an intertwining of processes defined once and for all – it is not where it is, it is not what it is – since we see it in itself secreting a ‘sense’ that does not come from nowhere, projecting this sense upon its material surroundings, and communicating it to other embodied subjects. It was always observed that the gesture or speech transfigure the body, but no more was said than that they developed or manifested a different power, such as thought or the soul. It was not seen that, in order to be able to express these, the body must ultimately become the thought or the intention that it signifies to us (italics added). It is the body that shows, that speaks. (Merleau-Ponty, 2012, p. 203).

Merleau-Ponty portrays the ambiguous nature of the body as not simply an ‘object’ but simultaneously a ‘subject’ – as its own ‘power’ behind sense-making; he writes “… this subject anticipates himself [sic] among the things in order to give them the shape of things. There is a… sense of the world that is constituted in the exchange between the world and our embodied existence and that forms the ground of every deliberate … sense-giving act.” (Merleau-Ponty, 2012, p. 466). He offers the example of a mathematician’s knowledge of relations of a triangle; he develops this knowledge not
simply because he can think about them cognitively and develop their laws but because he can trace them out with his body. In effect, he argues that all perceived knowledge comes about through the body; he writes, “My body is the … very actuality of the phenomenon of expression…(it) is the common texture of all objects and is, at least with regard to the perceived world, the general instrument of my ‘understanding’.” (Merleau-Ponty, 2012, p. 244).

For Merleau-Ponty, understanding does not come about by a body in general, but by the one that is each particular person themself. The physical characteristics and processes of an individual’s body will shape their experiences and the way they are present in the world:

…it is not just essential that I have a body, but also that I have this particular body. It is not merely the notion of the body … but the actual existence of my body is indispensable to the existence of my “consciousness.” Ultimately, … this can only be through the experience of a singular body … itself, that is, through the experience… of my presence in the world (Merleau-Ponty, 2012, p. 455).

This idea of highlighting the unique aspects of a person’s ‘particular’ body is relevant for health care since clients as bodies may have widely varying physical and functional aspects. Following Merleau-Ponty’s line of thought, these varying aspects, for example height, weight, or hearing abilities, shape a client’s OR a nurse’s consciousness and therefore also shape their perception of their situation. It would be interesting, for instance, to think about how paralysis or the inability to feel tactile sensations might shape a person’s perception of the world.

### 2.4.3 Embodied style of being in the world

While Merleau-Ponty theorizes that the body is our source of consciousness as well as the ground for our understanding, as a phenomenologist, he does not specify how our bodies bring about this knowledge. In some parts of his philosophizing, he speaks of the body possessing ‘powers’ and reaching goals as if by magic: “In movement, the relations between my decision and my body are magical ones.” (Merleau-Ponty, 2012, p. 97) and “From its very beginnings, the grasping movement is magically complete.” (Merleau-Ponty, 2012, p. 106).
While he does not give specifics about the potential origin of this power, Merleau-Ponty borrows a term from psychiatry—an ‘intentional arc’—which he suggests “creates the unity of the senses, the unity of the senses with intelligence, and the unity of sensitivity and motricity” (Merleau-Ponty, 2012, p. 137). He also makes suggestions about how the body ‘synthesizes’ or provides unity to its acts of perception. He notes “I experience… the unity of the world just as I recognize a style” (Merleau-Ponty, 2012, p. 342). He contends that each person expresses a certain ‘style’ of being in the world: “I am a psychological and historical structure. Along with existence, I received a way of existing, or a style. All of my actions and thoughts are related to this structure” (Merleau-Ponty, 2012, p. 482). This style is seen not only in a person’s tastes, but also in their movements and their artistic expression. Merleau-Ponty reminds us that it is often possible to determine which person is walking towards you simply by observing their gait or their gestures (Merleau-Ponty, 2012, p.294). The style of certain artists can be recognized by those familiar with their work and style, and one may be able to distinguish a Monet from a Cézanne by styles of colour palettes and particular use of brush strokes.

Merleau-Ponty goes so far as to say, “even reflexes have a sense, and the style of each individual is still visible in them just as the beating of the heart is felt even at the periphery of the body” (Merleau-Ponty, 2012, p. 87). If this identifying style is present within every aspect of the person, we could imagine eliciting a patellar reflex from two clients sitting side-by-side and observing slightly different resulting movements according to their individual style—perhaps one would be more pronounced than the other, or the response times would be different, consistent with each person’s inherent style.

For Merleau-Ponty, the ‘style’ and the unity of the body are implicated in tactile perception:

It is not me who touches, but rather my body. When I touch I do not conceive of a multiplicity, rather, my hands discover a certain style that is among their motor possibilities and this is what is meant when one speaks of a perceptual field : I can only effectively touch if the phenomenon encounters an echo in me, if it is in accord with a certain nature of my consciousness, and if the organ that comes to
encounter it is synchronized with it. The unity and the identity of the tactile phenomenon are not produced through a synthesis of recognition in the concept (italics added), they are established upon the unity and the identity of the body as a synergetic whole. (Merleau-Ponty, 2012, p. 330).

In denying the ‘synthesis of recognition in the concept’, Merleau-Ponty refutes a cognitive, representational process of recognition, and proposes instead the unity of the body (that is doing the touching) as the grounds for establishing the identity of the tactile phenomenon. This contrasts with explanations of the brain as synthesizing multiple sensory stimuli from tactile receptors. This rings true experientially, since when palpating a client’s elbow, for example, the nurse more likely perceives a single elbow as opposed to “multiple elbows” from each of their separate fingers. In the first sentence of the passage above, Merleau-Ponty distinguishes ‘me’ from ‘my body’, which seems to contradict his earlier assertion that one is identical with one’s body. Perhaps he is distinguishing the Cartesian cognitive self with the self that is simultaneously subject and object through being the body. Interestingly, some scholars use the term ‘body-self’ in an attempt to decrease duality and bring the body and self together (Ellingson, 2017).

Not only does Merleau-Ponty suggest that ‘style’ plays a role in tactile perception, he relates perception among multiple senses to ‘style’ as well. When theorizing about inter-sensorial perception, Merleau-Ponty suggests:

What unites the ‘tactile sensations’ of the hand and links them to the visual perceptions of the same hand and to perceptions of other segments of the body is a certain style of hand gestures, which implies a certain style of finger movements and moreover contributes to a particular fashion in which my body moves (Merleau-Ponty, 2012, p. 151).

Much of Merleau-Ponty’s theorizing about embodiment and perception has come from recognition that many experiences of perception are not fully explained by reductionist approaches. Instead of holding scientific knowledge as something to which experience needs to be measured against and explained by, Merleau-Ponty holds scientific knowledge accountable to lived experience. His work on embodiment highlights aspects of the body as both objective and lived. He establishes the idea that one’s own body is the grounds for consciousness and for understanding one’s world. It is possible to imagine that the way in which one relates to the world comes about through
perception and that motor intentionality both allows one to be open to the world, to accept invitations for actions from the world, and to determine whether aspects of one’s environment are likely to allow for certain actions of which one is capable. Merleau-Ponty describes a unique style of each person underlying their perception and actions. We will now consider what this might mean for client-nurse interactions.

2.4.4 Relating bodily perception, embodied being-in-the-world and embodied style to nursing practice

Merleau-Ponty’s theories help us to see the ways in which our clients come to know their health-care environments in embodied ways. Activities and treatments given by nursing and other health-care providers shape clients’ knowledge and understanding about their situations. Clients develop practical knowledge about the care they receive based on their embodied perception of that care. Clients develop impressions regarding whether their body-selves are treated as objects or subjects—the medicalized body, for instance, may fail to fully consider the embodied fleshy body of the subject (Mol, 2002). Conversely, nurses know the expectations of their employers through their embodied perceptions of the built environment, unit routines and client assignments. This has the potential to impact the way their roles are enacted.

Merleau-Ponty’s theory of embodiment has the potential to inform the ‘personal’ aspects of nursing practice. He highlights the importance of embodiment encompassing one’s ‘particular body’ and this can be expanded when inquiring into relational aspects of care for each individual client. “Holistic care” is a goal espoused by many nursing theories and is often explained by considering multiple aspects of a client, such as biological, psychological, sociological and spiritual aspects, while planning and providing care (Mason, 2014). Merleau-Ponty’s theory of embodiment encourages a more synergistic view of clients by inviting attention to the embodied nature of knowing and interacting with the world, instead of simply considering discrete biological, sociological, spiritual and psychological dimensions of a client.

Taking Merleau-Ponty’s ideas about inter-sensory perception into account when, for example, designing colour schemes for client-care areas, may influence the character
of client-nurse as well as client-client relationships. Members of the organization ‘Dementia Care Matters’ have developed ‘Butterfly Units’ at long-term care facilities in England, Ireland and Canada (Dementia Care Matters, 2018). They have transformed the living spaces of clients with bright colours and areas designed to invite interaction for people with dementia (Sheard, 2010); residents have been reported to experience fewer falls and greater quality of life, and staff absenteeism rates have declined considerably. If attention to the perceived environment increases the ‘joie de vivre’ in clients with dementia, it may also be beneficial to other clients.

In some health-care organizations, clients may be stationary for long periods of time, whether they are capable of moving around or not. If we use Merleau-Ponty’s ideas of movement as integral to perception, it is possible that clients’ inter-sensorial perception of the world may limit the full experience of their situation. It may be possible that movement, even in the form of ‘external’ movement via a stretcher or wheelchair, could enhance perception, sense-making and healing. Creative solutions that focus on embodiment in the clinical encounter could be integrated into care: for example, care activities, conversations or teaching sessions could be held while clients and nurses walk and talk together. We know ambulation is so important to healing in situations as varied as orthopedic surgery and myocardial infarction (Oldmeadow et al., 2006; Megova & Maznev, 2016). If some aspects of bodily movement were incorporated into health teaching, perhaps with more senses involved than only vision and hearing, the learning may be deeper.

According to Merleau-Ponty (2012), people, and therefore clients, respond to the actions ‘solicited’ by their situations (see section on “primacy of embodied perception” in this paper). If clients are left to sit in a bed or at a table for hours on end, with no intermittent encouragement to walk or to interact with others, the situation may not be calling them to action or to engage in relationships, but rather will leave them in their inactivity. If the senses are assaulted by unappealing smells and sounds of a crowded hospital unit, the perception of these will likely be incorporated into their consciousness of the environment. In either of these situations, clients’ ‘motor intentionality’ will not be invited to fully engage with the world. Employing ways to more deeply engage clients in
their environments may be a means of optimizing their perception and facilitate their imagination of ‘the possible,’ potentially including health-enhancing actions.

Merleau-Ponty’s work suggests that each client has their own ‘style.’ During health assessments, nurses may notice this style either implicitly or explicitly. If style is indeed integral to one’s being-in-the-world, nurses would do well to consider the client’s style when planning care—similar to the way in which educators assess learners’ learning styles. We might also recognize that each nurse has a style—a way of caring for clients and a way of being in the care area—as well as a style of interacting with team members. There may also be an over-arching ‘style’ for each health-care profession. Exploring these styles and their possible implications may lead to fruitful contributions to the optimization of health-care team functioning.

2.5  Intersubjectivity

Gweneth Doane argues that “the humanistic, relational value is the core of nursing practice” (2002, p. 400). She critiques curricular discourses that foreground the acquisition of behavioural communication skills as the foundation for learning interpersonal practice. Doane states that the emphasis on performing skills leads to the failure of nurses to experience the “spontaneous flow of relationships and their human capacity to meaningfully relate in an authentic manner” (2002, p. 401). Merleau-Ponty’s ideas of intersubjectivity may inform an alternative, more authentic approach to interpersonal relations.

2.5.1  World always already social and shared

Merleau-Ponty discusses his views about how individual persons perceive the world, but he also asks how one may come to know about a world shared with others. Merleau-Ponty (2012) suggests that the social world is “a permanent … dimension of existence” (p. 379), which could be re-worded as ‘always already social.’ How does one know that one is not the only subject in the world? One perceives one’s own environment by being open to the world, but one can only know the experience of others through a third-person perspective. Merleau-Ponty agrees with Husserl’s explanation by analogy of coming to
know about other humans—one accomplishes this through observing others’ behavior. We see they have a body similar to our own and we can observe the behaviours they display in response to various situations. We make certain gestures and move in certain ways in response to the ‘calls for action’ of the world. When we see others doing that, we can recognize their subjectivity. “The perceived world is not my world alone, for I see the behaviors of others take form there, behaviors that also aim at this world; and the world is the correlate not only of my consciousness, but also of every consciousness that I might encounter” (Merleau-Ponty, 2012, p. 354).

Merleau-Ponty also acknowledges that one sees cultural objects and intuits various possible behavioural uses for them. Whether a piece of pottery discovered through an archeological dig, or a beverage bottle discovered on a secluded beach, objects bring forth awareness that other conscious humans are abundant in the world. In this way, other acting subjects are imagined and expected in the world. Merleau-Ponty likens the ‘social world’ to the ‘natural world’ by pointing to the internal relatedness between oneself and society—similar to the internal relatedness between one’s body and the world:

Thus, we must rediscover the social world, after the natural world, not as an object or a sum of objects, but as the permanent field or dimension of existence: I can certainly turn away from the social world, but I cannot cease to be situated in relation to it. Our relation to the social, like our relation to the world, is deeper than every explicit perception and deeper than every judgment. It is just as false to place us within society like an object in the midst of other objects, as it is to put society in us as an object of thought, and the error on both sides consists in treating the social as an object. (Merleau-Ponty, 2012, p. 379).

Merleau-Ponty points out that even if one chooses to be alone by ‘turning away’ from other humans—for example, by living a secluded life—the presence of others in the world continues to be undeniable and others’ existence continues to be an aspect of one’s situation. Merleau-Ponty uses the example of a philosopher living in seclusion to develop a philosophy and argues that they would ultimately be writing for others and not simply for themselves. In the health-care setting, a client may try to turn away from others in an extreme way through suicide; however, the ramifications of the act (or attempt) would most certainly involve other people.
2.5.2 Presence of other ‘selves’ and perspectives

Merleau-Ponty also expands on how one can be certain that other humans also have ‘minds,’ and are also conscious. He noted that one may wonder if one is the only conscious person alive: “how can I speak of another ‘I’ than my own?” (Merleau-Ponty, 2012, p. 364). Normally, one’s own thoughts are the only thoughts experienced as being fully accessible and one’s intentions are the only intentions felt to motivate actions of one’s own body. Attempts at explaining the presence of others have been problematic, and ‘solipsism’, or the belief that one is the sole consciousness or subject in the universe, has been a constant threat to philosophers (Romdenh-Romluc, 2011). However, Merleau-Ponty makes provocative arguments that mitigate the risk of solipsism; he refutes the possibility of one, single subjectivity by arguing that intersubjectivity is inevitable. He writes “just as the instant of my death is an inaccessible future for me, I am certain to never live the presence of another to himself. And nevertheless, every other person exists for me as an irreducible style or milieu of coexistence, and my life has a social atmosphere just as it has a flavor of mortality.” (Merleau-Ponty, 2012, p. 382). Again, Merleau-Ponty invokes his idea of ‘style’ as a foundation for knowing about the world—this time, the social world. According to Merleau-Ponty, each individual with whom one comes into contact exists ‘as an irreducible style,’ such that, although one may not be able to explicitly articulate the nature of the style, it is nonetheless undeniable.

Merleau-Ponty goes on to write, “The For-Selves—me for myself and the other for himself—must stand out against a background of For-Others—me for others and others for me. My life must have a sense that I do not constitute, there must be, literally, an intersubjectivity” (2012, p. 474). Here, Merleau-Ponty seems to agree with Husserl that all subjectivity is intersubjectivity and that the perspectives of others are necessary for any understanding.

2.5.3 Dialogue as collaborative meaning-making

Merleau-Ponty describes the body as expressive—“the body is eminently an expressive space...[it] is ...the very movement of expression, it projects significations on the outside by giving them a place and sees to it that they begin to exist as things, beneath our hands
and before our eyes.” (Merleau-Ponty, 2012, p. 147). He suggests that ‘thought is expression’ and we think not by making representations about thoughts and then choosing words to express those thoughts, but through speech itself. Merleau-Ponty (2012) writes, “for the speaking subject, thought is not a representation; that is, thought does not explicitly posit objects or relations. The orator does not think prior to speaking, nor even while speaking; his speech is his thought” (p. 185). In his view, even private thoughts are accomplished through speech, perhaps by the process of ‘speaking to oneself’ either internally or externally (Romdenh-Romluc, 2011). We are born with the equipment to speak with others, to be able to produce the needed sounds and actions. Within our cultural milieu, we learn the meaning of words—in this way, language is considered a cultural object (Merleau-Ponty, 2012, p. 244).

When two humans engage in dialogue, Merleau-Ponty contends that the meaning that develops is more than the sum of the thoughts of the conversation partners. As ‘speech is thought,’ it follows that speaking with another is ‘thinking together’ and creating meaning that would be different had it been between two different people. Since each partner does not know all of what they themselves will be saying in advance, and since one cannot know what the other person will say, it’s unpredictable what will be created from the conversation. According to Merleau-Ponty, the discussion may even bring forth thoughts each person didn’t realize they could have.

In the experience of dialogue, a common ground is constituted between me and another; my thought and his form a single fabric, my words and those of my interlocutor are called forth by the state of the discussion and are inserted into a shared operation of which neither of us is the creator. Here there is a being-shared-by-two, and the other person is no longer for me a simple behavior in my transcendental field, nor for that matter am I a simple behavior in his. We are, for each other, collaborators in perfect reciprocity: our perspectives slip into each other, we coexist through a single world. I am freed from myself in the present dialogue, even though the other’s thoughts are certainly his own, since I do not form them, I nonetheless grasp them as soon as they are born or I even anticipate them. And even the objection raised by my interlocutor draws from me thoughts I did not know I possessed such that if I lend him thoughts, he makes me think in return. (Merleau-Ponty, 2012, p. 370).

His use of the expression ‘collaborators in perfect reciprocity’ speaks to a reciprocal contribution of both partners, so that each is afforded participation in the interaction;
there is a taking up of each other’s thoughts and an exchange of perspectives. Merleau-Ponty does not discuss whether this can be the case with every interaction, or whether this would be an ‘optimum’ case. When considering this type of collaborative meaning-making between a client and a health-care provider, it is not clear how a perceived power differential could potentially shape the nature of the interaction. Regardless, this idea of reciprocal contributions to dialogue and the possibility that our words and those of others with whom we engage in dialogue become a ‘shared operation’ of sorts, in which the whole is greater than the sum of its parts, offers a fruitful way to think about dialogue in the client-nurse relationship.

Merleau-Ponty explores the ways in which the social world is a permanent aspect of each person’s life. He asserts that ‘speech is thought’ and ‘thought is expression,’ setting up the basis for collaborative meaning-making during dialogue between people. Although his philosophical work is not situated in the context of the nursing profession, his examples of intersubjectivity make sense within client-nurse interactions.

2.5.4 Relating intersubjectivity and collaborative meaning-making to nursing practice

Intersubjectivity is at the foundation of ‘interpersonal’ aspects of relational nursing practice. Based on Merleau-Ponty’s conceptions of dialogue as meaning-making, the way in which clients will take up meaning from conversations may vary depending on which individual nurse or health-care provider is talking with them. Even ‘scripted’ health teaching may end up taking on new meanings depending on the inputs and responses of both the nurse and client. Merleau-Ponty’s ideas help us to be attuned to the powerful intersubjectivity that is at play during conversation, and to attend to, and be responsive to what the client is communicating such that we are open to the evolution of meaning in a manner that is mutually respectful and reciprocal.

During assessment conversations with clients, in trying to get a clear picture of their health situation, attending to intersubjectivity can assist nurses to maintain awareness of the meaning-making occurring within the particular interaction instead of ‘trying to figure out the diagnosis’ by going through a ‘generic’ mental checklist. It may
seem like history-taking interviews are designed to ‘extract’ meaning from clients. Changing the perspective to collaborative meaning-making may facilitate greater understanding between client and nurse. If speech is thinking, clients will benefit from ample opportunities to express their thoughts and to articulate their experiences and ideas. Clients may feel alone in the health situation they are coping with, yet Merleau-Ponty points out that we are born into a social world, such that introducing others in a supportive group may enhance the feeling of a shared world and may facilitate aspects of meaning-making with a different ‘style’ from those between nurses and clients. This could also open up a greater repertoire for meaning making for all partners in the interaction.

In client education, instead of following the idea of ‘deficient knowledge’ (NANDA, 2015) and engaging what Paulo Freire (2005) calls the ‘banking’ method of education by making ‘deposits’ of cognitive knowledge into the client’s brain, nurses could more deeply engage the client’s embodied intentionality by becoming more mindful of the intersubjective meaning-making taking place during dialogue with clients. As a departure from the more ‘behavioural’ approach to interpersonal communication (Doane, 2002), nurse researchers could explore approaches that include becoming attuned to the meaning-making itself during client-nurse interactions. The same strategies for attending to clients’ embodiment could also be shared with nursing students. DeLuca, for instance, has proposed poetry and the use of the arts as more visceral and embodied spaces for “finding meaning places for healing” and as promising in the cultivation of what she calls “vigilant subjectivity,” that remains open to the subjectivity of others, in nursing students (DeLuca, 2015).

Les Todres is a phenomenological researcher who draws on Merleau-Ponty and Eugene Gendlin, a psychologist and philosopher. Todres (2008) developed the concept of ‘embodied relational understanding,’ which he conveys with the phrase “Being with that” (p.1568). In rudimentary form, this phrase means “a concrete relationship between self and other…happening…as part of a living situation. ‘That’ indicates a phenomenon, person or situation beyond oneself… such as another’s pain… that is in excess of what we know and can always surprise with some… new meaning or texture” (p 1568).
Attending more explicitly to ‘embodied relational understanding’ has the potential to enhance client-nurse interactions by fostering an “empathetic understanding of another’s world” (Galvin & Todres, 2011, p. 524). Nurses may become open to this way of being with clients to help understand lived experiences and to make better-informed judgments when planning care with clients. Todres (2008) believes that embodied relational understanding “sensitizes practitioners for judgment-based care” (p 1567, Fig 1).

Several thinkers suggest that recognition of intersubjectivity, as Husserl and Merleau-Ponty describe it, offers the ground for empathy (O’Loughlin, 2006; Green, 2013; Daly, 2016). O’Loughlin (2006) writes, “Empathy emerges from (Merleau-Ponty’s) work as implicit in all intersubjective relations. Such an understanding demonstrates how the senses and intellect, emotion, nature…and culture are reciprocally implicated in all human activity, even that of the ethical domain” (p. 136). Green (2013) suggests “to the extent that the other person is perceived as ‘like us’ we experience what some people call empathy with them. This is what is known as intersubjectivity” (p. 246). Daley (2016) argues that intersubjectivity arises through both access to another’s emotions and an affective response (p. 224). She reminds us of Husserl’s claim that all subjectivity is intersubjectivity (p. 225). Although it is beyond the scope of this paper to examine these concepts, empathy and compassion play important roles in caring for clients and thinking about these concepts through the lens of intersubjectivity may be fruitful. Following Merleau-Ponty’s thought, intersubjectivity (and possibly also empathy) is not simply a cognitive, rational process but rather a sharing of the world by two people in an embodied, affective way. Fully conveying empathy may involve more than ‘finding the right words’ to say to another and, along with recognizing that one can never fully understand another’s experience, may involve collaborative meaning-making along with intentional action.

Shaun Gallagher (2008), in his Interaction Theory of Social Cognition, contends that people experience direct perception of others’ emotional states such that the emotions of others are directly perceived, in an embodied way, rather than only being ‘represented’ and inferred cognitively. If such direct perception occurs, instead of health care professionals documenting about ‘objective data’ that is strictly ‘observed’ we could
also begin to attend to what we actually grasp affectively during embodied interaction, perhaps under the heading ‘Impressions.’ Engaging in dialogue about these perceptions with clients may lead to a fuller understanding of their situations and emotions and may facilitate a more nuanced consideration of client needs.

2.6 Intercorporeality

Client-nurse interactions involve not only verbal interchanges but also interactions between the bodies of the involved parties. Given that Merleau-Ponty contends that humans are embodied and intersubjective beings, it follows that one aspect of intersubjectivity is intercorporeality, which “stresses the role of embodied interactions between the self and the other in the process of social understanding” (Tanaka, 2015, p. 455). Recognition of such intercorporeality highlights bodily interactions as an important dimension for attention in nursing education and practice as a means to further appreciation of aspects of the client-nurse relationship and the recognition of ‘client-bodies’ in interaction with ‘nursing-bodies’.

2.6.1 Attunement to others’ bodies

Merleau-Ponty wrote about intercorporeality in his later work, The Visible and the Invisible (1969). In The Phenomenology of Perception, he does not specifically mention the term intercorporeality but he alludes to it in several parts of the text when he writes about intersubjectivity and relations between embodied subjects. He provides an example of a baby grasping the intentionality within the actions of an adult:

A fifteen-month-old baby opens his mouth when I playfully take one of his fingers in my mouth and pretend to bite it. And yet, he has hardly even seen his face in a mirror and his teeth do not resemble mine. His own mouth and teeth such as he senses them from within are immediately for him the instruments for biting, and my jaw such as he sees it from the outside is for him immediately capable of the same intentions. “Biting” immediately has an intersubjective signification for him. He perceives his intentions in his body, perceives my body with his own, and thereby perceives my intentions in his body (Merleau-Ponty, 2012, p. 368).

The baby is assumed not to have seen his face in a mirror enough to make the connection that his own mouth and teeth appear similar to the adult’s mouth and teeth. Instead, he
‘senses from within’ their biting functions when he sees the adult’s jaw from the outside as capable of biting and immediately, without forming any representations in his mind, understands the symmetry between his own biting intentions and those of the adult. Tanaka (2017) interprets this passage as follows: “Perceiving the other’s action does not mean observing it in a detached way but tracing it through the body in a pre-reflective way” (p. 461). The intersubjective signification occurs between the bodily expressions and sensing of both subjects, and as such could be considered an intercorporeal process.

In Merleau-Ponty’s essay “The Child’s Relations with Others” (1964a, p. 118) he writes “In perceiving the other, my body and his are coupled, resulting in a sort of action which pairs them. This conduct which I am able only to see, I live somehow from a distance. I make it mine; I recover it or comprehend it. Reciprocally I know that the gestures I make myself can be the objects of another’s intention.” When he writes of the conduct of the other as ‘I am able only to see,’ Merleau-Ponty speaks of that action being simply visible to the subject, and therefore, occurring at a distance, and yet still this behavior is understood. One grasps that since the gestures of the other can be seen as an ‘object’ for the self, the reverse is also true—one’s own gestures can be ‘objects’ for another through reciprocity. This may seem to follow a ‘Cartesian split’ between subjects and objects; however, Merleau-Ponty speaks of the bodies being ‘coupled’ and their resulting action being ‘paired,’ which suggests more of an intercorporeal dance than actions of bodies that simply exist as objects for each other.

In Merleau-Ponty’s (1964b) work “The Philosopher and his Shadow” he mentions the notion of ‘intercorporeity’ or ‘intercorporeality’ by drawing on Husserl’s idea that a person’s left hand touching their right hand touching an object brings a realization that oneself may be ‘perceived’ as well as ‘perceiving.’ He suggests that one knows another person is another ‘self’ while shaking their hand since the person’s hand is similar to one’s other hand. The feeling of another person’s hand would likely be perceived as very similar to the feeling of one’s own hand except that the hand being touched would not also perceive the touching. Drawing on Husserl, he states “My two hands ‘coexist’ or are ‘compresent’ because they are one single body’s hands. The other person appears through an extension of that compresence.” Merleau-Ponty goes on to say, “he and I are like
organs of one single intercorporeality.” (Merleau-Ponty, 1964b, p. 168) In the same essay, Merleau-Ponty states that “intercorporeality goes beyond itself and ends up unconscious of itself as intercorporeality; it displaces and changes the situation it set out from” (1964b, p. 173). As such, intercorporeality may take place beneath the level of one’s awareness – if one attempts to reflect on the process the origins of the process may be difficult to discern. The tacit nature of intercorporeality may mean that nurses and clients fail to pay attention to their bodily interactions; drawing attention to intercorporeality may have important implications for making visible aspects of communication, assessment, relationship-building and nursing interventions.

In *The Visible and the Invisible*, Merleau-Ponty (1968) takes this a step further, expanding on this notion of intercorporeality. After setting up an explanation of his ‘reversibility hypothesis’ in which to be able to see, one must also be visible, and to be able to touch, one must also be palpable, Merleau-Ponty writes

> What is open to us, therefore, with the reversibility of the visible and tangible, is - if not yet the incorporeal – at least an intercorporeal being, a presumptive domain of the visible and the tangible, which extends further than the things I touch and see at present. There is a circle of the touched and touching...of the visible and seeing, there is even an inscription of the touching in the visible...and the converse; there is finally a propagation of these exchanges to all the bodies of the same type and of the same style which I see and touch – and this by virtue of the fundamental fission or segregation of the sentient and the sensible which, laterally, makes the organs of my body communicate and founds transitivity from one body to another. (1968, p. 142-143).

This passage from one of the last works before Merleau-Ponty’s death speaks to communication within one’s body and between one’s own body and the bodies of others. Again, we see the inter-sensorial interweaving, concerning mostly vision and touch here but also exchanges among all similar (or human, or possibly even animal) bodies, suggesting intercorporeal-intersensorial phenomena.
2.6.2  Social understanding through mutual incorporation and gesture

During intercorporeal processes, Merleau-Ponty suggests that the subject ‘inhabits’ the body of the other. This is not to say that one understands another as well as one understands oneself, but rather that

Communication or the understanding of gestures is achieved through the reciprocity between my intentions and the other person’s gestures, and between my gestures and the intentions which can be read in the other person’s behavior. Everything happens as if the other person’s intention inhabited my body, or as if my intentions inhabited his body. (Merleau-Ponty, 2012, pp.190-191).

This amounts to what recent scholars refer to as a ‘mutual incorporation,’ as intentions are brought about through the gestures of reciprocating bodies (see Mol, 2002; Tanaka, 2017 for further elaboration). Reciprocity speaks to a two-way process. This passage refers to a person’s gestures, and Merleau-Ponty (2012) considers speech to be a gesture. He writes: “Speech is a gesture, and its signification is a world” (p 190). Speech may be viewed as an intercorporeal process, since it is embodied and occurs between two body-selves. However, speech is only one gesture that is used in communication—others include movements of the body such as hand gestures and facial expressions, which have meaning for others within the same culture (Merleau-Ponty, 2012; Cuffari & Streeck, 2017). Merleau-Ponty states that original hand gestures develop meaning since the observing person knows what is going on in the context of the communication and is thus able to determine meaning. Over time, meaning can become ‘sedimented’ in particular gestures; this is similar to the process by which words can hold aspects of meaning. Like language, among different cultures certain gestures can have different and even opposite meanings. When people from two different cultures interact, therefore, some clarification in meaning may be needed.

2.6.3  Relating intercorporeality through attunement to others and social understanding to nursing practice

Merleau-Ponty’s attention to intercorporeality and its extensions by current-day scholars offer various considerations for nursing practice. A prime example is communication between clients and nurses. While health care providers learn ‘interpersonal skills’ these
often focus on asking current questions, gathering the ‘right’ assessment data and making ‘objective’ observations of health indicators. Nurses are expected to notice what the client is saying (as a ‘third person’ observation) and also what the client’s ‘body language’ is saying (gathering data like a scientist) and then purposefully thinking through responses – using silence at various points, validating what the client has said, and so on. The focus moves from the client to the nurse and back again as the assessment or therapeutic conversation evolves. Based on the discussion above, clients and nurses alike may be better served through greater attunement to embodied interaction. Further phenomenological research may be needed to help elucidate descriptions and advance understandings about what this might look like in practice. Aspects of intercorporeal meaning making could perhaps be explored and practised instead of a sole focus on behaviouristic ‘communication techniques.’

In support of foregrounding embodied interaction, Csordas (2008) speaks of the term “nonverbal communication” being “misleading since it presumes that the nonverbal is structurally analogous to the verbal and can be studied in parallel by means of parallel methods”; body language is also problematic since what is expressed by the body nonverbally is “precisely not language” and he suggests instead that we consider what we currently call “nonverbal” to be the “Other of language” (p. 114).

Extending Merleau-Ponty’s idea of perception through resonance (see intersensory section above), Fuchs & de Jaegher (2009) theorize that people can sense the operative intentionality of others through ‘interbodily resonance.’ They suggest that we need to incorporate the desired situation into our embodied way of being to reach goals. Based on this, introducing a client to a fellow client with similar health issues, only further along the road to health, may be a fruitful way of modelling the corporeality of recovery. This consideration of intercorporeality leads to many questions concerning the ways in which attention to corporeality may shape the ways we see and practice relational forms of care. Can we attend to what is springing forth from a particular interaction—from the dialogue as opposed to the specific content details of the conversation and the ‘objective’ observations of the body? Nurses can become burnt out (Poghosyan et al., 2010) in light of so many expectations for using technology, meeting needs of numerous
clients (Copanitsanou et al, 2017), expending physical, emotional and cognitive energy, complying with the routines of the unit, working around other health care providers who may ‘take priority’ over the nurse’s time. In what ways do these many interactions with clients and other HCP intercorporeal communication influence nurses’ ability to care for themselves? What are the consequences for their bodies? Although nurses are required to give medications within certain windows of time, they spend so much time charting to meet regulatory and legal demands that the act of providing medications to the client, itself, may be carried out in a hurried manner—what are the corporeal consequences for the nurse and client? Further, there is abundant literature about the concept of ‘cognitive load’ (Sweller, 1988). If Merleau-Ponty is right, are there further potential implications of a corresponding ‘intercorporeal load?’ Workload measures are designed to capture the ‘time’ required to provide care but what about the corporeal and potential intercorporeal load on the nurse? Stein (2001) has suggested that this ‘cult of efficiency’ has meant that for many years we have been “asking our health care sector to reduce its diet while providing the same amount of care” (p. 23). What would it look like from an intercorporeal perspective if nurses could take the time to have more relaxed, ‘presence’ time with their clients? Could providing dedicated time for true intercorporeal interaction enhance client outcomes? Ultimately, could such an approach perhaps be more efficient in the long run for the health care system at large?

In the first author’s (HH) personal experience as a nurse in a hospital unit, deep intercorporeal bonds with clients came about most often on weekends, when there were fewer ‘medically-related’ activities on the unit. There was time and space to be present with clients in a focused yet relaxed manner—interacting as fellow humans with common goals. The nurses seized opportunities to take clients outside for a change of scenery, giving one’s senses a break from the multisensorial toxins that can be present in hospitals, such that nurses as well as clients became closer to ‘nature’, and closer to one another in an intercorporeal way.
2.7 Conclusions

While reading Merleau-Ponty’s (2012) *The Phenomenology of Perception*, I (HH) found my head to be nodding in agreement at several points of the book. As a nurse educator, my body-self presented images of my own past and potential future interactions with clients and students while reading Merleau-Ponty’s theories of embodiment, intersubjectivity and intercorporeality. We invite fellow nurses and nurse educators to consider aspects of our own and our clients’ embodiment as we interact with each other in health care situations. If Merleau-Ponty and his colleagues are right, our ‘ambiguous’ body-selves serve as the foundations for our understanding of the world. Following from this privileged place of the body, our interactions with others occur as embodied selves. Becoming more attuned to the interaction rather than simply the ‘behavioural’ aspects of communication may lead to deeper understandings among clients and health care providers. Reflection on how Merleau-Ponty’s ideas have the potential to improve quality of life for clients and nurses, and the profession of nursing, offers a fruitful avenue for future scholarship and practice.

2.8 References


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3 Embodied hermeneutic phenomenology: Bringing the lived body into health professions education research

3.1 Introduction

Participant co-researcher: *When I assume this pose, I feel a sense of power and pride ... and a sense of grounding to the earth, as providing a certain level of stability.*

Researcher (HH): *When I am in this pose, I feel strong but open and inviting connection. Grounded.*

In this chapter, we propose that hermeneutic phenomenology can be enriched through deeper attention to embodiment and embodied perspectives. French philosopher Maurice Merleau-Ponty’s (2012) theoretical tenets of embodiment, intersubjectivity and intercorporeality, as well as insights from other thinkers who focus on embodiment, are invoked to inform an embodied hermeneutic phenomenological methodology. The application of this approach—and the contributions to knowledge that it can offer—are considered drawing on examples from a study of student peer mentorship in nursing education. The ways in which an embodied perspective can shape various aspects of research are highlighted. The aim is to make visible what an embodied hermeneutic phenomenological methodology might look like in research in health- and social-care contexts. In this chapter, we describe theoretical foundations of this approach, discuss the ways in which these perspectives underpinned the design and analysis of a health professions education research project, and provide specific examples of foregrounding embodied perspectives in our research questions, methods, and data analysis.

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2 A version of this chapter has been accepted for inclusion in a forthcoming book (2022): Crowther, S & Thomson, G. *Hermeneutic Phenomenology in Health and Social Care Research*. Routledge
3.2 Embodied hermeneutic phenomenology

The impetus for the articulation of an embodied hermeneutic phenomenological approach to study peer mentorship arose from a constellation of research interests, theoretical perspectives and practical education experiences. Helen Harrison is a college nursing professor, in a collaborative nursing degree program in Southwestern Ontario. In her early years, she developed a curiosity about the workings of the human body; her father shared his belief that our bodies contribute to thinking and wrote about his idea that unconscious thoughts and actions originate from the body (Gooding, 1968). Elizabeth Anne Kinsella is a scholar of health professions education and practice, with an interest in reflective practice, embodiment, and professional knowledge. She is a qualitative researcher interested in hermeneutic phenomenology, the hermeneutics of the visual, and arts-based approaches to knowledge generation.

In Helen’s observations with nursing students in a peer mentorship program that she facilitates, she noticed that students related to each other differently than with faculty, in a way that might be described as more embodied. Reflecting on this gave birth to an interest in bringing an embodied lens to peer membership programs in health professional education. Studying and writing about Maurice Merleau-Ponty’s work on embodiment (Harrison, Kinsella and DeLuca, 2019) laid the foundation for an embodied hermeneutic phenomenological approach to research. The aim of the study was to contribute to knowledge about student peer mentors’ (SPMs’) cognitive and embodied perceptions of teaching and learning in a Canadian undergraduate nursing program.

Peer mentorship is on the rise in nursing and other health professions education programs in many areas of the world, including North America, Australia, Turkey, and the United Kingdom (Andersen and Watkins, 2018). Student-peer mentors are students within the same program who help other students to develop professional capabilities over at least one academic term (McKenna and Williams, 2017). Given decreased availability of clinical practice sites, professional skills are increasingly being practiced in lab or simulation settings. This has resulted in a need for greater support of students in the lab, and more calls for peer mentorship programs (Ramm et al, 2015). We wanted to
understand students’ experiences of peer mentorship and how it shaped the learning experiences of peer mentors and mentees. Additionally, we wanted to find a way to attend to not only students’ cognitive perceptions but also their embodied perceptions.

We reasoned that hermeneutic phenomenology would be a fruitful methodological approach for this research, due to its focus on meanings and relationships in context, and its interpretive, dialogic, and reflexive nature (Gadamer, 1960/1975; Dowling, 2007; Kinsella and Bidinosti, 2015). We were also intrigued by the powerful insights about embodiment being put forward in Merleau-Ponty’s phenomenological writings. Nonetheless, it was surprising to find few methodological resources that integrated an explicit focus on embodied perspectives within hermeneutic phenomenology. In response, we set out to articulate a research approach that would allow for exploration of participants’ embodied knowledge through what we propose as an ‘embodied hermeneutic phenomenological methodology’.

This journey to an embodied methodological approach was not a straight path. In many ways it felt as if this approach “chose us”. We were interested in practice scholarship, where a number of scholars contend that a significant amount of professional knowledge is embodied (Green, 2015; Kinsella, 2009), and we were particularly interested in theoretical perspectives that could help illuminate embodied perspectives. Most theories of embodiment point to the writings of Merleau-Ponty, which led us on an exploration of his writing, particularly focused on embodiment, intersubjectivity and intercorporeality. (Harrison, Kinsella and DeLuca, 2019). Merleau-Ponty argues for recognition of the body as a means of perception; we were intrigued to explore what his theoretical constructs might offer to research focused on embodied learning. We were challenged with how to honor knowledge arising through the body, without filtering that knowledge through a solely cognitive process, and we were interested in questions concerning how to convey embodied knowledge to others.
3.3 Dwelling with Merleau-Ponty: Embodiment, intersubjectivity, intercorporeality

We spent time dwelling with three theoretical tenets from Merleau-Ponty’s philosophical work—embodiment, intersubjectivity, and intercorporeality—briefly described below (Harrison et al, 2019)—and subsequently articulated an embodied hermeneutic phenomenology.

Embodiment: Much of Merleau-Ponty’s philosophical work is written with a view of human knowledge as embodied. He highlights the primacy of the body as an instrument for understanding the world: “My body is the…very actuality of the phenomenon of expression…it is the common texture of all objects and is, at least with regard to the perceived world, the general instrument of my understanding” (Merleau-Ponty, 2012, 244). Recognizing the body as a means of perception was a fundamental orientation informing our research design. We wanted to access knowledge experienced through the body, for example, the sinking feeling in the gut when an upsetting situation arises, or the bodily sense that someone in our presence is in distress.

Merleau-Ponty draws on principles of Gestalt theory (Gestalt being a German term that roughly translates to ‘how something is put together’ – Britannica online dictionary) to show that the figure of attention stands out against a background during perception—recognizing that there may be differing aspects of phenomena that are foregrounded at the same time by different people, shaped in part by each person’s embodied perceptions. These ideas are generative for researchers to recognize that one’s embodiment shapes perception, and may be different for individual researchers and participants, despite shared aims to investigate a phenomenon. For example, a researcher may espouse goals relating to enhancing understanding of the experience of peer mentorship. A participant, on the other hand, may wish to enhance the mentorship program as their main priority. There may also be varying aspects that different researchers foreground and background within the same project, or that different students foreground and background – like a mosaic that is constantly shifting. For example, research teams with members from different health disciplines may bring distinctly
nuanced perspectives that foreground and background different aspects of teaching and learning, or of student-client interactions. This may create epistemic tensions and/or enrich interpretations of data. Relatedly, Merleau-Ponty writes about embodied style. He says, along with existence “I received a way of existing, or a style. All of my actions and thoughts are related to the structure” of this embodied style (2012, 482). This idea is useful for identifying different embodied styles of phenomena. For instance, we asked participants about their styles of being a peer mentor and observed their embodied styles of interacting with mentees during participant observation.

**Intersubjectivity:** Merleau-Ponty was also interested in intersubjectivity. He wrote about the social world as a “permanent field of existence” (379). Another way of wording this is to say that world is ‘always already social’. One way in which attention to intersubjectivity was foregrounded in our study was through attention to collaborative interpretive processes in the data collection design and approach to analysis. Merleau-Ponty considers dialogue between two people as a condition for constituting common ground. He wrote “in the experience of dialogue a common ground is constituted between me and another; my thoughts and his (sic) form a single fabric… a shared operation of which neither of us is the creator. Here there is a being-shared-by-two” (2012, 370). This is similar to what is gestured by Gadamer’s (1975) notion of a ‘fusion of horizons’ whereby two interlocutors come to a common understanding through dialogue. When considering this type of collaborative meaning-making between researcher/professor and student in collecting and analyzing data, it is important to reflexively consider how power differentials may shape the nature of the interactions (Guenther, 2019). Bearing this in mind, we contend that Merleau-Ponty’s ideas about reciprocal contributions through dialogue and the possibility that our words and those of others become a ‘shared operation’ of sorts, a ‘single fabric’ in which the whole is greater than the sum of its parts, are fruitful insights for embodied research design. An example of how we operationalized these ideas is provided later in the chapter when we discuss data analysis.

**Intercorporeality:** Merleau-Ponty also foregrounds intercorporeality. Intercorporeality attends to the ways in which people attune to the bodies of others. Merleau-Ponty writes
“My two hands ‘coexist’ or are ‘compresent’ because they are one single body’s hands. The other person appears through an extension of that compresence.” Merleau-Ponty goes on to say, “he and I are like organs of one single intercorporeality.” (1964b, 168). When two bodies come together as intercorporeal beings, Merleau-Ponty suggests that the subject’s intentions ‘inhabit’ the body of the other. This is not to say that one understands another as well as one understands oneself, but rather that:

Communication or the understanding of gestures is achieved through the reciprocity between my intentions and the other person’s gestures, and between my gestures and the intentions which can be read in the other person’s behavior. Everything happens as if the other person’s intention inhabited my body, or as if my intentions inhabited his body. (Merleau-Ponty, 2012, 190-191).

Reciprocity speaks to a two-way process. This passage refers to a persons’ intentions as communicated through gestures. For Merleau-Ponty, even speech is a gesture, it is embodied and occurs between individuals, and as such represents an intercorporeal process. Other gestures of communication include movements of the body such as hand gestures and facial expressions, which have meaning within a shared culture (Cuffari and Streeck, 2017). Across cultures, specific gestures can have different and even opposite meanings. When people from different cultures interact, therefore, clarification may be needed, as it is not only two individuals but also two cultures that come into communication. Differing meanings of gestures may also occur in communication between different generations, such as between a young-adult student and a middle-aged professor/researcher. Since peer mentorship activities and research activities involve intercorporeal gestures and communication, Merleau-Ponty’s ideas shaped our research design, and informed our reflexive attention throughout the peer mentorship study.

Approval for the research on student peer mentorship was obtained from the research ethics board of the educational institutions. See Appendix F. Ten participants were recruited, with an age range of 19-26 years (average 21.1 years), seven identifying as male, two identifying as female, and one declining to identify gender. See Appendix G.

We contend that theoretical insights about embodiment, intersubjectivity and intercorporeality are fruitful for embodied approaches to hermeneutic phenomenology. In the peer mentorship research, these informed embodied conceptualizations of
hermeneutics, phenomenology, research questions, methods such as interview questions and body-mapping, processes of data collection, approaches to data analysis, and forms of reflexivity. These are discussed in further detail below.

### 3.4 Embodiment and hermeneutics

Kinsella’s articulation of hermeneutics in qualitative research, drawing on Gadamer (1975) and other hermeneutic thinkers, was our starting point. We incorporated these characteristics of hermeneutics with insights from Merleau-Ponty’s work to articulate an embodied hermeneutic (see Table 1).

#### Table 1: Toward an embodied hermeneutic

<table>
<thead>
<tr>
<th>Characteristics of hermeneutics</th>
<th>Characteristics of hermeneutics: infused with insights from Merleau-Ponty</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Kinsella, 2006, drawing on Gadamer, 1975)</td>
<td>1) For Merleau-Ponty the hermeneutic quest for ‘understanding’ comes through the body—moving beyond language and cognition - to include understanding that arises through embodied being in the world</td>
</tr>
<tr>
<td>1) Seeks understanding rather than explanation</td>
<td>2) The location of interpretation is situated within intersubjective relationships among researchers and participants</td>
</tr>
<tr>
<td>2) Acknowledges the situated location of interpretation</td>
<td>3) Attending to participants’ evocative wording and embodied language and responses</td>
</tr>
<tr>
<td>3) Recognizes the role of language and historicity in interpretation</td>
<td>4) Given assumptions about the body’s role in communication through dialogue among embodied participants; intercorporeality is foregrounded in interpretive acts</td>
</tr>
<tr>
<td>4) Views inquiry as conversation</td>
<td>5) The aim is not to develop ‘essences’ or ‘truths’ but rather to foreground diverse perspectives</td>
</tr>
<tr>
<td>5) Comfortable with ambiguities</td>
<td></td>
</tr>
</tbody>
</table>
3.5 Embodiment and phenomenology

Given phenomenology’s philosophical foundations, using it to ground empirical research can present challenges. For example, it may be impossible to capture “unreflected” experience due to the research process occurring retrospective of experience; nonetheless, in the peer mentor study, we endeavoured to encourage the most immediate participant descriptions possible. One strategy was not to reveal interview questions or guided body-mapping processes to participants in advance. The hope was to evoke fresh, raw, spontaneous, pre-conceptual descriptions that move beyond intentional cognitive reflection, and in this way elicit more embodied responses (Kinsella, 2012; Harrison, in press).

Eugene Gendlin, (1961; 1981) a philosopher and psychologist, theorized about the role of the body in creating meaning, drawing on Merleau-Ponty’s ideas. Gendlin considers the phenomenon of ‘preconceptual experiencing’ as “raw, present, ongoing functioning (in us) of what is usually called experience”; he describes it as a concretely present flow of feeling for which, “at any moment, we can individually and privately direct our attention inward … and there it is… we can put only a few aspects of it into words…our definitions, our knowing ‘what it is’, are symbols that specify aspects of it, ‘parts’ of it” (1961, p. 11). This attention to bodily felt meaning, or bodily felt sense, informed data collection in our study. Participants were encouraged to access their felt sense when responding to both speech-based and arts-based research methods, and to create phrases, images and symbols, to accompany verbal accounts of these symbols and words. The specific instructions to participants and some of their resulting responses will be highlighted in a later section.

3.6 Embodied methods

We drew on theoretical tenets from Merleau-Ponty to underpin the methods of the study, which were designed to purposefully elicit embodied perspectives. This included a focus on embodied perception in the design of research questions, interview questions, body-mapping, and reflexivity.
3.6.1 Embodied research questions

The question of how to develop phenomenological research questions informed by theories of embodiment is a challenge, given few exemplars exist in the literature. In our study on peer mentorship in undergraduate education, we brought explicit attention to embodied perceptions in the articulation of our research questions:

What are students’ cognitive/embodied perceptions of teaching and learning through peer mentorship within a BScN education program?

What are students’ cognitive/embodied perceptions of peer mentorship relationships within this program?

What meanings and embodied understandings are revealed about peer mentorship through words, images and symbols created during a body-mapping process?

3.6.2 Embodied interview questions

How does one design an interview guide that elicits embodied perceptions? We used central theoretical tenets from Merleau-Ponty’s work to ground 5 of 12 interview questions, and from the work of Lakoff and Johnson (1980), Samuel Mallin (1996) and Gendlin to inform 2 further questions that used metaphor and image to invoke embodied understandings (See Table 2).

Table 2: Embodied hermeneutic phenomenological interview questions

<table>
<thead>
<tr>
<th>Theoretical tenets</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure against background</td>
<td>What stands out for you about your experience of the peer mentorship program?</td>
</tr>
<tr>
<td>Embodiment</td>
<td>Can you think of any experiences related to the body that stand out in peer mentorship?</td>
</tr>
<tr>
<td></td>
<td>Probes: [any] embodied perceptions or responses (chill up the spine? sinking feeling in the gut? etc?)</td>
</tr>
</tbody>
</table>
During the pilot testing process for the interview guide, it came to light that a smoother transition between discussing general aspects of teaching and learning and those directly involving the body was needed. Questions related to embodied responses seemed to take participants by surprise. To smooth the transition from more ‘cognitive’ to more ‘embodied’ questions, we acknowledged our interest in embodied aspects of peer mentorship and let participants know that the next few questions would be related to bodily experiences.

The researchers were intentional about nurturing Merleau-Ponty’s insights about dialogue, asking probing questions to approach mutual understanding about what

<table>
<thead>
<tr>
<th>Style</th>
<th>Tell me about your ‘style’ of being a peer mentor.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intersubjectivity</td>
<td>Can you speak to the nature of the relationships you’ve experienced within the program?</td>
</tr>
<tr>
<td>Intercorporeality</td>
<td>Tell me about your awareness of your or your mentee’s bodies in space or in relation during peer mentorship activities.</td>
</tr>
<tr>
<td>Metaphor</td>
<td>If you were to create a metaphor to represent your experience in the peer mentorship program, what might it be?</td>
</tr>
<tr>
<td>Images</td>
<td>If you were to create an image to represent your experience in the peer mentorship program, what might it be?</td>
</tr>
</tbody>
</table>

- senses such as smells, sounds, sights or tactile feelings?
- nonverbal forms of communication?
- positionality of bodies in the lab?
participants were expressing verbally and with bodily gestures—the interviewer asked participants to confirm the interpretations of meaning in the moment if there seemed to be ambiguity.

3.6.3 Embodied interview data: Exemplars

The interview questions frequently elicited embodied responses; some illustrative exemplars of how embodiment was revealed in the interview data are shown below.

Exemplar 1: When asked about bodily responses during mentorship activities, James shared the pride and happiness that stood out for him:

Respondent (R): I feel like that swelling sense of pride that just surges through you, like the overwhelming happiness, almost, like when you are just excited when students are learning. When you see them have those moments where they are like, oh, I’ve got it, that is deeply an embodied sensation that is very satisfying … to experience.
Moderator (M): You are feeling it inside you?
R: Yes.
M: In a particular place?
R: You just feel it in your chest, kind of. You’re almost like taking a deep breath and … it’s like a sigh, like they got it, that’s good, something like that.

Exemplar 2: Emma recalled her embodied responses while interacting with her mentees in the lab, including observing their manner with standardized patients, and during conversations about what mentees were struggling with:

Sometimes when I would see first year students treat the SPs poorly, it sent a chill up my spine: Ooh, either you improve your bedside manner a lot, or that’s going to probably end up being your nursing. … I guess there was always a little bit of pressure in your gut, that you were telling them the wrong information, or guiding them in the wrong direction. Then again, when they confide in you, and they’re crying, or if they’re talking about their struggles outside of school … one student was taking care of a dying (family member) … It was just so intense … I don’t know where that is in the body, I know it hurts my heart when I hear those things, but it’s a little bit of a sinking feeling because you can’t do much … you’re pretty much just listening … those are the feelings that I felt.
3.6.4 Embodiment and body-mapping method

Body-mapping is an emergent method that researchers contend can access embodied forms of knowledge (de Jager et al, 2016; Gastaldo et al, 2012; Solomon, 2002). Body-mapping was a second method used in the peer mentor study. Body-mapping involves drawing visual representations of bodily responses to guided questions. This approach foregrounds the body in generating meaning and assists participants to describe personal journeys of learning through time (McCorquodale and DeLuca, 2020; Orchard, 2017). Body-mapping involves:

Using drawing, painting or other art-based techniques to visually represent aspects of people’s lives, their bodies and the world they live in. Body-mapping is a way of telling stories, much like totems that contain symbols with different meanings, but whose significance can only be understood in relation to the creator’s overall story and experience (Gastaldo et al, 2012, p. 5).

Visual and arts-based methods such as body-maps have the potential to engage embodied meanings in ways that move beyond cognitive and language-based approaches (Davey, 1994). Body-mapping method shares aspects of phenomenology, narrative reasoning, arts-based research and participatory research methods (McCorquodale and DeLuca, 2020). It provides a central representational space for the body, encouraging participants to “engage in a conversation about experience and perceptions as lived in an embodied manner, rather than in a temporal or spatial way” (Gastaldo et al., 2012, p. 11).

Jane Solomon describes body-mapping as a method that inquires in to “everything that we feel is most important about ourselves”; it helps people “to get a better understanding about themselves, their bodies and the world they live in” (2002, p. 2). She goes on to say that body-mapping can reach out to people “in social and political ways” (p. 3). Guided body-mapping questions and an example of a participant body-map from the current study are presented later in the chapter.

3.6.5 Embodied reflexivity: Auto-body-mapping

Prior to beginning the study, in the fall of 2017, Helen engaged in what she calls “auto/body-mapping”, creating her own body-maps as an embodied approach to researcher reflexivity (Harrison, in press)- (see Figure 1). The body-mapping method
used by Solomon’s and Gastaldo’s research teams was adapted in two major ways. First, Helen had her body traced onto a large piece of paper while standing, instead of lying down, which she experienced as contributing to a sense of agency during the process. Second, Eugene Gendlin’s (1981) ‘focusing’ method was used to scan her body for “power points” (Solomon, 2002, p. 27). In Gendlin’s method, the person: 1) clears a space to relax and turn attention inwardly, to the body, asking what is being sensed in response to a question such as ‘what are my strengths as an educator?’ 2) selects one of the items sensed, paying attention to where it is felt in the body, 3) lets a word(s) or image/symbol come up from the felt sense, staying with the quality of the felt sense until the best fit is found via a word(s) or image/symbol, 4) goes back and forth between the felt sense and the word(s) or image/symbol to check how they resonate with each other, 5) asks what it is about this felt sense that makes it resonate with the word(s) or image/symbol chosen (1981, 50-51).

The process deeply informed Helen’s insights about the method and provided an experiential foundation to work with. In addition, Helen gained insights into her assumptions, vulnerabilities and strengths as a learner and teacher. An additional auto-body-map as ‘researcher’ nurtured further insights regarding her interactions with participants and the research team—a more detailed elaboration of this process is in press (Harrison, 2021, in press).

Figure 1: Helen’s Auto/body-map—Educator strengths: Loving gaze and heart
## 3.6.6 Body-map facilitation guide

Table 3: Body-mapping facilitation guide (adapted from Solomon, 2002; Gastaldo, 2012)

<table>
<thead>
<tr>
<th></th>
<th>Trace your body in pencil in a position that says something about your experience as nursing student peer mentor onto a large sheet of paper (may have help of partner)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Highlight the body shape in dry paint (Sharpie dry paint pens, water based) or markers and add hand/footprints in acrylic paint to demonstrate their presence in the world.</td>
</tr>
<tr>
<td>3</td>
<td>Choose and draw symbols to represent where you are coming from and what your dreams are for the future as a student nurse/nurse.</td>
</tr>
<tr>
<td>4</td>
<td>Paint in your support: write the (nick)names of those who support you as a nursing student/peer mentor on the body-map.</td>
</tr>
<tr>
<td>5</td>
<td>Body scan – marking the power points: visualize the point(s) on your body that give you power as “nursing student peer mentor” then create personal symbols to represent them and draw them on or near the power points.</td>
</tr>
<tr>
<td>6</td>
<td>Create a personal symbol: draw a symbol on the power points on the map that represent how you feel about yourself and how you think of yourself in the world as nursing student peer mentor.</td>
</tr>
<tr>
<td>7</td>
<td>Draw a self-portrait: Draw a self-portrait on the face of your body tracing that represents how you are in the world as “nursing student peer mentor”</td>
</tr>
<tr>
<td>8</td>
<td>Creating a personal slogan: Create a personal slogan about your strengths as a “nursing student peer mentor.”</td>
</tr>
<tr>
<td>9</td>
<td>Marks on the skin: Draw on marks that you have on your skin (physical) and under the skin (physical or emotional) on the body-map to represent physical and emotional interaction with the world as “nursing student peer mentor”</td>
</tr>
<tr>
<td>10</td>
<td>Create a symbol to explain to others what being “nursing student peer mentor” means to you.</td>
</tr>
<tr>
<td>11</td>
<td>Public message: message to the general public about becoming a “nursing student peer mentor”</td>
</tr>
</tbody>
</table>
Add more drawings, symbols or colours to the rest of the body-map until you are satisfied that it (partially) represents you.

3.6.7 Body-map data: Exemplars

Participants described differences between what insights arose in the face-to-face interview and the body-mapping sessions. Several peer mentors shared impressions that this arts-based method evoked more connection among ideas, deeper reflection, and engagement of emotions.

*Exemplar 1:* Julia expressed an enhanced capability to make connections among ideas compared to the interview only:

> For example, the medal analogy, I just came up with that right now. Like if somebody asks me that [in an interview], I feel like I wouldn't necessarily have an answer or maybe I would have just said rewarding … left it at that. So, I think just being able to creatively draw it… helps you build more connections… I feel like it just gave me … a better outlet to make more connections that I probably wouldn't have made just sitting talking.

*Exemplar 2:* Summer shared her perception that body-mapping involved her emotions and increased clarity of her thinking:

> I think you asked something in the [face to face] interview about your body, think about what parts [and senses] might be involved. But for me, … drawing it out made it easier for me to understand my feelings about it, rather than talking. I actually felt like I was able to think about it a little bit more clearly.

*Exemplar 3:* Figure 2 offers an exemplar of a body-map created during the study, that is also used as an exemplar for the collaborative analysis process to be described later in the chapter.
Following Ellingson, Helen also paid attention to intercorporeal bodily interactions during body-mapping sessions. The sessions were videorecorded (for those consenting) and photos were taken to ‘show’ bodily relations among participants, the researcher, and with the body-maps. The researcher tried to remain open to participants corporeal needs. For example, partway through a 4-hour body-mapping session, participants stated that their bodies were achy from working on body-maps, and an impromptu yoga session emerged, with one participant as the leader and other participants and the researcher as yoga classmates. This spontaneous change in response to the bodies in attendance was an example of the how attention to intercorporeality was employed in space and time.

### 3.7 Embodied data analysis

The three theoretical tenets of embodiment, intersubjectivity and intercorporeality also informed the design of the analysis plan (available from the authors). The plan used an embodied approach to: a) identify emergent themes from the interview data (Finlay, 2009; Wright-St. Clair, 2015), b) engage Gendlin’s concept of “felt sense” to discern
meaning from the data, and c) draw on embodied processes developed by Mallin to analyze the visual data. The approach used an embodied perspective (Ellingson, 2006), to discern what ‘sprang forth’ (Merleau-Ponty, 2012) from the data. Parts a) and b) above are outlined in the ‘Embodied Hermeneutic Analysis of interview Data’ section, and c) is outlined in ‘Embodied Hermeneutic Analysis of Body-map Data’ section below.

To honor participants’ experiences, and to collaborate within an intersubjective, dialogic space, we invited participants to join with the original research team in the data analysis processes. To participate in this way, students needed to have completed the nursing research course offered in the second year of their program. To satisfy ethical considerations, participants only engaged in analysis of their own data, in collaboration with the primary researcher (HH). They did not view other participant’s interview transcripts or body-maps. The description from the ethics submission (and also in the letter of information, in adapted form) is as follows:

After completing (interview and body-mapping sessions), there is an added option of joining the research team as a co-researcher. This would involve participating in data analysis of the participant’s own responses to interviews and the body-mapping process. Participating … may also include the possibility of co-authoring some of the results of the study in a manuscript for submission to a peer-reviewed journal. Data from other students would not be revealed to the student-researchers—only the de-identified analyzed (italics added) data from other participants would be made available to student-researchers. For this level, participants must agree to reveal their identities for authorship of the manuscript/s but not to reveal which study data belong to them.

3.7.1 Embodied hermeneutic analysis of interview data

Following Wright-St Clair’s work (2015), we drew out stories that showed striking examples of the phenomena. In this process we moved between parts of key stories and insights, to the research transcripts in their entirety, and back again, as they illuminated and evoked the phenomena, ensuring the parts and the whole were mutually reflective of one another, following Gadamer’s and Heidegger’s notions of a hermeneutic circle (1996).

While transcripts were being prepared, Helen began initial data analysis using her memory of what participants had relayed to her during interviews. She incorporated
attention to the ‘felt sense’ of the initial meanings being brought forth in the interview data—the embodied interpretation achieved through Gendlin’s ‘focusing’ tends to contains more action words and more bodily feeling descriptors than may come to mind through cognitive thinking alone. Helen interwove Mallin’s ‘cognitive-linguistic’ and ‘motor-practical’ styles of interpretation by thinking about interviews while running on a treadmill and entering ideas that came to mind into her cellphone as she continued a brisk walking speed.

When the transcriptions were available, Helen read one transcript, then ’slept on it’ and developed a hand-drawn mind map in the morning. This was an example of ‘dwelling while sleeping’ or ‘embodied thinking’ during sleep; in her dissertation, Elizaveta Solomonova (2017) argued that “dreaming is an embodied process of sense-making in the dream world.” (iii). Although Helen did not have dreams that related specifically to the transcripts, it was Helen’s impression that some processing of the participants’ words occurred during sleep.

Early in the analysis, both authors met to start analysis of one transcript together, and to sketch out initial themes identified in the data. After mind maps were subsequently developed for several participants, an intersubjective analysis was carried out. Helen met with participants who accepted the invitation to analyze data and asked them to ‘mind map’ themes identified in their interview transcripts. In these face-to-face meetings manuscripts were read by researcher and participant co-researcher in the same space and time. Mind maps were compared, and areas of convergence and divergence noted. Four or five themes were drawn out of each mind map and themes were colour coded. Each person read the transcript a second time, highlighting specific passages that illuminated rich examples of the themes. If a passage was especially salient or powerful, a star was written in beside it in the margin. See Figure 3.
Not all participants volunteered to analyze data. In these cases, faculty team members were involved so that more than one person participated in analysis of each transcript. Elizabeth Anne engaged in this process for several transcripts to cross check for consistency and trustworthiness in the process. Subsequently, using themes from all mind maps, we used the program Quirkos to begin organizing the subthemes into groups. Helen paid attention to her ‘gut sense’ of themes that were being identified in the transcripts as she read each one in its entirety, and then read the parts of them that had been colour coded into initial tentative themes in Quirkos.

In moving back and forth between the parts and whole of each transcript, and between the varying ways that aspects of our bodies understood and made meaning of the participants’ words, we experienced what could be described as an *embodied* hermeneutic. According to Merleau-Ponty, the body brings forth understanding of situations from a multitude of sensations and perceptions through its own unity. He writes:
It is not me who touches, but rather my body. When I touch I do not conceive of a multiplicity...I can only effectively touch if the phenomenon encounters an echo in me ... The unity and the identity of the tactile phenomenon are not produced through a synthesis of recognition in the concept, they are established upon the unity and the identity of the body as a synergetic whole. (2012, 330).

Once this analysis process was completed for each transcript, an analysis of predominant themes across transcripts for peer mentors was undertaken. This involved a number of meetings and ongoing iterative dialogues among research team members, and mind mapping of consolidated thematic representations of the data as it related to the research questions, and the phenomena of a) teaching b) learning and c) relationships of peer mentorship.

3.7.2 Embodied hermeneutic analysis of body-map data

Ideas from scholars who draw on Merleau-Ponty’s work—particularly those of Mallin—were incorporated into the body-map data analysis plan. This included his unpublished work *The Body on my Mind: Body Hermeneutics* (2009). Mallin used an embodied phenomenological approach to interpret both art and life situations; he was especially interested in feminine/non-Eurocentric ways of seeing the world. He argued that “thinking based on ‘lines,’ or more bodily dimensions of existence... has at least as much importance as [thinking] based on ‘word’” (1996, 239). Mallin developed a ‘de-lineative’ hermeneutics, which he used to analyze works of art in an embodied manner.

When Mallin interpreted artworks, he included meanings gained from his ‘felt bodily sense’ of the work, along with detailed descriptions of the nature and directions of lines in the art (1996, 16). We used a similar process to analyze body-maps; researchers assumed the pose depicted in the body-map and focused on the ‘felt sense’ evoked. The directions of the lines of the body outline itself and other elements on the maps were described and interpreted.

Mallin describes his ‘body hermeneutic method’ based on five ‘regions’ of the body to interpret artwork or life situations: 1) cognitive-linguistic, 2) emotional-social, 3) perceptual, 4) motor-practical and 5) visceral (2009, 24-25). Paying attention to how different aspects of one’s body interprets phenomena resonated with the aims of our study. Although these ‘regions’ may sound somewhat reductionist, conceptualizing them
instead as different ‘manners’ or ‘styles’ of coming to understand the phenomenon provided a useful way to approach analysis of the body-maps. Mallin suggested that directing attention to the ‘regions’ may more willfully invite bodily meaning-making processes.

In light of these affordances, we incorporated Mallin’s body hermeneutic into our guide for analyzing body-maps and propose that it offers an original approach to embodied data analysis methods (see Table 4).

Table 4: Body-map data analysis guide: (Informed by works of Samuel Mallin)

<table>
<thead>
<tr>
<th>1. What meanings and lived experiences are revealed about peer mentorship through the images, symbols, drawings and stories that were developed during creation of this body-map?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus on several different (but overlapping) manners of meaning-making:</td>
</tr>
<tr>
<td>- cognitive-linguistic</td>
</tr>
<tr>
<td>- emotional-social</td>
</tr>
<tr>
<td>- perceptual</td>
</tr>
<tr>
<td>- motor-practical (psychomotor)</td>
</tr>
<tr>
<td>- visceral (“gut feeling”)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. What does this body-map suggest to you about:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- teaching</td>
</tr>
<tr>
<td>- learning</td>
</tr>
<tr>
<td>- relationships</td>
</tr>
<tr>
<td>- the environment of peer mentorship?</td>
</tr>
</tbody>
</table>

| 3. What other questions could this body-map answer? |

| 4. What does the composition of the various elements inside and outside of the body on the map suggest about the experience of peer mentorship? Speak to your responses to the colour choices of the map’s creator. |

| 5. What do you experience bodily as you assume the pose of the person depicted in the body-map? |

In addition, body-mapping data analysis was supplemented by previous approaches (Orchard, 2017). During the body-mapping sessions, each participant described their
reasons for choosing various symbols, colours and drawings, and these in-the-moment interpretations were given primary importance in the analysis. As the first ‘audience’ of the maps, the researchers observed and recorded their own responses to the maps. These observations were shared with participants during the collaborative analysis process. Through iterative dialogue, interpretations of both researchers and participants were included in the findings. All research team members were key in working toward a coherent interpretation and analysis of the visual and textual data set (per Guillemin and Drew, 2010). Examples of our collaborative interpretations are described in the next section.

3.7.3 Embodied data analysis with participant co-researchers

Given varying styles of analyzing visual data, we maintained a flexible approach to data analysis with participant co-researchers. Prior to meeting with the researchers, the following guidelines were emailed to the participants:

As you look at your body-map, try to imagine you are seeing it for the first time when you think about answering the questions. If you don’t want to do the parts of question 1 separately, you don’t have to. Just, however you want, describe what you see holistically. You can type your answers into the Word document or jot them down on a separate piece of paper to refer to during our meeting. Please let me know if you have questions.

When participants met with the researcher, they shared their interpretations first, followed by the researcher’s interpretations. Participants were then asked about resonance or disparity of interpretation.

Below are two illustrative quotes excerpted from a single body-map analysis Zoom meeting in which one of the participants and one of the researchers discussed embodied responses to the pose depicted in the body-map:

Participant/Co-Researcher James: Cognitively, my message to the public shows a rational analysis of mentorship regarding knowledge transmission, facilitating holism, and passing on wisdom. The green outline [of the body] shows consideration of nursing as a positive experience. Emotional-socially, the slogan [embrace your curiosity] and open hands show openness to interactions with others making it a nurturing setting. The warmth of the smile represents shared
kindness to facilitate growth. The body-map suggests that the experience is positive and a reciprocal mutually beneficial relationship between teacher and learning … and the bright flame beside the body implies the passion that is involved with peer mentorship in nursing. Perceptually, symbols of my peers, knowledge, professors, and the mentees, represents perception of interactions of the lab being a space of wholeness/ influence received and influence given, of mutual relations. The question mark symbol shows perceiving nursing as being a little bit mysterious (can’t quite define it) and perceiving the strength built through these interactions as a peer mentor. Motor-practically, the hands are red, implying sharing knowledge of nursing through hands on assessments. Viscerally, the drawing of the heart embodies physiological sense, muscles as strength, flame being a physical sense of warmth. When I assume this pose, I feel a sense of power and pride from standing in this position, and a sense of grounding to the earth, as providing a certain level of stability.

Researcher Helen: Cognitively, I notice the peer mentor in the body-map giving a direct gaze, suggesting eye contact and engagement with the viewer. Emotionally-socially, the open posture and smile and grounded feet give me a sense of being able to trust the peer mentor. Perceptually, I notice that vision is depicted as prominent among the senses. The sketches of the muscles reveal a possible role of kinesthesia/proprionception in the peer mentorship process, perhaps potential movements in response to mentees. The prominence of the hands suggests the sense of touch being important in the peer mentorship process. Motor-practically, the prominence of the muscles and hands speak to a dynamic sense of potential motion at any time and in any direction, perhaps depending on what the mentee needs. The hands appear ready to show or gesture to assist learning or growth. Viscerally, my gut sense is that I can trust this person. The hands appear strong and open to helping. The fire beside the mentor does intimidate me somewhat as I am an introvert and I fear having to match the level of passion of the peer mentor. When I am in this pose, I feel strong but open and inviting connection. Grounded.

When James was presented with Helen’s interpretation of his body-map, he indicated that all aspects resonated with him. He particularly liked the observation that he looked trustworthy and his depiction of his muscles seemed to evoke a proprioceptive awareness of how his muscles needed to move in response to his mentees. On occasion, a participant-coresearcher did not feel resonance with the way a researcher interpreted an aspect of their body-maps. In these cases, the interpretation of the participant was prioritized. For example, one participant had drawn pink wavy lines inside the lungs on her body-map. While Helen sensed movement, and the possibility of ‘breathing with’
mentees, the participant stated that movement was not her intended meaning – she was only trying to color in the lungs quickly.

### 3.8 Sharing findings with participants

Honouring a collaborative approach, the themes identified in analysis of one data set, were sent to participants by email, including the participants who declined to join the analysis team. Six of the seven themes were given a ‘phenomenological nod’ by the peer mentors. One participant and one faculty research team member did not resonate with the theme named ‘offering generous acceptance’—both of them preferred the theme name ‘offering trustworthy support.’ In keeping with our intersubjective hermeneutic approach, we accepted this plurality in interpretation in meaning; we did, however, move forward with the theme which generated greater consensus, while also including discussion about the different interpretations in the manuscript. We included the theme name that resonated with most participants plus a section on distinct interpretations in the resulting manuscript (Harrison et al, 2021).

### 3.9 Affordances, joys and challenges of using embodied hermeneutic phenomenology

There were many affordances of using an embodied hermeneutic phenomenological approach. We were able to commit to valuing embodiment, intersubjectivity and intercorporeality throughout the research process, providing a rich, embodied perspective. Inviting participants to join the study as co-researchers served to decrease a sense of hierarchy. In some ways, while studying peer mentorship among nursing students, Helen was acting as a ‘qualitative research mentor’ to the participant-researchers, while also being mentored, herself, by more experienced members of the research team. We were able to maintain a multidimensional perspective during all phases of the research. There were natural differences in style and approaches to analysis by different team members—however, many commonalities of themes and interpretations were identified by the multiple people engaged in the analysis. Since their experience was being investigated, we prioritized the participants’ interpretations.
Joys included ‘dwelling’ in the data and developing collegial ‘peer’ relationships with participants (especially those engaging in analyses). We experienced joy when participants replied by email confirming their interest to engage in data analysis, when they shared stories regarding their body-maps or reflected on the resonance of themes identified in the data. Also, participants shared their excitement about the research, which in turn nurtured research capacity in undergraduate students. The embodied nature of the investigation generated great richness of the data, which is different in quality from any other known research in the area of student peer mentorship, and which responded to the call for more embodied and relational research in higher education and professional education settings. (Perry and Medina, 2011).

Challenges included the intense study and time required to become fluent with Merleau-Pontys’ work and to distill elements of his work into the practice of phenomenology. The chosen study methods generated voluminous data from interviews, body-maps, and videos of body-mapping sessions. With over 70 hours of recorded data, the research team needed to make difficult decisions about how to distribute the data, stories and images for representation in different reports of the findings. Given the busy schedules of faculty and students, challenges with scheduling analysis meetings arose. In addition, we were cautious not to ‘over-interpret’ the visual data or make ‘leading’ suggestions in analysis with participants.

One pitfall that arose was the arrival of the COVID-19 pandemic, which led to the need for online meetings for collaborative body-map analysis. This decreased our ability to be in the same place and time as participants, but ironically increased people’s availability to meet; we adapted by using photographs of the body-maps to send to participants and holding meetings via Zoom to engage in dialogue about analyses of the maps.

3.10 Conclusion

Our aim in this chapter has been to conceptualize and articulate an embodied hermeneutic phenomenological methodology, and to show how such a design was fruitfully employed in research into peer mentorship. We hope the time invested in working through Merleau-Ponty’s thought, and how it could be applied in a practical way to hermeneutic
phenomenology, might be an important contribution to the conversation among qualitative researchers. In particular, we propose that the theoretical work of Merleau-Ponty, Gendlin and Mallin can advance a deeper level of engagement with embodied perceptions in phenomenological research, that may be useful to other researchers.

3.11 References


Gastaldo, D., Magalhaes, L., Carrasco, C., and Davy, C. (2012). *Body-map storytelling as research: methodological considerations for telling the stories of undocumented*
workers through body-mapping. Retrieved online May 1, 2019: https://migrationhealth.ca/sites/default/files/Body-map_storytelling_as_research_LQ.pdf


Chapter 4

4 Body-mapping to facilitate embodied reflection in professional education programs

4.1 Introduction

“I am not in front of my body, I am in my body, or rather I am my body.’

(Merleau-Ponty, 2012, p. 151)

_Burning eyes and aching jaw and furrowed brow and tired back,
Pushing through to write this down, to fight this down, to rite this down
Decades’ worth of being forced to write like this—to
Write it that way, phrase it this way, cite it that way.
Growing tired of all this non-sense, sleepy yawn-sense,
Much prefer to make my own sense, move then hone sense, coming-home sense

The above passage was taken directly from a paper on embodiment that I wrote as a graduate student. The professor who had assigned the paper conveyed an interest in allowing creativity in our writing, giving students freedom to explore alternate avenues of expression. I was intrigued and delighted with what sprang from my fingertips while writing that paper. Having taught nursing as a college professor for more than 12 years, I had returned to school to pursue a PhD. With an interest in embodied knowledge, I planned to investigate development of practical wisdom in professional education programs. I had observed that the character of student learning seemed different when their bodies were in motion, and I noticed that students who joined the ‘nursing dance team’ that I offered for several years seemed to have a certain ease in asking me

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3 This is an Author Accepted Manuscript of the following chapter: Harrison, H.F. (2021). Body-mapping to facilitate embodied reflection in professional education programs. In Loftus, S. and Kinsella, EA. (Eds). Embodiment and Professional Education: Body, Practice, Pedagogy. Springer Nature. DOI: 10.1007/978-981-16-4827-4_8. Users may only view, print, copy, download and text- and data- mine the content for the purposes of academic research. The content may not be (re)published verbatim in whole or in part or used for commercial purposes. Users must ensure that the author’s moral rights as well as any third parties’ rights to the content or parts of the content are not compromised.
questions related to nursing. My thoughts turned to the students in the program in which I taught, and faculty attempts to welcome creativity, and to share power with them in learning activities. Despite our best efforts, we had students who seemed fatigued, discouraged, frustrated with the intensity of the program, or who showed signs of distress such as fainting during skills labs. Although my colleagues and I strove for a supportive learning environment, our students were showing signs of distress in embodied ways. Additionally, not all students seemed comfortable developing practitioner-client relationships.

To explore the ways that my own teaching style may have shaped some of the students’ embodied responses, I was motivated to reflect on myself as an embodied teacher. My aim was to use what I learned through self-reflection to inform my pedagogy and practice as a nursing professor. After reading about embodied reflection, studying Maurice Merleau-Ponty’s ideas of embodiment, and exploring body-mapping as a research method (Solomon, 2002; Gastaldo, 2012; de Jager, 2016), I wondered if body-mapping, sometimes referred to as ‘body-map storytelling’ due to its narrative component, might be a way to access more embodied forms of knowledge. To explore this possibility, I engaged in a body-mapping process; the results are described in this chapter. Undergoing the body-mapping process provided personal first-hand experience with the affordances of this approach, that can be related to several aspects of cognitive and embodied reflection in a higher education context.

The questions framing this chapter are 1) What might embodied reflection look/sound/feel like in professional education? and 2) What affordances could body-maps offer as a pedagogical tool for nurturing embodied reflection in professional education programs? First, a short overview of Donald Schön’s (1983, 1987) and Elizabeth Anne Kinsella’s (2007, 2009, 2012) work on reflective practice, with a particular focus on embodied reflection, is discussed. Next, I provide a brief synopsis of body-mapping as method and consider the ways in which it is consistent with Merleau-Ponty’s concept of embodiment. I discuss the findings of several researchers who suggest body-mapping may be used as an effective approach to encourage embodied reflection in research participants. Following this, I describe my experience of developing two body-maps in a
process that I refer to as “auto/body-mapping.” I describe the process and affordances of creating two body-maps based on my experiences as a learner and as an educator. I suggest some processes that may further foster embodied reflection during body-mapping experiences, and I outline how my conceptions of pedagogy have been transformed as a result.

4.2 Embodied reflective practice

Engaging in reflective practice has become well established in professional education practice over the last 30 years (Kinsella 2007, 2009, 2012). Schön (1983) advanced the idea that practitioners need to take time to reflect in and on practice to improve their capabilities. Argyris & Schön (1992) state that “all human beings—not only professional practitioners—need to become competent in taking action and simultaneously reflecting on this action to learn from it” (p. 4). Schön (1983) made a strong argument for not depending solely on the tenets of technical rationality to guide professional practice, and he encouraged inclusion of often tacit, embodied professional knowledge developed in what he calls the “messy, indeterminate zones of practice.” He invited us to “search … for an epistemology of practice in the artistic, intuitive processes which some practitioners do bring to situations of uncertainty, instability, uniqueness and value conflict” (1983, p. 49). Drawing on Michael Polanyi and Gilbert Ryle, he proposes that “intelligent action” reveals a type of knowing, which he names “knowing-in-action.” Schön defines reflection as “A dialogue of thinking and doing through which I become more skillful.” (1987, p31). He suggests that making our tacit knowledge partially explicit by observing and reflecting on actions may be helpful in shaping our future actions (1987).

Elizabeth Anne Kinsella studied Schön’s work and built upon his ideas (Kinsella, 2007, 2009, 2012). She describes intentional reflection as involving “cognitive thought, individual meaning-making, connecting to ‘other’ through thought, examined action and summarized by “knowing that.”” (2012, p. 36). This is the classic type of reflection with which most teaching and other professionals in North America are likely familiar. Although Kinsella (2012) admits that Schön does not explicitly discuss embodied
reflection, she contends that this aspect of reflection is implicit in his work and attempts to make this link explicit. For Kinsella, embodied reflection involves action in a contextual world, “doing,” reflecting in- and on-action, embodied connection to ‘other’ through action, intelligent action and summarized by “knowing how” (2012, p. 35, 41). Schön (1983) reminds us that “although we sometimes think before acting, it is also true that in much of the spontaneous behavior of … practice we reveal a kind of knowing which does not stem from a prior intellectual operation” (p. 51). Following the work of Schön, Argyris and Kinsella, embodied reflection among students of the professions may involve noticing ‘intelligent actions of the body’ while students engage with others encountered during professional work, perhaps during interactions with clients. After considering these ideas, I became motivated to investigate ways to recognize intelligent bodily action and to encourage embodied reflection in myself, my colleagues and the students we have the privilege of guiding in our programs.

4.3 Merleau-Ponty’s reflection

French philosopher Maurice Merleau-Ponty’s (2012) work with developing phenomenology as a philosophy can help us to understand what the role of the body in reflection might be. He argues that, “My body is the … very actuality of the phenomenon of expression … (it) is the common texture of all objects and is, at least with regard to the perceived world, the general instrument of my ‘understanding’” (Merleau-Ponty, 2012, p. 244). He theorizes that knowledge which is ‘latent’ in the body is brought to recognition through our embodied being-in-the-world through the ‘unity’ of the body; he considers perception to be ‘intentional’ instead of originating solely from a series of neurological impulses—perception results from the way our bodies are ‘open to the world’ and to the situations in which we find ourselves (Harrison et al, 2019).

As a philosopher, Merleau-Ponty writes about reflection in a phenomenological, ‘lived’ manner, proposing: “what is given is not a massive and opaque world, or a universe of … thought; it is a reflection which turns back over the density of the world in order to clarify it, but which, coming second, reflects back only its own light … we will miss that relationship—which we shall call here the openness upon the world—the
moment that the reflective effort tries to capture it” (1968, pp. 35-36). Merleau-Ponty cautions that reflection cannot take us back to an original experience, as the process of reflection changes it. He thus calls for a “hyper-reflection” that “takes itself and the changes it introduces … into account” thereby “not losing sight of the brute [original] perception … it must use words not according to their pre-established signification, but in order to state this pre-logical bond … it must make it say, finally, in its silence what it means to say” (1968, pp. 38-39). This idea of not using the common meanings of words to describe what has been reflected on seems to call for ‘other-than-common-language’ ways of expressing meaning – perhaps through using established words in new ways (e.g., poetry), creating new words or expressions, or through embodied methods such as the arts (e.g., music or painting). Following Merleau-Ponty’s thought, reflection by professionals may involve engagement in embodied arts-based creations—a departure from the formal prose-based reflections often elicited from students of the professions by their professors.

### 4.4 Body-mapping foregrounds bodily knowing

The body can refer to the physical ‘object body’ which is materially present in the world along with other objects, or it can refer to the ‘lived body’ described by Merleau-Ponty in the quote in the introduction (2012). Educators of professionals are encouraged to be concerned with body ‘as lived’ to provide person-centred service; students of the professions need to learn self-knowledge as well as knowledge of their clients’ experiences to provide excellent care (Schwind et al, 2014) and service. Teachers practising in all levels of education and across disciplines have been challenged to attend to their students’ embodied selves to engage them in the learning process (Perry & Medina, 2011, Loftus, 2015; Nguyen & Larson, 2015). Accessing the ‘lived body’ may be facilitated using body-map storytelling (McCorquodale & DeLuca, 2020), in which a literal map of the lived body is produced. Body-mapping, which has been used for therapeutic, research, advocacy and education purposes, involves the creation of a life-size map of the body filled with images and symbols:

… using drawing, painting or other art-based techniques to visually represent aspects of people’s lives, their bodies and the world they live in. Body-mapping
is a way of telling stories, much like totems that contain symbols with different meanings, but whose significance can only be understood in relation to the creator’s overall story and experience (Gastaldo et al., 2012, p. 5).

Consistent with Merleau-Ponty’s phenomenology, body-mapping provides a central expressive space for the body, encouraging participants to “engage in a conversation about experience and perceptions as lived in an embodied manner, rather than in a temporal or spatial way” (Gastaldo et al., 2012, p. 11). The history of body-mapping in its current form, originating in South Africa, has been elaborated elsewhere (Solomon, 2002; McCorquodale & DeLuca, 2020). While the entire process of body-mapping engages an embodied approach, two of the steps originally described by Solomon et al. (2002) may align particularly well with engagement in embodied reflection. In one of these steps, the person creating the body-map is invited to create “marks under the skin,” which involves “visualization to find and identify [emotions] that may be stored beneath the skin” (p. 39). The other step asks the person to engage in “body scanning—marking the power point,” which involves “visualization to locate your place of personal power in the body” (p. 27). These activities focus on embodied knowing.

### 4.5 Body-mapping and reflection

Scholars using body-mapping as a research method have noticed that it may enhance participant reflection. de Jager et al. (2016) undertook a systematic review of body-mapping which they called “embodied ways of storying the self”. The articles of this review met the inclusion criteria of 1) life size body-maps were created, and 2) meaning-making occurred in collaboration with participants. The review identified various uses of body-mapping in research, therapeutic and educational contexts. To explore to what extent body-mapping may have encouraged various types of reflection, I accessed several of the reviewed articles whose titles linked to my interest in embodied reflection. I also looked under the subsections (themes) of the systematic review that included the word “embodied experience” “embodied awareness” “reflections” “benefit of body-mapping” and undertook my own search for evidence of embodied reflection in the articles. There
were several studies cited that exemplified embodied reflection—two of these were especially salient (Griffin, 2014; Tarr & Thomas, 2011).

Griffin (2014) investigated how student teachers felt their past experiences with music may impact their identity as teachers of music in their future elementary school programs. She found body-mapping, with harp music playing in the background, helped to “jog” participants’ memories of past and present experiences with music. Participants expressed that the process of body-mapping allowed deeper thinking, more authenticity, and led to remembering more instances of music experience and better ability to imagine themselves as future music teachers than if they had not used this method. Some of them suggested that drawing images helped them to portray ideas they were unable to describe with words only.

Tarr and Thomas (2011) used computer-generated three-dimensional body-maps to analyse how dancers distinguish between pain and injury and the consequences these have for their careers and for their bodies. They found some interesting phenomena as their participants used a computer program to mark areas of pain and injury on computer-generated digital body-maps. They state, “two dancers commented that they could feel the pain ‘while they were drawing it’, an example of strong identification with the image, which brought their attention to the area of the body they were marking.” (p. 149).

Polkinghorne (2004) suggests that “embodied reasoning” may involve remembering not only events themselves, but whole sensory experiences of when they happened for the first time. There were cases when marking on their body-map helped Tarr and Thomas’ participants to remember pain and injury that had not immediately come to their minds when initially verbally asked about present and past pain:

…among some participants, their body-maps became a tool not only for bringing past pains and injuries to conscious awareness but also for thinking about the relationships and patterns evidenced on the map. For these dancers, a kind of self-reflective awareness emerged which required consideration not only of the history of their bodies but also of their futures (p. 149).
4.6 Auto/body-mapping process and experience

To begin what I refer to as ‘auto/body-mapping’, I followed the methods for body-mapping outlined by Solomon (2002) and Gastaldo et al. (2012), and I developed some questions to ask myself (thus the label ‘auto/body-mapping’) (see Table 5). By adapting the questions posed by these body-map scholars, I was able to guide myself to create body-maps of ‘self as teacher’ and ‘self as learner.’ Initially, I started with only a ‘teacher’ body-map, however as the process unfolded, I realized that I needed to also inquire into myself as a learner in order to allow for a more relational approach. The interactions and connections between the two pieces provided deep learning for me, as I became aware of how the characteristics of the two maps continue to shape each other in the present moment.

Table 5: Guiding prompts for “learner” “teacher” reflective auto body-maps

(Adapted from Gastaldo et al., 2012 and Solomon, 2002)

<table>
<thead>
<tr>
<th></th>
<th>Trace your body in pencil in a position that says something about your experience as ‘learner’ and ‘teacher’ onto two large sheets of paper (with help of partner).</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Highlight the body shapes in dry paint (Sharpie™ dry paint pens, water based) or markers and add hand/footprints in acrylic paint to demonstrate their presence in the world.</td>
</tr>
<tr>
<td>3</td>
<td>Choose and draw symbols to represent where you are coming from and what your dreams are for the future as a ‘learner’ and ‘teacher.’</td>
</tr>
<tr>
<td>4</td>
<td>Painting in your support: write the (nick)names or symbols of those who support you as a ‘learner’ and ‘teacher’ on the body-maps.</td>
</tr>
<tr>
<td>5</td>
<td>Body scanning – marking the powerful points: visualize the point(s) on your body that give you power as ‘learner’ and ‘teacher’ then create personal symbols to represent them and draw them on or near the powerful points.</td>
</tr>
</tbody>
</table>
For each map, I traced my body in a position or pose that said something about my life in those roles onto large sheets of paper, with the help of my life partner. When deciding about which poses to draw, I strove to calm my active cognitive mind to allow my body to move into relevant poses. As a teacher, I felt confident, and stood up tall with my hands stretched out to my sides, wrists exposed, in a welcoming yet vulnerable pose. As a learner, I felt the need to protect myself from potential critique—my gaze became

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<td>6</td>
<td>Creating a personal symbol: draw a symbol on the power points on the maps that represent how you feel about yourself and how you think of yourself in the world as ‘learner’ and ‘teacher.’</td>
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<td>7</td>
<td>Drawing a self-portrait: Draw a self-portrait on the face of your body tracings that represents how you are in the world as a ‘learner’ and ‘teacher.’</td>
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<td>8</td>
<td>Creating a personal slogan: Create a personal slogan about your strengths as a ‘learner’ and ‘teacher.’</td>
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<td>9</td>
<td>Marks on the skin: Draw on marks that you have on your skin (physical) and under the skin (physical or emotional) on the body-maps to represent physical and emotional interaction with the world as a ‘learner’ and ‘teacher.’</td>
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<td>10</td>
<td>Create a symbol to explain to others what being a ‘learner’ and ‘teacher’ means to you.</td>
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<td>11</td>
<td>Public message: message to the general public about becoming a ‘learner’ and ‘teacher.’</td>
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<td>12</td>
<td>Add more drawings, symbols or colours to the rest of the body-maps until you are satisfied that it (partially) represents you.</td>
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directed downwards, and my arms crossed my chest to create a self-protective pose. Merleau-Ponty wrote about bodily gestures as synonymous with thought: “It was always observed that the gesture or speech transfigure the body … It was not seen that, in order to be able to express these, the body must ultimately become the thought or the intention that it signifies to us (italics added). It is the body that shows, that speaks.” (Merleau-Ponty, 2012, p. 203). Purposefully attending to the way in which my body naturally assumed a pose while focusing on the roles of teacher and learner exemplifies embodied ‘thinking.’ While, traditionally, body-map outlines are created while the person is lying on a sheet of paper, I followed my gut instinct to stand against a wall while my partner made the life-sized outlines of the poses. I had a greater sense of agency while standing up than I would have had lying down.

I highlighted the pencilled-in body shapes with dry paint markers and added hand- and footprints with acrylic paint to “demonstrate my presence in the world” (Solomon, 2002). I added marks on my skin which are physically present on my body such as freckles and tattoos. More difficult was drawing in the marks under my skin; these represent the emotional markings within my body. While I was highlighting my body shape and thinking about the marks that I would be adding underneath my skin for the learner body-map, I suddenly noticed a nauseated feeling in my abdomen. This struck me as something that my body was trying to communicate to me—some tacit knowledge that was becoming revealed to my awareness. Creating this sensation internally may have represented an “intelligent action” on the part of my body (Schön, 1983). While I was focusing my conscious attention on drawing around the outline of my paper ‘learner body’, my actual body seemed to be problematizing an aspect of my prior experience as a learner. I determined that to express this problem defined by my body, I needed to draw an image of my intestines tightening up in some way, and I settled on my intestines being drawn in knots on the learner body-map (see Figure 4). In my opinion, creating this symbol exemplifies Merleau-Ponty’s suggestion not to express perception during hyper-reflection with the common signification of words (1968, pp. 38-39).
While intentionally cognitively reflecting on this situation later, I realized the queasy feeling happened while I was engaged in painting on the body-map with dry paint—an arts-based activity. Images of a long-past experience, as a child, during an art class entered my awareness. The art teacher had misinterpreted my yawn as representing boredom with the story he was telling about the death of his colleague. The yawn was more a symptom of the sleep deprivation I was experiencing at the time; however, I was not allowed a chance to explain. This situation caused me great distress, but I refused to allow my mother to confront the teacher at the time. After that incident, my marks in art class dropped to a failing grade, despite my sustained efforts to do well in the class. Reflecting on this, I determined the source of the visceral discomfort to be this unsatisfactory, unfair situation with the former art teacher. This experience in my formative years had the effect of dampening some of my creative urges and became a significant disappointment in my life. While painting on the body-map, I believe I engaged in a phenomenological type of embodied reflection; Merleau-Ponty writes:

Reflection does not withdraw from the world toward the unity of consciousness as the foundation of the world; rather, it steps back in order to see transcendences spring forth and it loosens the intentional threads that connect us to the world in order to make them appear … it reveals the world as strange and paradoxical” (2012, p. lxxvii).
In “loosening the intentional threads” of cognition while engaging bodily in drawing on my body-map, I experienced strange and paradoxical sensations within my body. Attending to those sensations led me to question the assumptions about my art ability that had become incorporated into my body-self, thus transforming my self-perception. For Merleau-Ponty, “Reflection is only truly reflection if it does not carry itself outside of itself, if it knows itself as reflection-upon-an-unreflected, and consequently as a change in the structure of our existence” (2012, p. 63).

The appearance (or “dys-appearance” per Leder, 1990) of the queasy feeling in my gut as I drew the outline of the learner gave me the idea to use Eugene Gendlin’s (1962, 2008) method of focusing while deciding what marks to make under my skin for the teacher body-map. ‘Focusing’ is a process for helping one’s mind listen to the wisdom of one’s body (See Gendlin 2008 for an elaboration). Briefly, the participant clears their mind and allows the ‘felt sense’ of an issue from the body to make itself known. The participant then attempts to find a word or image that describes the felt sense and goes back and forth between the feeling and signifier until the most resonant word or image is found. This exercise was fruitful for me; my cheeks stretched into a smile and I became aware of my heart beating as I thought of learning with nursing students. The marks under my skin then became flushed cheeks and a big heart in the center of my chest (see Figure 1 in Chapter 3).

The body-mapping process outlined in Table 1 continued, as I completed the next few steps. I engaged in what Solomon (2002) calls a “body scan” to determine my points of strength as a learner and as a teacher. This process could be interpreted as directing attention interiorly, from head to toe, to notice sensations and initial interpretations, while thinking of where power is held within one’s body. I created personal symbols to represent these strengths or, in Solomon’s (2002) terms, “power points” and drew them near those locations on the body-maps, an activity that engaged both embodied and intentional cognitive reflection.

For each body-map I drew a self-portrait, which involves reflection as one has an idea of the way one looks that may not be accurate (Solomon, 2002). I needed to be
purposefully focused on what I saw in a photo or mirror of my face that represents how I am in the world as a learner and as a teacher. This was a time-consuming process, and the resulting drawings may represent a more youthful-looking self than what I saw in the self-photo. Perhaps the youthful appearance of the self-portrait pointed to the way I am, in Merleau-Ponty’s words, “open to the world,” in contrast to the actual lines and colours that another person may have found in the photos. Again, I felt the influence of my bodily knowledge during the physical process of making my self-portrait. My hand was starting to ache from holding the pencil crayons so tightly. I then became aware of significant muscular tension in my neck and upper back—likely tension from long-standing decreased confidence in my ability to draw. Once my awareness was focused on this uncomfortable tension, I noticed a bodily sense that my muscles needed to “just relax” to facilitate drawing. Simultaneously, my muscles did start to relax and my cognitive, filtering brain stepped out of the way and allowed my body-self to draw more freely, with less self-judgment and monitoring. The results exceeded my expectations of producing a self-portrait that somewhat resembled my actual face.

During this reflecting-in-action, I was able to get a “feel” for creating a self-portrait using the materials at hand. Instead of precisely drawing each line, I ‘let it flow’, and explored different hand motions with the pencils (e.g., circular). This is reminiscent of the reflection-in-action of the musicians and pitchers Schön wrote about who gain a “feel for music”, or the ball (1983, p. 55). One of Griffin’s (2014) participants stated “I had to … let my guard down for my illustrations… I find visual art difficult and so I was a little self-conscious about what it might look like”; another stated “It’s all in me, it’s just buried. I have to find it again”; and a third said “I dug a little deeper and then I was able to get a little more of raw me in my response” (p. 11). Perhaps embodied reflection can be made explicit not only through observing behaviour, but also through intentionally accessing embodied knowledge through preferentially attuning to the senses (both internal and external) and bodily actions while engaging in an activity. I suggest this could potentially result in a type of ‘intentional embodied reflection.’

Following the process guided by Solomon (2002) and Gastaldo et al (2012), in the next step I created personal slogans about my strengths in each role. Along the side of
each body-map I wrote in a message to the general public about ways to nurture becoming a learner and about my invitation as a teacher for us “to become learners – teachers all together.” Messages are representations of thought processes; distilling many thoughts into a single message felt like intentional cognitive reflection. Deciding on the most appropriate phrases did, however, involve a sort of ‘gut sense’ (Barnacle, 2009). I continued to add visual and textual symbols and images to the body-maps until I was satisfied that they were representations of myself as teacher and learner, partial though they may be.

4.7 Transformed embodied pedagogy

I have found many benefits of engaging in auto/body-mapping. This process allowed me to access experiences and embodied knowing that I was not immediately aware of in my day-to-day life. The body-maps intertwined in unexpected ways—while I have concurrently held the role of ‘learner’ and ‘teacher’ at several times in my life, it wasn’t until I created and reflected on the two body-maps side by side (see Figure 5) that I was able to appreciate the full range of my embodied responses in both roles. By foregrounding my experiences and embodied responses to ‘being a learner,’ I became more aware of the self-protective posture I assume related to academic work, despite having past success in academic pursuits. By engaging in this process, my ideas about curriculum are evolving in new directions: I have a stronger sense of my own positionality as a teacher, a greater awareness of the importance of sharing power with students, and increased recognition of the need to attend to teachers’ and students’ bodies in the teaching-learning process.
Figure 5: Author with “Self-as-learner” and “Self-as-teacher” body-maps

Viewing and experiencing the body-map of myself as learner shaped my perceptions of myself as teacher. The difference in power between the two became more apparent—even though I am the same person, I do experience power differently in the two roles. As teacher, I have considerable power to shape learning activities, assessments, and marks. As a student—even as a mature student—I feel somewhat at the mercy of the professor regarding all three of these. In this process, I engaged with one of the maps as being a ‘sketch of self’ and the other map being a ‘sketch of other.’ In following Merleau-Ponty’s suggestion to “loosen intentional threads” by disengaging from one of the aspects of myself while identifying with a second aspect, I experienced a shift in perspective. When I perceived the ‘teacher’ as ‘other,’ my learner-self felt somewhat threatened by the open-arms approach towards me and the bright colours of the teacher, friendly though she appeared. When I perceived the ‘learner’ as ‘other,’ I felt compassion towards the learner with whom I was attempting to engage. Now, when I consider my role as an educator, I perceive heightened levels of empathy within myself towards my students.
Before engaging in this process, I may have had erroneous preunderstandings about my ‘clients’—nursing students—whom I assumed would be confident regarding their success in a professional education program since the admission requirements were so high. Afterwards, I see that, even assuming an intentionally inviting yet confident posture as an educator, I still may not be interacting with students in an optimal way. Attempting to show my own vulnerability with open arms may not be enough to assist my students to open up to the world of nursing education and practice. Regardless of past success with learning, my students may also perceive a need for self-protection, and I may need to be more mindful of my approach to help nurture confidence in my students. Discussing the processes and personal meanings in my body-maps with my colleagues allowed me to engage in dialogue with people outside of myself. Fielding questions and hearing suggested insights from my peers brought a socially and historically situated element to the body-maps.

My intentions as a teacher have not changed; I continue to intentionally engage students in the learning process by sharing power. My approach to sharing power, however, has changed. I am making efforts to bridle my assumptions that nursing students enter the learning process from a position of confidence. I have made plans to invite students in all levels of the program to provide more input into learning activities. In this time of the COVID-19 pandemic, my colleagues and I have invited a group of second-year student volunteers to join us as ‘online peer mentors’ for the incoming first-year students. I will be meeting online biweekly with the peer mentors to ask for their perceptions of how the first-year students are doing with their transition to higher education in general, and to the nursing program specifically. This will include a focus on incoming students’ embodied responses to this major transition, and ways in which online learning may be affecting them bodily.

Along with this change in perspective and approach, I plan to incorporate body-mapping into the nursing education curriculum as a pedagogical tool to encourage embodied reflection. I will invite nursing students to create body-maps of themselves, both as health-care professional and in the role of client, drawing on previous experiences as a client or imagined experiences as a client. The aim is to nurture a deeper appreciation of
the embodied experience of being a client with greater understanding of their needs and perspectives. Simultaneously, the students may gain a deeper embodied understanding of “knowing how” to engage with their clients in a mutually beneficial way. In our new world of online learning, it may be less realistic to produce life-sized body-maps. Creating maps of a smaller size (8.5x11” or 8.5 x 14”) , as advocated by Solomon (2002) in a “workbook” approach, may allow opportunities to engage in body-mapping in an online environment, several times over the course of the professional education program. Body-mapping could become a reflective pedagogical tool for increasing embodied awareness. I suspect that becoming attuned to sensations of the body while “doing” this arts-based activity may deepen the understanding of practitioner-client interactions. I will also invite fellow professors to engage in this activity.

4.8 Conclusion

Embodied reflection within professional education settings may involve reflection in- and on-action, intelligent action, considering aspects of self as ‘the other,’ being open to embodied perspectives of clients, and intentional focus on bodily knowledge through the senses during professional interactions. Expression of embodied reflection includes modes that may be other-than formal prose such as through poetry, drawings, and music composition. Body-mapping can be used as a method to nurture embodied reflection by attending to sensations and embodied responses arising from focusing on embodied emotions and knowledge during an arts-based activity. This process can be used as a pedagogical tool to assist educators and students of the professions to be open to deeper appreciation of the embodied experience of being a client of their profession. I invite colleagues to consider auto/body-mapping as a means of embodied reflection on their positionalities as teachers and learners, and as a pedagogical approach that invites embodied reflection with students in professional education programs.

4.9 References


Chapter 5

“We know what they’re struggling with”: Student peer mentors’ embodied perceptions of teaching in a health professional education mentorship program

5.1 Introduction

Student-peer mentorship has potential for advancing the educational preparation of professional students (Andersen & Watkins, 2018). Student-peer mentors (SPMs) are students within the same program who help other students to develop professional capabilities over at least one academic term (McKenna & Williams, 2017, CNA, 2004). Researchers have raised concerns, however, that current approaches to peer mentorship are inconsistent, and that further research into lived experiences of peer mentors (Collings et al., 2015) and how best to support SPMs within post-secondary programs (Rohatinsky et al., 2017) are necessary. The embodied and relational perspectives of learning and teaching in higher education and practice also need more attention (O’Loughlin, 2006; Barnacle, 2009; Perry & Medina, 2011; Draper, 2014; DeLuca et al., 2015; Kinsella, 2015; Loftus, 2015; Marchetti et al, 2016; Wang & Zheng, 2018). Draper (2014) in particular has argued for further research into embodiment as it relates to the experiences of both clients and practitioners.

The outcomes of peer mentorship and “peer tutoring” in higher education and nursing have been described, including improved academic grades (Joseph, 2009, Bryer, 2012; Robinson & Niemer, 2010), greater sense of support and belonging (Glass and Walter, 2000; Cornelius et al., 2016; Lombardo et al., 2017), decreased anxiety (Demir et al., 2014; Kachaturoff et al., 2019), enhanced interpersonal communication abilities (Miles et al., 2014), and success in skills labs (Iwasiw and Goldenberg, 1993). Fewer studies have investigated the benefits to peer mentors, although recent studies have

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4 This is a preprint of a submitted manuscript that has not undergone peer review or any post-submission improvements or corrections. The Version of Record of this article is published in Advances in Health Sciences Education, and is available online at https://doi.org/10.1007/s10459-021-10072-9
suggested benefits such as increased confidence (Gilmour et al., 2007), growth in leadership skills (Miles et al., 2014; Andersen & Watkins, 2018), enhanced interpersonal communications (Loke & Chow, 2007; Brannagan, 2013; Smith et al., 2015), improvements in critical thinking abilities (Loke & Chow, 2007; Andersen & Watkins, 2018), personal satisfaction (Blowers et al., 2003; Smith et al., 2015) and development of abilities as educators (Andersen & Watkins, 2018; Rosenau et al., 2015; Ramm et al., 2015). We found little literature on student peer mentors’ experience of teaching within peer mentorship programs, and none that addressed embodied perceptions of teaching by peer mentors in higher education.

5.2 Objectives

Our aim in this study was to contribute to knowledge about the cognitive and embodied experiences of peer mentorship by students in a health professions education context. Our research question was: What are student peer mentors’ cognitive/embodied perceptions of teaching during peer mentorship within a health professions education program?

5.3 Theoretical framework

We drew on phenomenologist Maurice Merleau-Ponty’s (1962, 2012) theories of embodiment, intersubjectivity and intercorporeality. Merleau-Ponty argued that all perceived knowledge comes about through the lived body; he wrote, “My body is the … very actuality of the phenomenon of expression…(it) is the common texture of all objects and is, at least with regard to the perceived world, the general instrument of my ‘understanding’” (2012, p. 244). He suggested that the social world is “a permanent …dimension of existence” (p. 379), and his focus on intersubjectivity highlighted the meaning-making that occurs between two people as they engage in dialogue. He proposed “In the experience of dialogue, a common ground is constituted between me and another; my thought and his form a single fabric … our perspectives slip into each other, we coexist through a single world” (Merleau-Ponty, 2012, p. 370). An aspect of intersubjectivity which may have particular relevance to health professional education is “the role of embodied interactions between the self and the other in the process of social understanding” (Tanaka, 2015, p. 455). We therefore also explored bodily perception
(embodiment, intersubjectivity, intercorporeality,) in advancing understanding (Harrison et al., 2019).

5.4 Methodology

We adopted an embodied hermeneutic phenomenological design, which integrates a body-hermeneutic perspective with phenomenological methodology to foreground bodily ways of knowing. Consistent with this perspective, we collected accounts of participants’ perceptions of peer mentorship. To minimise the delay between experience and recall, we encouraged the most immediate participant descriptions we could by actively encouraging embodied responses to experience (Kinsella, 2012).

Hermeneutic phenomenologists explore first-hand experiences of phenomena in ways that are interpretive, dialogic and reflexive (Crotty, 1998; Dowling, 2007; Kinsella, 2006; Kinsella & Bidinosti, 2015) and involve studying meaning and relationships in context (Gadamer, 1960/1975; Trede & Loftus, 2010). There are also personal and historical aspects to hermeneutic processes, and in this study, nursing and the education of nurses formed an important context. The primary researcher was socialized in traditions of nursing whereas the participants were relative newcomers and from a different generation.

The constructs of embodiment, intersubjectivity and intercorporeality, as described above, informed our research questions, the design of the interview guide, how we interacted with participants, the use of body-maps as a method, the design of our analyses, our researcher reflexivity, and the use of field notes throughout the study.

The research team engaged in critical reflexivity throughout the study, (Laverty, 2003, p 28) making as explicit as possible the ways in which our pre-understandings related to the research. The primary researcher recorded a “pre-understanding” self-interview and undertook a “self-body-mapping process” to explore her taken-for-granted assumptions. All research team members engaged in ongoing dialogic reflexivity through in-depth discussions about the research as it unfolded.
5.5 Methods

The research context was a baccalaureate nursing program in a university-college collaboration in Ontario, Canada which had 128 students per site per year. The peer-mentorship program involved second-year nursing students acting as peer mentors for first-year students in the skills laboratory of a health assessment course. Faculty members, second year SPMs, and first year nursing students attended a weekly 2-hour laboratory session for 12 weeks in both the fall and winter terms. Peer mentors were assigned to one of four course sections of students in the skills lab and chose 5-6 sessions with their designated group of mentees per term. At the beginning of the academic year, faculty and previous peer mentors provided a 2-hour orientation session for new peer mentors; mentors learned about expectations for the role such as providing feedback to mentees, enacting role-play scenarios portraying client assessments, and coaching mentees through practice assessments. Peer mentors applied for these volunteer positions and received co-curricular credit on their transcripts for ten or more hours per term as “STARS” – Student Teaching Assistants, Resources and Supports. All peer mentors had been mentees in the previous year.

Ethics approval for the study was obtained from both partners in the collaborative nursing program, the university Research Ethics Board and the college Research Ethics Board, prior to commencement. Purposive sampling was used to recruit 10 peer mentors, in one health professions educational setting, to participate in interviews and body-mapping. Participants were recruited ‘at arm’s length’ by a different faculty member (not familiar to the students) who discussed the study at the end of a class, and through recruitment posters posted online and in the college.

Data were collected through semi-structured interviews and body-mapping sessions (Solomon, 2002; Gastaldo et al., 2012). A semi-structured interview guide was designed to elicit cognitive and embodied responses, drawing on concepts of embodiment, intersubjectivity and intercorporeality. The guide was developed through an iterative process of attending to the research questions, considering theories of
embodiment, dialogue amongst the research team, pilot testing and refinement. The interview guide is included in the Appendix.

Body-mapping has been used as a research method in many different contexts. (Solomon, 2002; Orchard, 2017; McCorquodale & DeLuca, 2020) and it elicits embodied forms of knowledge (de Jager et al., 2016) through drawing guided visual representations of bodily responses that foreground the role of the body in creating meaning (Gastaldo et al., 2012; 2018). Participants were asked to “Trace your body in a position that says something about your experience as peer mentor on a large piece of paper,” “Visualize the points on your body that give you power as a peer mentor and create personal symbols to represent them on the body map” and “Create a symbol to explain to others what being a peer mentor means to you.” Participants also wrote a story, or ‘testimonio,’ about their body-mapping process that included a description of their symbols and drawings.

5.6 Data analysis

The interview and body-map ‘testimonio’ data were analyzed using a hermeneutic phenomenological method (Wright-St. Clair, 2015). In the first phase of data analysis, primary researcher HH undertook in-depth reading(s) and iteratively developed a “mind map” of major emergent themes for each transcript and ‘testimonio.’ Analysis was anchored by the question “What meanings and embodied understandings are revealed about teaching within peer mentorship through interviews and body-mapping testimonios?” Participants interested in analysis were invited to participate in the same mind-mapping process for their own interview transcript, with four of the ten participants analyzing their data. Co-authors EAK, SD and SL also engaged in this process of mind-mapping interview transcripts to cross check for trustworthiness and consistency.

Comparisons were then made of the themes drawn out in the mind maps for each participant. Areas of convergence and divergence were noted and colour coded, and the transcripts were read a second time and highlighted in the 5-6 colours of the major emergent themes. Rich examples of each of the themes were identified by each person analyzing the data and were compared during iterative dialogue between team members.
Interview data was also sorted and analyzed using the program “Quirkos©” [https://www.quirkos.com] by creating “Quirks” for each theme.

Once each transcript had been analyzed, dominant themes across transcripts and ‘testimonios’ were identified. This involved ongoing iterative research team dialogue, mind mapping of thematic representations of the data, and collation of ‘Quirks.’

5.7 Findings

Through the data analysis, a core theme of ‘commitment to mentee growth’ was identified and is illustrated through seven interrelated themes: 1) sharing responsibility for learning, 2) moderating stress, 3) mediating power relations, 4) navigating unknown processes, 5) valuing creative approaches, 6) offering generous acceptance, and 7) facilitating confidence. (See Figure 6). Figure 7 presents four examples of body-maps arising from the study, and Table 6, shown after the descriptions of the themes, presents symbols from these body-maps and accompanying quotes from the ‘testimonios’ as exemplars. Table 7 shows relations among study concepts, study design and findings.

Figure 6: Image illustrating themes for perceptions of teaching within peer mentorship
Figure 7: Examples of body-maps created in the study
5.7.1 Sharing responsibility for learning: “definitely a team effort”

‘Sharing responsibility for learning’ was a major theme. This was seen in terms of sharing responsibility with both professors and mentees, to optimize student learning.

In her interview, Lin (all names are pseudonyms) recalled transitioning into the peer mentor role with the expectation of sharing responsibility for mentee learning by answering student questions:

When I signed up, I was really excited…but when you’re actually going into it it’s pretty intimidating. You…have to answer questions about what you learned like four months ago so I’m like oh my gosh… But…you’ll get into it as you do it more and more. You’ll understand what…you have to pay attention to.

Peer mentors frequently indicated that they took seriously the expectation to review the ‘hands-on’ learning materials and to become familiar with skills demonstrations or case studies. Some peer mentors described going beyond these guidelines and re-reading the theoretical materials (from the previous year) to prepare.

Several participants expressed surprise at the amount of flexibility and responsibility peer mentors were afforded to make their own decisions about how to facilitate mentee learning. Lin remarked, “It’s not as structured as I thought it would be. I remember the first time I was like whoa, I have so much leeway to what I’m supposed to do. But as I go on, I learn what works and what doesn’t.” While several peer mentors expressed a preference for more guidance, others seemed to appreciate sharing responsibility for supporting learning activities. “The professors…gave us a lot of freedom, which was nice…it wouldn’t be so formal, we would pause, and say, okay, how about you auscultate this way?” (Blair)

A sense of responsibility to gauge what might work well ‘in the moment’ with particular groups of students was described. Emma stated: “the professors would give, this is what we’re learning today, and then it was…up to the peer mentors with how we wanted to do everything…there was definitely a team effort.” Related to the strong sense of responsibility, most participants spoke of becoming nervous before speaking to a group of mentees, especially near the beginning of term. Participants discussed being fearful of
providing incorrect information or looking “stupid”. As Blair stated - “a lot of the time” it was the “first time we were [discussing] this assessment in front of a…group of people, so we were sweating.” And Carlos recalled: “definitely you get those butterfly feelings when you have to go up there in front of people…. you want to be right for the students… with peer mentoring, you have responsibilities.” Some peer mentors expressed awareness of how their actions shaped the behaviour of mentees, and the consequent responsibility:

I know that a lot of that comes from trust, and it is inter-related, so I know that I just personally have the responsibility to not lead them down the wrong path…because literally I can be like, you go do this, and they will do that. (Kelly)

This sense of responsibility sometimes extended beyond expectations. Several participants described striving to be the best possible mentors and role models, going beyond what was requested by professors, and offering extra help one-on-one, or outside of lab hours. Alyssa recounted an example: “If there weren’t any peer mentors, I don’t think that student would have gotten that one-on-one support [with vital signs] because professors can be very busy…but having a peer mentor there and being able to work one-on-one for an hour…really benefitted that student.”

5.7.2 Moderating stress: “it’s going to be okay”

Moderating student stress was a theme highlighted by all participants. Peer mentors described their observations of bodily cues of mentees’ stress. Alyssa described “facial expressions and postures” and “outbursts of crying,” while Kelly noted feeling the stress exuding from mentees: “I can literally feel the tension radiating off these first-year students…when your hands are shaking, it’s very hard to get a blood pressure right.” James described how stress spread among mentees: “From a body language perspective…just that tightness and anxious look… It’s almost contagious… When one is stressed, and you see them uptight or pacing around or anxious, it seems to surge through the room. It carries an energy between them.”

Julia discussed trying to find ways to communicate with mentees when their stress responses were heightened and “every other siren is going off and they can’t really hear
what you’re saying.” One approach was to put herself in the mentees’ shoes by recalling her past experiences of: “feeling my heart is in my stomach, shaking, and my thoughts are racing and spinning around, not being able to get control of my internal state.”

Interactions with mentees were noted to help students deal with stress. Kelly described building trust, and how the relationship moderated students’ stress:

I think [practicing on] me…helped them feel less anxious because they knew me…someone who they could trust…You can see their anxiety lessen a little bit, physically…you can see tension in the body by how they’re standing, how their grip is, … As I start talking to them…I can see them…slow their pace down, and their bodies loosen…and the way they’re standing…how comfortable they are with touching you.

While all participants discussed stress originating from the lab setting, several described stress related to other aspects of the program or from mentees’ personal lives. Multiple participants shared with mentees that they had experienced similar feelings in first year. Courtney described “I try…to let them know it’s okay, you’ll get through it, I’m here right now and I was in the same spot as you… I felt like it was good having us there to kind of lift some of those internal weights…because I could see it on their faces… I was just like, it’s okay.”

All participants gave examples of helping mentees manage stress by offering reassurance. Sophie described: “Just …reassure them and take that extra minute with them in the hallway and try to say, you know, you got this, you can do it, take a breath, it’s going to be okay.” Emma suggested that helping students deal with stress by listening and offering reassurance may be a primary role of peer mentors: “a lot of it was first-year students being very stressed out in lab, and just needing someone to talk to who has already survived the labs. [I] had a couple of students cry with me, and just talk about their struggles. That was probably the largest portion of being a [mentor] for me.”

A few peer mentors described moving to a smaller lab space with fewer people as a means to work directly with stressed students. Sophie related taking a mentee to a separate room “where there's no stressors of having the professors watching exactly what you're doing; they could literally just take a minute, and relax, and just say, okay, I'm
really nervous, can you please help me calm down?...I felt like our role, was to...help them relax.”

5.7.3 Mediating power relations: “we’re the middleman”

The topic of mediating power relations frequently arose in the interviews; indeed, all participants opined that professors were at the top of the power hierarchy, while first-year students had the least power. Many of the participants used their hands to show relative distances among roles; peer mentors were somewhere between the range of equal to or ‘just above’ mentees, and midway-between professors and mentees. In Carlos’ words: “Being a peer mentor is kind of like the halfway point between teacher or prof, and that of a year-one student...you get a little taste of both of their worlds.” Blair described:

…all the professors that I've ever had are great, but...they're so up here (hand above level of head). They have Masters and PhDs, and we’re just first- or second-year students trying to figure out what's going on...I don’t …think there's a power differential between the peer mentors [and mentees]...we just...have a little bit more knowledge than them.

Many examples of how peer mentors mitigated power imbalances were highlighted.

James related efforts to purposefully equalize his own power with that of the mentees:

I think they (mentees) feel that there is some power differential. They know you (peer mentor) come with more knowledge, more experience... just simply because we have gone through it, but...I try to do my best to make them feel that we are...equal...so they feel comfortable asking me other questions.

Many participants commented on professors’ responsibilities for determining grades as contributing to power differentials. Alyssa described: “that professor is determining their mark, which is a determinant in their ability to continue in the program”, while “from the student to the peer mentor…there is a slight power differentiation but not as noticeable”.

Lin proposed:

Since the mentors [have]…just experienced what the mentees experienced the mentees feel a lot more comfortable towards the mentor. They feel like there’s a less of a power…the mentors can’t mark them. So, they feel like if they do something…or say something embarrassing…they don’t feel there’s anything going to come back to them as opposed to talking to a teacher.
Multiple participants suggested that differences in power shaped the way students asked questions in the lab. Blair described a process to help mentees avoid worrying about being negatively judged:

If there’s ever a question or a pressing issue, they would come to us first and we would go to discuss it and we would come back and talk to them. That was like, *oh, my teacher is not going to think I’m incompetent, I’m just going to ask the peer mentor, the peer mentor will ask the teacher, and the peer mentor will come back and explain it….* We’re the middleman.

In another example, Blair described purposefully demonstrating that the professors were approachable.

If I knew someone was scared about something… I would purposefully mess up on something so that they would feel, *oh, she’s a human being.* And then I would be like, *oh, well, let’s ask the professor and see how the right way to do this is …* and I think that them seeing the way we were with the professors as peer mentors, they’re like, *okay, the professors are approachable.* We’re …the mediators.

Several participants discussed being mindful about the power the peer mentor role conferred, as Kelly put it: “I know the power of my words when I’m in a mentorship position, and I know how much people will listen to me.” Kelly and others also underlined the importance of not abusing the power their positions afforded.

Many participants described how the power relation with professors shifted after they became peer mentors. Sophie indicated “that power dynamic shortened quite a lot”. Alyssa described: “Before class starts, the peer mentors and professors always prep together, so I feel like there’s less of a power differentiation there”.

5.7.4 Navigating unknown processes: “the little tips and tricks I learned”

All participants described assisting mentees to navigate unfamiliar processes. Alyssa highlighted the inexperience of students: “Students don’t necessarily come from a health-profession background. And in high school, you don’t really learn any of these skills…so everything is really new.”
Participants mentioned the extensive readings and preparation required for skills labs and theory courses. Peer mentors described helping mentees to focus their readings and time. Carlos relayed his approach: “You don’t have to worry about this part …this reading might not be as important, just keep that until you have extra time.” And he added: “You don’t want to say that in front of the profs, though.”

Many aspects of clinical skills were described as initially unfamiliar to mentees. Several peer mentors recounted assisting mentees to navigate the process of interviewing. Lin recalls:

When they started doing interviewing, they were all really nervous…they’d ask a question and look at me and I’m like, keep going, and then I’d guide them …they were asking really specific questions and sometimes missing the most important questions… a lot of the first-years struggle with priority.

Emma noticed that mentees needed guidance when interviewing “to not sound …intrusive or rude…[and] instead of going straight to, I’m going to do your vital signs, making them feel comfortable [first].” Alyssa spoke of helping mentees to word questions in a sensitive manner, and to prepare for interviews with clients: “I always say, before you go into any sort of interaction with a patient you want to think it through… and maybe…write down what you’re going to do, so …you’re more prepared.”

Peer mentors related that they found mentees frequently needed guidance and reassurance with assessments involving palpation and auscultation of clients’ bodies. James stated, “finding the brachial pulse was always a struggle.” He responded by “stepping in and …just reassuring them about the process and giving them some tips for finding it.” Kelly described helping students by giving “little tips and tricks that I personally learned myself, to get through whatever challenge”, and understanding “what they’re struggling with because I was just there.”

In addition to helping with physical assessments, participants related efforts to assist mentees to navigate the ‘whys’ of particular assessments. Courtney stated:

One student was having a lot of trouble understanding a neurological record …It was good to be able to talk through it with him …breaking it down…and he’s like, oh, yeah… but I don’t really know why we would ask that. …I was able to
talk out some scenarios or reasons why you would ask the person a certain question.

In a similar vein, Emma recounted how helpful she found peer mentors’ role-play of assessments in first year; for her mentees, she was able “to hit on the key points” that she “found most confusing last year.”

Blair and Sophie shared opinions that professors may have performed some assessments so often that the process became ‘second nature’ to them, such that their demonstrations may not be clear to mentees. Blair described the strategy they used to assist mentees: “we would go through our notes…we would write out an assessment and how we would do it, so, step one, we do this, step two, we…everything that we could possibly answer was written down.” Sophie reflected “I think we did it in…a more systematic way that’s easier for a student doing it the first time to understand …if we didn’t know, we’d seek out the guidance of a professor.” Julia noted “you don’t have an instruction manual on how the interaction is going to go…just realizing that it is a learning experience…is just the most important thing.” She wanted students to know “if you don’t do everything perfectly, that’s going to be okay. It is just a stepping-stone” to learning.

5.7.5 Valuing creative approaches: “everyone has their own style”

Valuing creative approaches was another theme identified in the data. Peer mentors described several instances in which they engaged in creative dialogue with mentees to augment what they may have learned from other resources like the textbook or lectures. Kelly voiced it this way:

There are so many little tips and tricks…in any aspect of practice, that you don’t get to learn just from a textbook [or] …lecture. It’s these tips…that your peer mentors usually teach you because they’ve been in your shoes quite recently…I hear from my peers…I learned this from a peer mentor, and if it wasn’t for that person, I would not have known this.

Participants described encouraging mentees to add their own styles when practicing assessments, which may allow for a more creative, individualized approach. Sophie
recalled, “We told them (mentees) there are different ways of doing things; I might do something that…the next person might do differently.” James stated, “I like people to have their own …styles…I always tried to make people feel …comfortable taking it in their own approach…Your process is your own.” In emphasizing the creative and emergent nature of interactions between peer mentors and mentees, Courtney stated:

…the teachers tell them what they need to do…it’s good to have opinions on how different people approach different assessments …because everyone has their own style…there’s not necessarily a right or wrong way, as long as you are checking off all those points of what needs to be asked.

Carlos noticed advantages to peer mentors observing mentees’ assessments, in that it “really brings out all the knowledge that they would have used in front of an actual patient...because in front of a…teacher, they only follow what’s on the list or what’s on the PowerPoint… I just tell them….use your own knowledge, just do what you think is best, and go in whatever order works for you.”

Some participants related their perception that teachers may portray ‘one correct way’ to assess clients for a particular focused assessment. James stated, “I always felt uncomfortable when…professors would make you feel like there was…only one way to do it.” Courtney expressed a similar concern, “I find that the teachers just…tell them all the same thing according to what they’re going to look for when they’re being marked.” In contrast to this perceived narrow focus, Carlos voiced his appreciation of creative dialogue among several people: “Doing those demonstrations in front of peers is a great way for the professors to add in a couple other things as well, so that also adds to my knowledge…to the year-one students’ (knowledge) as well, so that’s good feedback.”

In addition to describing benefits of creative approaches for mentees, several peer mentors mentioned how they benefitted from these interactions. Courtney described an ‘aha moment’: I was being the patient for the student, and she was going through [an assessment]. The way that she asked her questions, I felt was really great and I never thought about asking it that way…that was kind of like, aha! I’m going to use that now.” Carlos expressed, “Honestly, I feel like it’s a great learning experience for myself as well. Because they’re bringing all their ideas, I’m like, oh, wow, that’s a great idea, I should
probably implement that to my own assessments.” When asked how he might portray peer mentorship in an image, Carlos described “sitting around the table…having conversations, having a good time, and just talking about…ideas…their opinions and your opinions. We all come together, and we all produce knowledge.”

5.7.6 Offering generous acceptance: “you have to develop the trust first”

Another theme identified in the data was ‘offering generous acceptance’. Most participants recounted generous efforts to help mentees feel comfortable and accepted. James expressed, “I’d never want them to feel overwhelmed around me or nervous or anything. I want to be as approachable as possible… I would just try to make them feel comfortable…telling them it’s okay, you’re not going to know everything.”

Mentors described aspects of the social environment that may facilitate accepting attitudes. Lin noted a relaxed social environment in comparison to professor-student interactions: “I found everything to be a lot more casual and people were asking questions. Sometimes they were…silly questions, and I wouldn’t mind answering them…the atmosphere is a lot more relaxed so I find that that might help a lot of students.” Alyssa described a similar observation: “Students would often approach peer mentors…to ask specific questions about previous experiences with clinical exams…In front of peer mentors, they’re a little bit more comfortable…if they make a mistake, then it’s almost like they think peer mentors are more forgiving than a professor.” Kelly mentioned peer mentors’ status as fellow students may contribute to an accepting and welcoming environment: “they’ve been in your shoes, literally a year before, and they’re just another student…that creates an environment where…questions are welcomed and learning actually happens.” Sophie described students approaching mentors for clarification after a professor’s explanation “Maybe they [mentees] thought they didn’t get an in-depth explanation of something: Hey, I wasn’t too sure, do you mind going through that again, how you would do it? They felt very comfortable coming to us and asking questions or wanting clarity on something.”
Emma related her opinion that mentees felt comfortable asking questions of peer mentors because of the trust and acceptance conveyed, “They’re able to confide in us…we’re just there to listen, and we hold [everything] confidential…[they] know that whatever they say to us is not going to be shared, especially with professors.” Emma also suggested, “I think that’s a big level of trust…you don’t care if you seem smart in front of the peer mentors.” Alyssa described a mentee who felt accepted and was able to trust sharing personal experiences: “I’ve developed that level of trust with a student…which was really memorable for me because I know that I’m able to make an impact on students through teaching while also gaining their trust and learning a little bit about them as a person.” Kelly noticed that peer mentors displayed patience, acceptance, and generosity and described striving for these qualities:

When I was a peer mentor…I remembered how my [mentors] were in the year before. I was like, okay, how do I do that with my students, and how do I show that I’m patient, and that they can practice with me as much as they want, which I ended up doing… I think…peer mentors have a lot more patience because of the empathy piece.

Kelly related being generous and accepting, saying “I remember…giving a student my arm, and I think she inflated the cuff seven times, and was super apologetic. But I was like, no, it’s fine, just keep going…you can do it. I think…she was very…thankful for that.”

5.7.7 Facilitating confidence: “lending a hand to help them do well”

The seventh theme was facilitating confidence. All ten participants suggested that confidence was important for nursing students to develop. For instance, confidence was required when demonstrating capabilities to professors and when caring for clients or SPs. Julia described the need to keep in mind mentees’ vulnerable status: “I feel like students are in a vulnerable position, practicing skills for the first time and just learning to build their confidence.” She noted the importance of offering feedback in a way that does not shatter confidence: “I…let them do their skill or their assessment the way they would do it and…give feedback afterwards…I feel like if I were to jump in and point something out right away, it might shake their confidence or their train of thought.”
Peer mentors described several ways in which they actively encouraged confidence in their mentees, ranging from sharing strategies for being organized to providing constructive feedback before interviewing SPs. Alyssa advised her mentees to practice their assessments at home with family members or even a stuffed animal, suggesting that “repetition is key” to building confidence: “it becomes…second nature to do assessments [and]…you’re more confident with what you’re going to be doing.” Blair noted that, when mentors shared detailed assessment notes, mentees expressed feeling “really confident…that they weren’t going to miss anything.”

James described “making people feel more comfortable in the whole student process” and helping students to find “confidence in themselves to realize they can do all these things” as an aspect of mentorship that interested him. Kelly discussed facilitating confidence and how it also depends on the mentee:

Confidence…is one thing that, as a mentor, I can facilitate, or try my best to, but I think that comes with personal development that is very much dependent on the mentee. I remember the person who…during the mock practical [exam], was literally shaking…During the real practical [exam], I did notice…his confidence…improve, probably because he had practiced.

Participants described allowing mentees to practice assessments on their (mentors’) bodies to help build confidence. Emma noted that mentees liked to practice on her “a million times” and stated that “it’s nice, to help guide them through it…they get to practice in a really safe space; if they mess up on you, then they mess up [shrugs].” Carlos said, “you see a lot more progress within the students when they practice on you,” and added “there’s lots of hands on…lending a hand to the students to help them to do…well.”

Many mentors noticed significant improvements in mentees’ confidence after a few months of working together. Lin, who noticed mentees had difficulty prioritizing questions, stated that, after weeks of practice, “they’re a lot more confident with the interviewing process; they know the type of questions to ask.” Kelly noticed “exponential growth in confidence” when interacting with SPs, and a change in mentees’ perspective from “anxious: oh my gosh, you’re a real person” to “cool, we get this opportunity to
Blair described first-year students as “very hesitant at first” while practicing skills and noticed a gentle, shaky touch during respiratory assessment practice sessions. Sophie observed mentees’ growing confidence in second term: “That was when I realized how much we had done to help their learning…that was a reflection of what we had taught them…their confidence had just grown immensely from when we started.” James related his observations of mentees’ growing confidence, “Some students…are already thinking ahead where they are going to take it next. Compared to when they first started, it was like, okay, oh, I need to introduce myself, ’I need to do that’. Seeing them think from a more nursing perspective.”

Blair described how mentors facilitated confidence by “just being able to share our insight…that really helps with your ability and confidence to approach a patient, or touch somebody. She noted that higher level students (year-two) benefitted from peer mentorship: “It’s such a big difference. There’s still the few that are pretty nervous, fidgeting…but for the most part, you can tell they’re…way more confident.”

Table 6: Exemplars of body-map symbols and testimonio excerpts by theme.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Body-map image</th>
<th>Description of image by participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharing responsibility for learning</td>
<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
<td>Carlos portrayed shared responsibility for learning through the image of a tree: <em>I have a tree there and it’s being supplied by rain, the sun, fertilizer, raw soil base. And each component, any one of these can be a teacher or a peer mentor or a student, and together they’re making this tree grow. And that tree is our knowledge base, so the knowledge base in myself as a peer mentor and a teacher, or as a student, and altogether we’re helping to foster growth and knowledge.</em></td>
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<tr>
<td>Moderating stress</td>
<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
<td>Courtney drew a person meditating and a picture of the sun on her body-map. In describing the symbols as representing her...</td>
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capacity to exude calm, as in meditation, in the midst of chaos she stated: *I feel like I handle things very well. So, lots of things flying at you from every other angle and you still can remain calm and collected...I try and be just warm towards others and it's something you're drawn towards.*

| Mediating power relations | Courtney’s description of the ‘power pose’ she chose for her body-map highlights her connection to her position of power and strength as a mentor, and her desire to use this power ‘gently’ to help and teach and empower mentees. As a peer mentor, you feel powerful in a role where you’re able to help and teach and...you give power to others through your help...[I] chose the purple outline because...it’s a really strong looking colour without being harsh...for my hands, I chose a softer colour because I believe that even though we are strong, [we] have gentle hands in the way we work...we are still strong but gentle. |
| Navigating unknown processes | On her body-map, Alyssa created two separate symbols that she described this way: *This is kind of the pathway that, as a peer mentor, you’re helping your mentees take. So...books and...you’re going to graduate, and then you’re (going) into healthcare...you’re going to continue on your path, which is kind of unknown in nursing because you can go in so many different directions.*

*The torch here ...guides the way with its warmth. It represents the warmth of peer mentors and with its light it’s guiding the pathway through the darkness for mentees.*
<table>
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<tr>
<th>Valuing creative approaches</th>
<th>Lin’s body-map included her “image of self as a professional nurse in the future” with many people in the circle of collaboration. She explained: <em>Compared to what I used to think about nursing (before the peer mentorship program), my view is more diverse, my picture shows...a lot of people...to show the collaboration... I really like the collaboration aspect of nursing, how I get to work with different professionals and people.</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Offering generous acceptance</td>
<td>Alyssa’s symbol of a heart as one of her “powerful points” on her body-map was consistent with her descriptions of her efforts to provide a supportive, trustworthy presence for mentees. <em>Surrounding that heart you see my power symbols [similar to a prism] because (my heart) represents power of mentors to me...Being a nursing-student-peer mentor requires...compassion, and positivity...[being] prepared to assist and teach your mentees...You must be...trustworthy, and supportive within your role.</em></td>
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<tr>
<td>Facilitating confidence</td>
<td>Carlos: <em>And I put the treasure chest [symbol] on my throat, because as a peer mentor I believe that my voice has a great potential to teach the Year 1 students to advocate on their behalf...I chose the [treasure] chest because typically as a nursing student or as a nurse, you won’t want to speak out as much or you might be shy, and the [treasure] chest represents someone’s untapped potential. That if you actually do open up, you do talk, you can really cause an impact.</em></td>
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Alyssa described her slogan: *If you believe, then you will achieve.* So, that’s kind of believing in yourself, and really believing in your lab skills, really believing in yourself as a peer mentor as well so that the mentees believing that they can do it and the [mentors] believing that the mentees can do it, getting them...on the pathway to graduate.

**Table 7: Relations among embodied theoretical perspectives, research design and findings**

<table>
<thead>
<tr>
<th>Theoretical Perspective</th>
<th>Research Design</th>
<th>Relation to Findings</th>
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<tr>
<td><strong>Embodiment</strong></td>
<td>Research questions that centre both cognitive and embodied perception</td>
<td>These themes included several examples of embodied experiences: -Moderating stress -Mediating power relations -Facilitating confidence</td>
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<tr>
<td>Primacy of the body in understanding of the perceived world</td>
<td>Individual interview and body-mapping methods that center embodied knowing</td>
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<td></td>
<td>Interview and body-mapping questions directly referring to embodied perceptions</td>
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<tr>
<td><strong>Intersubjectivity</strong></td>
<td>Questions directly referring to relationships within SPM role</td>
<td>These themes included many examples of intersubjective experiences: -Mediating power relations -Sharing responsibility for learning -Navigating unknown processes -Valuing creative approaches</td>
</tr>
<tr>
<td>Creation of meaning through dialogue with others</td>
<td>Invitation to participants to join research team to analyze own data, join as authors</td>
<td></td>
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</table>
5.8 Discussion

Seven themes that reflect the core theme of peer mentors ‘commitment to professional and personal growth of mentees’ were identified in the findings. The findings are unique in that they offer a comprehensive overview of dimensions that may be generative to peer mentor teaching, including 1) sharing responsibility for learning, 2) moderating stress, 3) mediating power relations, 4) navigating unknown processes, 5) valuing creative approaches, 6) offering generous acceptance, and 7) facilitating confidence (see Figure 6). While a number of these themes have been identified in other studies, this is the first study that we know of that elicits such a comprehensive picture of peer mentors’ perceptions of teaching. The findings serve as a generative framework and portray rich exemplars of peer mentors’ depictions of teaching practices with peer mentees.

The findings are consistent with and extend previous research findings in several countries. Similar to other studies, the findings uncovered how peer mentors ‘shared responsibility for learning’ with students and professors (Rohatinsky et al., 2017; Smith et al., 2015; Vandal et al., 2018; Won & Choi, 2017) and expressed apprehension about misrepresenting knowledge and skills to mentees (Miles et al., 2014). Participants described ‘moderating stress’ of mentees (Rohatinsky et al., 2017; Ramm et al., 2015; Brannagan et al., 2013; Lombardo et al., 2017; Bulut et al., 2010; Vandal et al., 2018) by offering reassurance and reminding mentees that they were not alone, and that success
was possible. They described ‘mediating power relations’ among mentees, mentors and faculty (Mills et al., 2008; Andersen & Watkins, 2018) by assisting students to ‘save face’ with their professors and helping mentees to build capabilities to approach professors. Peer mentors assisted mentees with ‘navigating unknown processes’ and frequently stated they understood mentees struggles or had recently ‘walked in their shoes’ (Rohatinsky et al., 2017; McKenna & Williams, 2017; Lombardo et al., 2017). Participants indicated that they ‘valued creative approaches’ to learning and constructing knowledge (Andersen & Watkins, 2018) by considering multiple perspectives and encouraging varying styles and approaches to client assessment. Participants related examples of ‘offering generous acceptance’ and trustworthy support to mentees (Miles et al., 2014; Andersen & Watkins, 2018; Bryer, 2012; Iwasiw & Goldenberg 1993; McKenna & Williams, 2017; Won & Choi, 2017), and ‘facilitating confidence’ of mentees (Bryer, 2012; Loke & Chow, 2007; Hunt & Ellison, 2010).

5.8.1 Embodied attunement

This study is unique in the purposeful integration of theories of embodiment into the design, and the aim to investigate cognitive and embodied perceptions of peer mentorship, and the intention to elicit peer mentors’ reflexive observations of bodily comportment and gestures. The findings show how peer mentorship activities involved intercorporeal gestures and social understanding. For example, while teaching, PMs described assessing the gestures of the mentees in an embodied manner. Peer mentors described specific responses in their own bodies while teaching mentees (e.g., “butterflies” when they wanted “to be right for the mentees”), and they noticed responses in mentees’ bodies during times of stress (e.g., “tightness, crying”). Participants also recalled their own embodied responses to stressful experiences when they were first-year students and described drawing on those memories when assisting stressed mentees.

The use of theories of embodiment to inform the interview questions in this study seemed to help bring tacit knowledge to the foreground. The depth of peer mentors’ embodied observations suggests they were well attuned to the mentees. Body-maps drew attention to locations in their bodies where peer mentors felt “powerful” and to embodied
emotions experienced while teaching. Many participants portrayed their voices and hearts as points of power and passion that shaped their peer mentorship activities. Specific attention to embodied attunement within student peer mentorship was not found in the literature; however, Vandal et al. (2018) identified a related theme from mentor interviews that suggested in-person, face-to-face contact was key to “foster an open dialogue and establish meaningful connections” and was essential if later interactions were increasingly of an electronic nature (p 423).

5.8.2 Intersubjectivity and trust

Merleau-Ponty’s concept of intersubjectivity may help us to understand peer mentorship in new ways. He suggests that the perspectives of others are necessary for any understanding—that all subjectivity is intersubjectivity. Intersubjectivity is evidenced in the ways that participants described developing creative approaches to client assessment through dialogue and interweaving faculty, peer mentor and mentee perspectives. Participants showed intersubjective engagement through frequent descriptions of ‘being in the mentees’ shoes’ and expressions of personal identification with the mentee’s experience. When describing sharing ‘tips and tricks,’ the mentors appear to relate intersubjectively to the professional, and personal contexts of peer mentees, and to tailor their tips for relevancy and meaningfulness. The intersubjectivity mentors experienced as mentees appeared to shape their interactions with their own mentees.

The cultivation of trusting intersubjective relations was a component of several of the themes, including ‘sharing responsibility for learning,’ ‘moderating stress,’ and ‘offering generous acceptance.’ Peer mentors described actively nurturing a sense of trust in several ways, for example, by helping mentees to feel comfortable and by showing that they were “one of them”. Interestingly, the cultivation of trust has not to date been a common topic of conversation in student peer mentor (SPM) relationships; searches for the word ‘trust’ in several integrative or scoping reviews of student-peer mentorship showed zero to three results each, with no significant discussion of the concept (Rohatinsky et al., 2017; Irvine et al. 2018; Secomb, 2008; Wong et al., 2016; Williams & Reddy, 2016). Studies of mentorship among new graduate health professionals,
however, have supported the importance of developing trust within mentor-mentee relationships (Mills et al., 2008; Bryant et al., 2015; Wang et al., 2010). Trust was also highlighted by Lombardo et al (2017), who found that nursing student mentees considered SPMs to have “lived through similar experiences…more relatable and…a trustworthy source of information because mentors were more aware of current realities” (p. 228).

While professors are considered competent in the content areas, their positions of authority appear to engender less trust than what the peer mentors were able to achieve. Mentees may feel greater vulnerability with professors, given professors’ power to assign grades which determine students’ future progress in the program. The cultivation of trust may be related to perceptions of power differentials and hierarchical relations, with peer mentors closer in the hierarchical division of power than professors.

The findings pointed to various ways in which peer mentors mitigated power relations; for instance, mentors anonymously brought questions to the professors to avoid perceived negative consequences for mentees from admitting to gaps in knowledge or capabilities. The mentees’ perceptions of being reliant on professors for passing grades, while being uncertain whether admitting knowledge gaps would unfavourably shape professors’ assessment, may lead to students feeling less inclined to open themselves up to the professor’s gaze by asking questions. In attempts to mediate power relations, peer mentors described purposefully assisting mentees to see that professors are approachable and that even mentors need to consult them for assistance on occasion.

5.8.3 Dialogic education

Freire wrote about the ‘banking method’ of education, in which students’ minds are filled with deposits of knowledge via the ‘expert’ teacher (2005, p. 72). Participants’ descriptions pointed to an alternative approach, which seemed to align with what Freire referred to as ‘problem posing’ (Freire, 2005, p.79). Problem posing occurs “through dialogue” whereby “the teacher-of-the-students and the students-of-the-teacher cease to exist, and a new term emerges, teacher-student with students-teachers.” (p 80). Freire describes the problem-posing teacher as “no longer merely the-one-who-teaches, but one
who is himself (sic) taught in dialogue with the students, who in turn while being taught also teaches. They become jointly responsible for a process in which all grow.” (2005, p. 80). This approach is consistent with participants’ descriptions of teaching highlighted in the ‘sharing responsibility for learning’ and ‘creative approaches to learning’ themes.

Frank (2004) states that the moral demand of dialogue is that each person grants “equal authority to the other’s voice” (p. 44), echoed by participant Carlos’ statement that “We all come together, and we all produce knowledge.” Maintaining a collaborative approach to development and exchange of knowledge can help to equalize power relations between health care professionals and clients, and between teachers and learners (Doane & Varcoe, 2021). Content-oriented health professional education may tend towards a ‘banking’ approach, whereas a collaborative, problem-posing, dialogic approach focuses on process and moves beyond ‘one right way.’

Andersen & Watkins (2018) argue that peer mentorship exemplifies a social constructivist approach to learning as mentors and mentees offer each other multiple perspectives and find common ground. ‘Valuing creative approaches’ to learning may provide a fertile ground for the early development of phronesis, or practical wisdom (Myrick et al., 2010; Jenkins et al., 2019) as students adapt the principles they have learned to the specific clinical situations in which they find themselves. Phronesis is recognized as an intellectual virtue that involves deliberation, practical judgement and reflection; it is pragmatic, variable, context-dependent, and oriented toward action and posited as a complement to scientific (episteme) and technical (techne) forms of knowledge (Kinsella & Pitman, 2012).

SPMs described feeling empowered to facilitate learning among mentees. Aspects of the program may have cultivated a sense of empowerment, perhaps the ‘leeway’ afforded to SPMs by professors communicated trust that SPMs were competent. On the other hand, based on participant descriptions, mentees showed signs of stress and fear of being judged unfavourably, especially related to evaluations such as practical exams. While students must demonstrate specific capabilities to practice in a safe manner, fear of failure could perhaps be mitigated by approaching education in a manner conducive to
deeper and dialogic learning; this could be a catalyst to developing ‘constructed knowledge’ that may be more supportive of beginning health-professions students than a predominant focus on ‘procedural knowledge’ (Belenky et al., 1986). Peer mentors were seen to provide a space for the active construction of knowledge by learners. Through their valuing of creative approaches to learning, they opened a space for mentees to engage in dialogue about what they wanted to do and why, potentially broadening mentees’ views of what counts as knowledge.

5.9 Implications for HPE practice

Peer mentors described ways in which they worked to cultivate mentee strengths and helped mentees mitigate challenges. Stressful situations were frequently described, with moderation of stress being perceived as a major contribution of SPMs. The findings suggest that educational programs may do well to consider the contributions to student mental health that peer mentorship programs may afford. Further, in preparation of SPMs, specific education about how to support students through strengths-based practices such as those described in the findings may be warranted. In addition, mentorship programs may integrate courses such as “Mental Health First Aid,” as part of the SPMs preparation, and include education about when to refer students to counselling services.

Participants described the preference to interact with mentees at times in a space away from area location with many students and professors. While professors may prefer the ability to observe all learning activities themselves, SPMs noted benefits of interacting with mentees away from a space in which students worried they were ‘being watched.’ Lab practice time is meant for practicing professional capabilities; however, anxiety arising from the professional program and students’ personal lives may interfere with a focus on the ‘lab skills.’ The ability for SPMs and mentees to interact in a space without professors may ultimately facilitate learning professional capabilities through support from someone who can relate to their situation. Peer mentor programs in higher education may do well to include such spaces in their design.
Peer mentors described both benefits and challenges of being trusted to facilitate student learning as they saw fit. They described feeling anxious about this near the beginning, but later appreciating the ability to adjust learning activities ‘in the moment’ depending on needs of the mentees. These findings parallel those of Vandal et al. (2018), whose participants initially described feeling “thrown to the wind” (p. 424), but who later valued the resourcefulness nurtured by the flexibility mentors were given to develop their role. It may be fruitful for SPMs to learn about the experiences of other peer mentors as depicted in the findings of the current study. In addition, it may be useful for peer mentorship programs to discuss the level of involvement of peer mentors in planning learning activities before the course begins, as well as at various times throughout the term. In the peer mentorship program at the current site, professors solicit input from peer mentors at the beginning of the academic year and these ideas have led to beneficial adjustments to the program, including providing ‘mock practical exams’ and clarifying roles of peer mentors well in advance of sessions in which they are expected to role-play assessments for mentees. One way to enhance peer mentor input would be to recognize the time it takes to prepare for learning activities and include that in the hours designated as ‘co-curricular’ credits, or to provide academic course credit for participation in peer mentorship activities. The findings suggest that professors and SPMs are both needed for optimal student learning, and course planning that incorporates perspectives of all involved could be a fruitful way to encourage this collaboration.

Participants expressed acute awareness of power relations set up by differing roles in this program. Explicitly addressing these relations, and the possible ways they shape interactions, may open up dialogue among professors, SPMs and mentees; addressing these may encourage a more ‘problem-posing’ form of education (Freire, 2005) and help to decrease student anxiety and perceived needs to hide program-related or personal challenges from professors. It may be fruitful for professors to discuss the productive role of ‘failure’ in learning professional capabilities (Fong et al., 2018; DiPiro et al., 2013) as a means to encourage different perspectives on self-perceived shortcomings of students and to reframe failure as opportunity for learning. Professors could also provide a means
for students to ask questions anonymously, to decrease fear of repercussions, while including some principles of assertiveness education in the year-one curriculum.

The outcomes of this study have implications for stakeholders interested in increasing student engagement through peer mentorship, with broad relevance to higher education in health care professions. By shedding light on current processes and approaches to peer mentorship in one professional-education context in Ontario, Canada, this research contributes novel insights into enhancing the development of pedagogical practices that aim to foreground student-peer mentors’ contributions within professional education.

5.10 Limitations

While a sample size of ten participants is considered robust in phenomenological research, a limitation may be that all peer mentors were involved in one peer mentorship program, at one site, during one academic year. While the findings were resonant with those of similar studies, interviewing peer mentors across academic years and across educational organizations may lead to richer data and more robust findings.

5.11 Areas for further research

This research investigated peer mentorship within one nursing program. Further studies of peer mentorship in other health care professional education programs over several academic years may lead to new fruitful insights. Given the findings related to student mental health, more in-depth investigation of peer mentorship contributions to student mental health may be warranted.

Research into potential affordances of inter-professional peer mentorship could provide insights into innovative interprofessional approaches to peer mentorship. Further study of experiences of intersubjectivity, embodiment and intercorporeality among students and professors, and among students and SPs, would provide a more fulsome picture of different forms of interaction among those facilitating learning among novice students. The study of power dynamics, structural issues, and conditions and behaviours that foster trust and positive relationships in peer mentorship relationships may be an important area of future study. In this environment of increasing use of technology due to
educational advances, and the COVID-19 pandemic, comparisons of face-to-face and online peer mentorship, from an embodied perspective, may lead to generative insights.

5.12 References


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Chapter 6

6 Nurturing a trusting learning community: Nursing students’ perceptions of relationships in a peer mentorship program

6.1 Introduction

Peer mentorship, and the closely related peer-assisted learning and peer tutoring, have increasingly been used as strategies to enhance learning and socialization of health professional students over the last two decades (Rohatinsky et al., 2017; Zentz et al., 2014). There has been a growth in the body of literature regarding benefits of peer mentorship, including several scoping, integrative and literature reviews on the benefits for both mentees and mentors (Irvine et al. 2018; Rohatinsky et al., 2017; Jacobs, 2017; Wong et al., 2016; Williams & Reddy, 2016; Secomb, 2008). While the benefits to mentees’ academic (e.g., increase in grades and decrease in course failure) and competency-based performance (e.g. performance of health assessments and hands-on skills) in health professions students has been reported widely (Williams & Reddy, 2016; Secomb, 2008), explicitly-stated investigation into the relational and affective aspects of peer mentorship has not received the same attention (Irvine et al, 2018).

Findings from student peer mentorship research suggest that interactions between peer mentors and mentees provide mutual gain (Bright, 2019; Loke & Chow, 2007; Smith et al, 2015; Rohatinsky et al, 2017; Christiansen & Bell, 2010; Giordana & Wedin, 2010), are supportive (Andersen & Watkins, 2018; Kramer et al, 2018; Rohatinsky et al, 2017; Jacobs, 2017; Glass & Walter, 2000), enhance empathy (Andersen & Watkins, 2018; Ramm et al, 2015; Ravanipour, 2015), help to manage stress (Bulut, 2010; Demir et al, 2014), provide a sense of belonging (Gilmour et al, 2007; Glass and Walter, 2000), help to meet social needs (Loke and Chow, 2007; Bulut et al, 2010), provide a social or ‘socialized’ learning experience (Ramm et al, 2015; Jacobs, 2017), and foster a sense of community among students in different years of a program (Rohatinsky et al, 2017; Lombardo et al, 2017; Ritter, 2008; Gilmour et al, 2007; Glass and Walter, 2000).

Although relational aspects of student peer mentorship have been reported, little research
with a primary focus on relationships in student peer mentorship has been undertaken. A further critique is that attention to the body or embodiment in peer mentorship has been largely absent in this literature (Draper, 2014; Perry & Medina, 2011), and a theoretical framework has not been specified in most studies (Irvine et al. 2018; Wong et al., 2016).

There have been calls for more research into relational and affective aspects of peer mentorship (Ramm et al., 2015; Irvine et al., 2018; Jones, 2008), and for studies investigating experiences of peer mentorship within a student-centered education paradigm, in an approach that Jacobs (2018) labels ‘student peer mentorship’ to distinguish it from other forms of mentorship such as traditional, hierarchical mentorship; characteristics of the student peer mentorship model include a “reciprocal and non-hierarchical,” student-to-student approach to learning (p. 159, 164).

6.2 Objectives

This research fills a gap in the literature by focusing on students’ experiences of relationships in a nursing student peer mentorship program. The aim is to contribute to knowledge about nursing students’ cognitive and embodied experiences of peer mentorship in an education context. This research addresses the question: What are student peer mentors’ cognitive/embodied perceptions of relationships in a peer mentorship program within a nursing education program?

6.3 Theoretical framework

This research is theoretically informed by Merleau-Ponty’s concepts of embodiment, intersubjectivity and intercorporeality (Merleau-Ponty, 2012; Harrison et al, 2019; Harrison et al, 2021). Embodiment reflects Merleau-Ponty's view of the primacy of bodily perception for understanding the perceived world. Merleau-Ponty wrote, “My body is the very actuality of the phenomenon of expression. It is the common texture of all objects and is, at least with regard to the perceived world, the general instrument of my understanding.” (2012, p. 244). Intersubjectivity points to Merleau-Ponty’s assertion that the social world is “a permanent field of existence” (2012, p 379) and that dialogue between two people or more comprises collaborative meaning making. Intercorporeality
is a form of embodied intersubjectivity in which people come to understand each other through bodily gestures. Merleau-Ponty (2012) suggests, “Communication or the understanding of gestures is achieved through the reciprocity between my intentions and the other person’s gestures, and between my gestures and the intentions which can be read in the other person’s behavior.” (Merleau-Ponty, 2012, pp.190-191). Here, Merleau-Ponty argues that we can “read” each other’s intentions through our bodies. Understanding others in an embodied, intersubjective manner has been suggested by Tanaka (2015) to foster the development of social understanding:

Understanding another person is not a cognition processed only by the self but a creation between the self and the other…embodied interactions bring forth various…emotions in forms such as moods, atmosphere, and ambiance of the interpersonal field. Most of these are…shared through bodily resonance as something intersubjectively meaningful. Here, as Merleau-Ponty thought, intercorporeality unfolds literally as ‘carnal intersubjectivity.’ The self can understand the other…as far as this intersubjective meaning is shared through bodies…both are actually able to read each other’s subsequent action and its intention, or to feel each other’s emotional state. The self and the other can directly share what is being created between two bodies, without being mediated by mental representations (p. 468).

### 6.4 Methodology

An embodied hermeneutic phenomenological design, which integrates phenomenological methodology with a body-hermeneutic approach, was used for the research. Researchers engaging in hermeneutic phenomenology aim to elucidate first-hand experiences of phenomena, seeking to describe and understand as opposed to seeking explanations. Hermeneutic phenomenology combines tenets from the writings of Heidegger (2010) and Gadamer (1989) and constitutes a research methodology that is interpretive, dialogic and reflexive (Crotty, 1998; Dowling, 2007; Kinsella, 2006; Kinsella & Bidinosti, 2015). Hermeneutics is the study of meaning and relationships in context, and not the study of “parts” separate from a “whole” (Gadamer, 1960/1975; Trede & Loftus, 2010). Theories of embodiment, intersubjectivity and intercorporeality informed the study design and shaped dimensions such as: the research questions, the interview questions and probes, the approach to interaction with participants, the inclusion of body-maps as a method, the
invitation for participants to be involved in data analysis, the design of the analysis process, and the approach to researcher reflexivity.

Members of the research team engaged in reflexivity throughout the study. In hermeneutic research, “the researcher is called, on an ongoing basis, to give considerable thought to their own experience” (Laverty, 2003, p 28); the researcher then examines and makes as explicit as possible the ways in which their pre-understandings relate to the research. The primary researcher (HH) recorded a “pre-understanding” interview involving answering the questions to be posed to participants and engaged in a “self-body-mapping process” as a means to explore her taken-for-granted assumptions regarding this work.

6.5 Methods

Many ways of assigning mentees to SPMs have been described, including short- or long-term relationships, one-to-one or one-to-several mentor-mentee ratios, and faculty-assigned or student-arranged matches (Blowers et al, 2003). The mentorship arrangement for this study was novel in that four peer mentors were assigned to each lab groups of 16 students, so that all 20 were together in lab about 2 hours per week. This allowed some choices for mentees regarding which SPMs to approach—although not a stated feature of the program, students could choose which SPMs in their group was the best match for their learning styles and relationship/social styles. While faculty assigned SPMs lab group, students could choose within those groups, constituting a sort of hybrid assignment method.

Prior to the commencement of the study, ethics approval was obtained from the university Research Ethics Board and the college Research Ethics Board. Purposive sampling was used to recruit 10 peer mentors, in an undergraduate nursing educational setting, to participate in research activities including interviews and body-mapping. Body-mapping is an emergent visual-arts based method for accessing embodied forms of knowledge in educational and social research (de Jager et al., 2016). It involves creating visual representations in response to guidance from a facilitator and foregrounds the role of the body in creating meaning (Gastaldo et al., 2012; 2018). Participants were recruited
by a faculty member who was not involved in teaching the students, and through 
recruitment posters posted in the college and the online learning management system.

Data were collected by the primary researcher (HH) through 90-minute semi-structured 
interviews and one or more body-mapping sessions totalling three to six hours per 
participant (Solomon, 2002; Gastaldo et al., 2012). A semi-structured interview guide 
was developed through an iterative process of discussion among research team members 
during multiple meetings and was adjusted after being pilot tested by two volunteers. The 
interview guide included a range of questions with probes; three examples include: 
“What stands out for you regarding your experience of relationships within the peer 
mentorship program?” “Can you speak to the nature of the relationships you’ve 
experienced within the program?” and “Tell me about your (or your mentees’) embodied 
perceptions or (non-verbal) responses during peer mentorship activities.”

6.6 Data analysis

The data analysis was an iterative process among the team members, each of whom did 
in-depth readings of transcripts, body-map testimonios and body-maps. The participants 
were invited to participate in analyzing their own data—this was a collaborative process 
among the participants and original research team. After the initial reading of text-based 
data, a hand-drawn mind map of themes was created by the team member. Comparisons 
were made across the mind maps, and a core theme and associated themes were 
identified. Each person read the transcripts a second time to identify rich examples of 
each theme in the data. The program Quirkos™ was used to organize the themes 
visually. For the embodied analysis of the body-maps, the work of Samuel Mallin (1996, 
2009), who drew on Merleau-Ponty, informed our approach. Mallin delineated five 
‘regions’ of the body that can be engaged in “body hermeneutics” to analyze both works 
of art and life situations: cognitive-linguistic, emotional-social, perceptual, motor-
practical and visceral (1996). Using this body-hermeneutic approach, the question 
anchoring the body-map analysis was: What do the images, symbols and textual 
messages on this body-map reveal about relationships within peer mentorship? At least 
two team members analyzed each body-map to foster trustworthiness and consistency of
approach. If there was some disagreement about an interpretation of the data, the participant’s perspective was prioritized. The extended research team (including participant-coresearchers) met on Zoom calls to further discuss the analysis and to engage in dialogic reflexivity.

6.7 Findings

The findings from both interview and body-map analysis included a core theme of ‘nurturing a trusting learning community’ and five related themes: ‘attunement to mentees,’ ‘commonality of experiences,’ ‘friends with boundaries,’ ‘reciprocity in learning’ and ‘varied learning spaces.’ Figure 8 shows an image of the themes, and Figures 9 and 10 show exemplars of body-maps with segments from participant self-analysis.

Figure 8: Image illustrating themes for perceptions of relationships within peer mentorship
The core theme – ‘nurturing a trusting learning community’ - was shown in various ways. Participants frequently described ‘helping relationships’ with mentees that stood out during mentorships activities. Sophie and Blair discussed their interactions with one mentee whose learning they nurtured in the lab. Sophie shared:

…the student who had a hearing disability…you could tell [the student] would be nervous…and would approach us with anything, and I felt like we really made a difference. [The student] expressed...thank you so much, you guys have helped me tremendously…and that was so rewarding.

Emma recalled a student who was crying and seemed overwhelmed with lab, who benefited from sharing her struggles: “when you’re talking to someone who has already gone through the experience, you can trust them a little bit more, and [the mentor can say] yeah, this is ...hard, and you will get through it.”

Several participants noted the importance of trust in mentor-mentee relationships. Alyssa stated, “I’m also a nursing student, so I share that common interest with them…similar to a roommate in trust and…being able to engage in conversation.” Kelly described purposefully developing trust:

Connection and trust are so fundamental to [the] teaching-learning relationship…I want to develop that trust, and I know the easiest way to is to connect, and…to make them feel comfortable…and have them see that I’m one of them, I am a student as well. I’ve been there, it’s okay.

Kelly went on to describe mentors as “someone who can teach you and be patient, and you can trust, and can feel comfortable enough to ask questions to…it’s like a cycle of mentorship…if you have a strong mentor, [you] want to help other people the same way.” Blair expressed trusting interactions this way: “We’re all in this together, we’ve got your back, and we’re just like you.”

The idea of strong relationships within a community arose in a number of interviews; Lin related “it’s kind of a community…that’s a big word but…we all know each other…through [mentoring] together…it’s a relaxed environment…everyone is friends with each other and also with the first-year students.” Emma stated, “there was that sense of community with your [fellow students] that you’ll be meeting every Friday.”
Carlos appreciated mentorship as “a really good way to assess the nursing community—not just the year two, but the year ones as well…you develop a greater relationship with the profs, and you come to have a better insight into their communities.” James described an image he drew to represent mentorship:

I have four corners here, embodying the four walls of the lab environment, the arrow signifying the knowledge of everyone, both students and [mentors]… their past experience, ideas, feelings…me and other students…in a collective circle, signifying the community amongst us and me…not being above them talking down, but together in a circle. (see Figure 9, upper left).

6.7.1 Attunement to mentees: “you can feel their energy”

Attunement to mentees was a theme highlighted in the comments of all participants. Peer mentors described observations of students’ appearance and gestures. Kelly suggested that mentors were able to notice if mentees were struggling with learning an assessment skill: “you can just see how their body is a little more tense…and you can feel their energy getting more tense. I think that’s when you know that they’re struggling with something.” Kelly went on to suggest, “We have more to work with, I like to think, because we are told a little bit more where they’re struggling, just because they’re more comfortable with expressing that to us.” Emma described observing whether a mentee seemed to be understanding a lab skill, using approaches to reading non-verbal communication that she had learnt from her professors: “You can always tell when they’re lost, they’ll just freeze there, looking at…the cuff. Then you’re like, oh, okay, so you don’t know what you’re doing here… they would just…look up to you for guidance.”

While participants gave many examples of visual observations of mentees to assess their learning needs, the mentors also mentioned the involvement of other senses. Carlos described using his sense of hearing to become attuned to student concerns about learning, stating “you do have to do a lot of listening…to hear the concerns and questions.” Several mentors said they noticed changes in mentee’s comfort and engagement over time by observing and listening to their bodily communication behaviours. Alyssa recalled observing mentees’ facial expressions, tone of voice and level of eye contact to gauge level of involvement in the learning; she also suggested:
Some students could be comfortable in a situation and not talk…other students could be uncomfortable and that’s why they don’t talk. So, getting to know the students on a more individualized basis is good…I can notice, oh, last week they were contributing a lot but this week they’re not as much. Did they not understand or are they not in a good mood this week?

A number of participants related acting on their embodied sense of mentee’s learning needs by adjusting their mentoring activities. Lin related that she tried to “see how everyone is feeling, what kind of activity everyone…wants to do. Do they just want to listen, do they want to participate?… it’s more of an in-the-moment thing. I don’t really prepare for what I’m going to do.” Courtney related gauging mentee interest this way:

either they’re really interested in what’s going on and…huddled around and listening…or they’re completely disinterested, and they just go away from us as far as possible…[I] can really tell the vibes that are going on depending on how close they are to me.

Alyssa described a change in the proximity of mentees to mentors after relationships with them evolved over time. She described:

When we first started out, the students would be a little bit further away…But as the relationships have…become more familiar, the students would move closer…at first, they would be standing…clenching their clipboards. Now they’re more comfortable and they’ll grab a chair and…really engage more than at first.

Multiple peer mentors described perceiving emotional responses of the mentees. Emma recalled noticing a student struggling:

You could just see the expression on her face, that she’s just about to cry…I just looked at her…oh, she’s struggling in a different kind of way. I asked her, do you want to talk about anything? and she just started crying. I brought her into the private room…her equipment didn’t come in, and she was just overwhelmed with lab.

Alyssa expressed becoming attuned to mentees’ moods, and described how she responded to the moods she sensed:

Some people could be in a good mood some days, so just being…at the same level of affect as them…or if they’re feeling sad, having that empathy aspect towards them. I think it’s important too, if they are sad, to have a little bit extra energy…on your part, because it can help bring their mood up.
Emma described an “aha moment” that “everyone has…some problem happening outside of school. If someone…looks exhausted, it might not just be because they partied the night before, it could be because their mother is sick.”

6.7.2 Commonality of experiences: “you’ve been in their shoes”

Commonality of experiences across mentors and mentees were frequently noted to facilitate comfortable mentor-mentee interactions. Carlos explained: “I was a year-one [student]…being in the same shoes…having the same experiences…I think that’s what makes them so comfortable with us.” Alyssa opined, “that close proximity in age is really beneficial…because we’re able to connect with students more easily…they’re able to gain more trust in me…not being as intimidating as a professor.”

Being able to relate to mentees also stood out to James: “just having stuff to talk about, to relate to, even, our common experiences” and Kelly “we just ‘get it’ because we’re all just students, so we get each other a little better in terms of communicating.”

Several participants suggested that mentors and mentees offered added value to the perspectives of professors. Alyssa noted “We’ve had…more recent experience…the professor doesn’t have the same experience with the practical examinations as a student who performed it a year ago.” Julia suggested mentees may be inspired through the perspective of “a student who just recently did [a practical exam] …just reassuring students that they can do it because that was just me recently …I have a better understanding of what they are experiencing.” James stated that the student experience is still relevant to peer mentors, suggesting, “It’s not like the professors that have graduated 20, 30 years ago; they are pretty detached from the student experience…but having [mentors] that have a taste in the professional side, but also have that fresh student experience, you get the best of both worlds.” Courtney said, “I feel like a lot of them like having [mentors] around because we are so close to where they are in that moment.”

Many mentors described validating and normalizing common struggles of students. Julia described, “being able to reassure the student and just provide them with
different resources if they need help…being able to relate to the student that going through struggles: *it happens, but you’re not alone and you can get through it.*” James described:

> I want to be…someone they can rely on to help them, not only learn the nursing skills, but learn the whole ‘being a student’ process, what that involves and the struggles that come with it, but also being able to reassure them that they are going to be fine.

Kelly recalled:

> You know the little things that they’re anxious about…what might get them on an exam. When you give them that information…it eases the anxiety, which is very important when it comes to angst over examinations, and it also just helps them better prepare themselves…there’s a bit more empathy…because we were in that position so recently.

Blair spoke of sharing struggles with mentees: “when they were struggling, I found sharing our own experiences…often made them feel better.” Sophie described role play scenarios, “I felt like the year ones were more comfortable watching us [role play an assessment] because they’re like, *okay, if they can do it, I can do it.*”

6.7.3 **Friends with boundaries: “on the friend level but also on the professional level”**

‘Friends with boundaries’ was a third theme identified in the data. All participants described relationships between mentors and mentees to be less formal than those experienced with professors. Carlos described “a casual relationship” while Alyssa suggested “definitely more professional than…social, just because they are looking to me as a mentor and ‘sort of a friend’ rather than a closer friend.” Most peer mentors mentioned a type of friendship that formed, but they counterbalanced that idea with a qualifier. For example, Lin proposed the relationship to be “like a friendship but still on a professional basis, so there is a slight power differentiation but not as noticeable as student to professor.” James expressed the relationship this way:

> I’ve made friends…not real friends, but good acquaintances. I wouldn’t…hang out with these students outside of school…but when I see them, I can definitely
relate to them and there are good feelings between us…I’ve felt I’ve built some decent friendships or acquaintances, or somewhere between the two.

Blair expressed “we’re friends, there's no doubting that…but still, they…look to us as the mentors.” She contrasted this type of friendship with those of students in her own year: “we’re together every day, we’re going through the exact same struggles for that time period.” Sophie offered a description of friendships with mentees, saying, “we’re ‘friends in that setting’…we didn’t talk to them much outside of it. They would ask questions…and we’d answer, but it was like, in that setting, they felt like they could approach us as a friend.”

Emma was one of the only mentors who did not describe the relationship with mentees as friendships:

I never felt like I built friendships with the first years…with friends…you say whatever you want, but with the first years, I didn’t want to say whatever I wanted because you never know if you’re going to offend someone, you don’t know where they’re coming from, so you’re kind of neutral

Most mentors described clear distinctions between ‘actual’ friendships and more ‘in-situ’ friends—they described conversation topics that were off-limits with mentees. Kelly described boundaries put in place between mentors and mentees, including avoiding conversations about using recreational drugs or parties with mentees while in the lab setting, which may have been fair game with the same students outside of class. Kelly shared:

I’ve made a couple of…genuine friends that are in first year…outside of class. When they bring up topics like [marijuana] in a situation where I am a mentor…I feel a little bit uncomfortable…I think there is a level of boundaries to be set. But it’s a little bit hard because it’s not clear…it’s not necessarily just professional because we both still are students technically.

Kelly went on to say “boundaries are…interesting…when it comes to mentoring…we still are…in a position of trust. But compared to professors and students, there’s less of a boundary almost.” Courtney described relationships with mentees as having “still that
professional relationship aspect… there’s still that line there that every time you talk, it’s still… not necessarily about lab, but school-related.”

6.7.4 Reciprocity in learning: “it’s equally beneficial”

The fourth theme identified was reciprocity in learning. Several peer mentors discussed learning through mentorship interactions. Lin described peer mentorship as a collaboration: “they’re both getting something out of it—the student is learning, and the mentor is also learning from teaching. I was able to build up more social and leadership skills.” Blair offered, “the [mentorship] program gives us an opportunity to learn [and]… grow, because teaching a skill to someone else also helps you work on that skill, so not only are you helping them, they’re helping you, too.” Carlos considered mentorship to be an older student helping a younger student, noting that “you definitely help each other”. He described the relationship as one “of equal footing mostly… a partnership or relationship [between people] that help[s] each other out when it’s needed… teams of people who … support each other.”

Alyssa expressed her ideas of mentorship as “creating a relationship towards success… we’re equally contributing towards each other, me as a [mentor] helping them learn new skills and them helping me develop my leadership [and] mentorship skills.” Sophie also described mentorship as beneficial for both parties, expressing, “it helps the students quite a lot… and being a [mentor], also helped my confidence tremendously.”

Carlos described not only mutual learning, but also an interdependence:

I feel like the relationship is dependent… they come to you for support, the comfort, questions, concerns, needs, and… what’s going to be happening in… year two nursing. They… depend on us in that sense. We [mentors]… depend on them … having questions and concerns, and for us to be in our position as a peer mentor… in that sense we depend on them.

For Courtney, being a peer mentor involved “committing to something that … is beneficial for both mentees and mentors”, she noted “how much you, yourself, can get
out of it and how much…it does impact and helps mentees grow and feel more confident about themselves.”

6.7.5 Varied learning spaces: “it went beyond the classroom”

‘Varied learning spaces’ constituted a fifth theme. Although the peer mentorship program was set up for in-person support for groups of year one students during skills labs, participants described interactions with mentees in various other spaces and activities. Carlos discussed informally helping a student after class, and described it as, “a great therapeutic moment to communicate their concerns…about the assessment, and what’s going to be happening next.” Sophie and Blair also recalled students asking for help outside of the formal class:

It went beyond the classroom. We met after school…we helped run through their vital signs practical. We pretended we were the teachers…we gave them feedback on what to do, so they found that really helpful. And even after that, a lot of students would come to us for extra help…that was a very positive relationship that we were able to build.

In addition to helping with lab skills, mentors also related answering myriad questions about other courses in the program, including what topics to focus on, which readings to complete, and what to expect in different course assessments. Lab peer mentors responded to these questions despite a concurrent program of academic peer mentors, who were randomly assigned one-to-one with year one students. James stated that he found himself sharing unexpected information with mentees, such as,

all the inside information about other courses and learning…midterms, what things are going to be like, how to focus, studying for certain courses, experience with professors and all that hidden stuff that you wouldn’t think would come out through a specific lab-oriented mentorship. That [is] …a big part of helping first-years.

Mentees also approached mentors for help with managing the entire nursing program. Julia shared an experience when a mentee voiced concerns: “it was a transition; the student was just out of high school so managing everything on their plate was overwhelming.” Lin related, “[for] a lot of them it’s their first time living on their own…it was nice also connecting with them on a little bit more of a personal level
talking about residence and about food…just building a better relationship…being like a big sister with them.” James described, “it is beyond teaching [knowledge] to an emotional instruction, as well.” Sophie mentioned teaching life skills: “How to cope…because in nursing, you’re always told to do self-care, and have time for yourself, and that can be really difficult.”

Before the COVID-19 pandemic, mentorship activities extended beyond the lab space, into other areas of the college and into the online environment.

Carlos explained:

I see a lot of the year one students in libraries or (college cafeteria), they’re always happy to see me, we just talk about how they’re doing with the program. Not just the [lab], but [all courses]. I don’t really see [mentorship] as just being only lab, I see it as a continuous thing outside of lab as well.

Courtney provided one mentee with her contact information and let her know “she’s free to contact me whenever, even after lab,” extending the mentorship activities to various forms of electronic communications.

Blair described long-term interactions with former mentees after the school year stating, “Even this year, they’re asking us, how is placement? What should we expect? What electives should I take?” Most participants suggested that relationships established in the lab mentorship program were more significant and longer lasting than the one-on-one academic mentorship program. Kelly described: I think [lab peer mentorship] is so successful because of the engagement that comes from …mentors and the mentees, because it happens in lab. Both groups of people are engaged entirely during those two hours…every week.
6.7.6 Exemplars of body-maps with samples of participant-co-researcher analyses

Figure 9: James’ and Kelly's body-maps

James’ analysis sample: [My] body-map teaches us about the relationships being interconnected through ...diagram of interrelations (top left)...peers, knowledge, professors and students in reciprocal, mutually beneficial relationships...interactions of
the lab being a space of wholeness...warmth of smile represents shared kindness to facilitate growth...open hands: open to interactions with others making it a nurturing setting...bright flame beside the body implies the passion that is involved with peer mentorship...

Kelly’s analysis sample: I'm sitting in that position...leaning in...with my arms uncrossed [to signify] come talk to me...the smiling and body position and the...yellow [signify] welcoming and being a safe person. Mentorship is first...building that trust...This body-map...connects the social aspect...with the lines coming out of my mouth...relationships are the essence of everything...when it comes to learning [to] build community. Learning is relational...when you have people coming with...different perspectives you can learn more.

Figure 10: Blair's and Sophie's body-maps
Blair’s analysis sample: [*In* peer mentorship, learning is reciprocal...signified by my caterpillar and butterfly; just as my mentees grow and evolve from my assistance and guidance, I too grow and evolve...relationships we create with our mentees are everlasting...my hands spread at my side with palms facing outward represents my readiness to hold the hands of mentees as we walk forward together... My pose depicts the quote “Together We Can.” My ears signify...I am always there to listen to those whom I mentor.

Sophie’s analysis sample:  Peer mentorship gives the equal opportunity to listen, to show, to feel, and to speak or teach...connectedness of multiple senses (the flowers). It can feel like a "full body experience" requiring you to use your heart, hands, head. Friends is [written] inside a heart...and there is a flower...indicating an emotional-social connection...a friendship...develops...Colours on the hands represent multiple ways of learning and teaching...with unique individuals. Smiling...indicating a supportive environment.

### 6.8 Discussion

This is the first known hermeneutic phenomenological study with the primary objective of investigating mentor-mentee relationships within student peer mentorship. Findings included a core theme of ‘nurturing a trusting learning community’ with five related themes: ‘attunement to mentees,’ ‘commonality of experiences,’ ‘friends with boundaries,’ ‘reciprocity in learning,’ and ‘varied learning spaces.’ Three of the five themes are consistent with and extend those from the literature, while ‘attunement to mentees’ and ‘varied learning spaces’ appear to be aspects of SPM relationships that may not yet have been reported.

‘Attunement to mentees’ *per se* was not found in the nursing SPM literature, possibly because no studies of purposeful investigation of SPM-mentee relationships have been undertaken to our knowledge. In a focus-group based study of peer mentorship of pre-nursing students, Smith et al (2015) identified the need for “emotional acuity” on the part of the peer mentors when creating space for mentees’ development by “stepping back” (p. 494). Emotional acuity may constitute a form of emotional attunement towards
mentees when making decisions about how much support they needed during mentorship activities.

‘Commonality of experiences,’ comprising SPMs being in the same position as mentees very recently, has been cited as an aspect of peer mentorship by several authors (Andersen & Watkins, 2018; Rohatinsky et al, 2017 Ravanipour, 2015). Mentorship as friendship is consistent with findings from the literature (Ritter, 2008), and, interestingly, a theme of ‘friends with boundaries’ was also identified by Blowers et al (2003).

‘Reciprocity in learning’ within peer mentorship was reported by several authors (Loke & Chow, 2007; Smith et al, 2015; Rohatinsky et al, 2017; Christiansen & Bell, 2010; Giordana & Wedin, 2010). Varied learning spaces as an aspect of SPM relationships was not identified in a literature search.

6.8.1 Embodied social understanding

Participants appeared to show embodied forms of social (intersubjective) understanding (Tanaka, 2015 – described under Theoretical Framework) through descriptions of ‘being in the mentees’ shoes’ and expressions of personal identification with the mentee’s experience. When describing sharing their own struggles with mentees, the mentors appear to relate intersubjectively to the emotional, professional, and personal contexts of peer mentees, and to tailor their responses for relevancy and meaningfulness. For example, Alyssa described becoming attuned to the moods of the mentees and adjusting her own comportment to match, or almost match, that of mentees. This sense of recognition and identification, involving intersubjective engagement with the whole person – bodily, mentally, emotionally – resonates with Bakhtin’s (1984) views of extralinguistic forms of communication within dialogic exchange. Alyssa’s efforts to match the mood of mentees is an example of what Doane & Varcoe (2021) call “corresponding energetically” (p. 153), in which a nurse matches their own energy level and approach to correspond with the situation and experience of a client to relate to them in a way that’s meaningful and harmonious.

Student peer mentors described experiences of mutual learning within their interactions with mentees, consistent with prior studies (Bright, 2019; Loke & Chow,
While coaching mentees on beginning nursing capabilities, SPMs themselves were learning how to notice and respond to complex situations with their mentees—a capability that is transferable to being a health care professional. For example, Emma came to realize that a student’s demeanor in lab may not only be related to intrapersonal factors such as possibly having a late night but may also be shaped by interpersonal and environmental factors such as an ill parent. This attention to “intrapersonal, interpersonal, and contextual interplay” is congruent with Doane and Varcoe’s (2021) ‘relational inquiry’ approach, which guides practitioners to enter each situation “as an inquirer, inquiring into the experiences of people (including ourselves), behaviors, and contexts, and how these are shaping each other” (p 5). Although learning a relational inquiry approach by SPMs was not an explicit goal of the mentorship program, it is possible that engaging in peer mentorship can nurture a relational inquiry approach to complex situations.

### 6.8.2 Complexity within peer mentorship relationships

Several scholars have argued that learning occurs within relationships (Giles et al, 2012; Doane, 2002; Barlas, 2001; Thayer-Bacon, 1997). In a phenomenological study exploring relationships in higher education, Giles et al (2012) found that “relationships are essential and matter to the educational experience whether this is recognized or not” (p. 214). In research on formal peer mentorship relationships in a large industrial organization, Wang and colleagues (2010) posited that trust formed a key aspect of mentorship relationships.

The mentor-mentee relationships described by SPMs were complex and reflect the complexity of the peer mentorship process that has been described in the literature (Andersen & Watkins, 2018; Gilmour et al, 2007). The role of SPMs in the lab included fulfilling expectations provided by the professors—that of coaching mentees as they learned nursing skills in the lab—and also extended beyond those expectations into areas that seemed to arise intersubjectively and organically among the mentors and mentees themselves. These more holistic interactions included supporting mentees while they navigated other courses, transitioning to post-secondary education, coping with difficult
emotions, and providing insight into future years of the current program—all areas in which SPMs had very recent experience. In addition to being present for mentees in the scheduled lab time periods, mentors met mentees after class in several in-person and online spaces. This is consistent with the findings of Vandal and colleagues (2018) that SPMs were experienced as ‘being present’ to support and reassure the mentees not only for nursing program-related issues, but also extending into other areas of life such as providing financial advice. The presence of the SPMs with the mentees in varied situations echos Merleau-Ponty’s observation that the social world is a “permanent field of existence” and that lived experiences are always already social. This holistic engagement with the mentees appears qualitatively different from the ways in which professors engage in “being-with” students in a post-secondary environment (Giles, 2012), and perhaps allow for deeper relationships.

In describing the relationship, mentors frequently used the term ‘friend’ but modified this to include more professional aspects. Participants noted that it was difficult to fully describe the relationship, and there were suggestions that the boundaries between mentors and mentees changed depending on the circumstances. Unlike a client-practitioner relationship, in which a certain professional distance and boundaries are mandated by regulatory bodies (for example, College of Nurses of Ontario, 2006; CASLPO, 2019), SPM-mentee boundaries shifted depending on the environment where interactions were taking place. Mentors described modulating the boundaries under these circumstances, for example, by choosing not to engage in conversations about ‘off-limits’ topics.

Mentors described keeping the mentorship program purpose in the foreground during time in the lab, while allowing a broader range of dialogic possibilities in spaces not formally within the professor’s purview. Interestingly, research of Culnane et al (2016), suggested that SPMs experienced ‘role conflict’ between professionalism and friendship while mentoring fellow students with intellectual disability, yet students in this study did not seem conflicted by the described roles, rather the fluidity of relationships seemed productive. Descriptions of the relationships among the groups of students are in contrast with the professor-student relationship, in which interactions seemed expected to follow institutionally mandated boundaries. There were no descriptions of professors being
considered as friends, and indeed, some information that was shared with mentors was purposefully kept from professors.

The SPM-mentee relationship was described by some participants as being in an “in-between” space, where mentors may experience an ebb and flow between an educational role and a role of confidante, without ever fully being one or the other. Using Benner’s (1984, 2001) range of novice to expert nurses, while (most) mentees are in transition from being high school students to being novice nursing students, SPMs are in transition from being novice nursing students to being competent nursing students and novice mentors. As both sets of students are in transition, a complex relationship between members of the groups may be the natural unfolding of relationships among people whose roles are in flux. This liminality is described as “being on a threshold and involves engaging in a state or process that is betwixt-and-between” (Turner, 1969, p. 465, cited in Billay et al, 2015). In a grounded theory study of nurse practitioner students in preceptorship before graduating, Billay et al (2015) identified a core theme of ‘navigating the liminal space’ that is consistent with the SPM descriptions of managing boundaries in their fluid roles; nurse practitioner students in Billay’s study ‘positioned themselves in preceptorship,’ ‘repositioned themselves on the threshold of nurse practitioner’ and then ‘embraced the new nurse practitioner role.’ In the SPM study, peer mentors had recently been positioned as year-one nursing students and were currently repositioning on the threshold of being competent nursing students and novice peer mentors.

Although this liminality may contribute to the complexity of the mentorship relationship, the in-betweenness of both groups of students may also shape learning within student peer mentorship in beneficial ways. Lockspeiser and colleagues (2008) studied the experience of being taught by peers instead of professors in medical school; similar to this study, they found that mentees valued learning from peer mentors because of their recent experience in the courses and their concomitant ability to understand what medical school students were struggling with—a combination the researchers called ‘social and cognitive congruence.’ In a study of ‘near-peer’ teaching among paramedic and nursing students, McKenna & Williams (2017) reported that participants identified with their peer teachers, found relating to near-peers easier than relating to professors,
and valued their recent experiences in learning the skills they were currently learning themselves.

6.8.3 Trusting intersubjective relations

Participants suggested that trust was an integral aspect of the peer mentorship relationship and was necessary for learning to take place. Alyssa described the level of trust with SPMs to be similar to a roommate – another person with whom one may “inhabit” a space together for extended periods of time. Previous researchers of peer mentorship proposed that SPMs and mentees spending sufficient time together was important for development of the relationship (Gilmour et al, 2007). SPMs discerned that the mentees trusted them enough to show their vulnerability, to let SPMs know when they were struggling, even allowing themselves to cry in front of them.

According to Jones (2012), for a person to be considered worthy of trust, someone relying on them may need to feel that the trustworthy person is competent in the area in which they are being relied upon and is responsive to the needs of the reliant other. The SPMs appeared to cultivate trusting relations with mentees by responding to mentees’ gestures and outward signs of discomfort, and by assisting them to develop relevant capabilities. SPMs validated mentees’ anxiety by sharing their own anxious feelings at similar stages in the program, and by reminding mentees that they had survived, thus strengthening mentees perceptions of SPMs competence. SPMs competence was evidenced through passing the course and having recent lived experience in the course, with all the stresses and expectations that entailed.

As a point of interest, participants distinguished between different levels of trust among groups of people, i.e., “the professors” and “the peer mentors,” as opposed to specific individuals. Schemaker (2021) suggested that, within institutions, groups may be considered as a whole when deciding whom to trust. From the perspective of the SPMs, professors may have been grouped together by the mentees as less trustworthy than SPMs.
6.9 Implications for Health Professional Education and Research

The findings suggest that mentee relationships with peer mentors were qualitatively different from those with professors. While students relied on professors as authorities of the disciplinary knowledge and competencies, they relied on SPMs to provide support related to the experience of being a nursing student. Both professors and SPMs contributed toward student learning in distinct but important ways. Understanding the nature of SPM-mentee relationships can help educators support such relationships. It may be helpful to include ‘what to expect’ in the SPM-mentee relationship during orientation for SPMs.

Educators in health professions education programs could consider providing extended times and places for mentees and mentors to interact together as a way to support relationship development in peer mentorship programs. This may include ensuring availability of small rooms near the lab areas, where students can practice competencies in smaller groups away from the professor’s earshot. Mentors suggested that mentees may need to share personal or academic information that is not meant for professors to hear. Programs may consider putting in place a confidentiality agreement designed for SPM-mentee interactions. This may help to ensure that sensitive information shared with mentors is not inadvertently passed along to others without express permission.

The matching of mentors and mentees in this program was original compared to one-to-one or one mentor to a specified group of mentees. The process of assigning two SPMs to every 16 mentees in a lab setting appeared to be an effective approach, to afford mentees some choice and flexibility when deciding which mentor to approach for any given situation. The findings of this study may be useful to those who plan and structure peer mentor programs for other health professional education programs beyond nursing, such as occupational therapy, physical therapy, speech-language pathology, and medicine. The findings may also have implications for preceptor programs and mentorship arrangements in graduate nursing and other health professionals. Future directions for
research include further investigation of power relations among students, faculty members and student peer mentors.

6.10 Limitations

While a sample size of ten participants is considered robust in phenomenological research, a limitation may be that all peer mentors were involved in one peer mentorship program, at one site, during one academic year. Also, the design was atypical regarding the two SPMs per 16 mentees per session arrangement, which needs to be taken into account in interpretations of the findings. Only 10 of 32 available peer mentors for the winter 2019 term participated in the study. It is possible that the characteristics and motivations of potential participants who did not volunteer might have shaped the data in different ways (Speechley et al, 2009). While the findings were resonant with those of similar studies, interviewing peer mentors across academic years and across educational organizations may lead to richer data and more robust findings.

Merleau-Ponty’s work has been critiqued by some scholars for promoting a male, ableist, heteronormative perspective, and failing to recognize gender differences and politics (Young, 2005). In this study, we did not explicitly employ a lens of gender relations, but research team members were intentional about remaining sensitive to potential gender-based experiences arising in the data. Furthermore, explicitly attempting to honor bodily knowledge in the study may be consistent with feminist perspectives of what counts as knowledge (Grosz, 1994). Weiss (2015) argued that “Merleau-Ponty’s phenomenology of embodiment can be an extremely helpful ally for contemporary feminist theorists…because his work suggests that the gender … and ability of bodies are not innate or fixed features of those bodies…but are themselves dynamic phenomena that have the potential to overturn accepted notions of normalcy, naturalness, and normativity” (p. 77).
6.11 Conclusions

The purpose of this study was to investigate student peer mentors’ cognitive and embodied perceptions of relationships during peer mentorship within a health professions education program. Five themes arising from a core theme of ‘nurturing a trusting learning community’ were identified: 1) ‘attunement to mentees,’ 2) ‘commonality of experiences,’ 3) ‘friends with boundaries,’ 4) ‘reciprocity in learning’ and 5) ‘varied learning spaces.’ The findings further discussions about embodied social understanding, trusting intersubjective relations, liminality and complexity within student peer mentorship relationships. Several recommendations are proposed to enhance future peer mentorship programs to advance health professional education.

6.12 References


Thayer-Bacon, B.J. The nurturing of a relational epistemology. *Educational Theory; Spring 1997; 47, 2; Education Database p. 239*


Chapter 7

7 Body-maps, testimonios and thematic analysis

7.1 Introduction

In this chapter, the body-maps, testimonios, and findings identified from analysis of the body-maps are presented, followed by a brief discussion. Body-maps were analyzed by research team members and by participants who joined the primary researcher to analyze their own maps. A testimonio representing each body-map was constructed, drawing on participants’ words about and descriptions of the meanings of symbols and images in their body-map. The analytic question that guided the analysis of the body-maps and testimonios was “What meanings and embodied understandings are revealed about peer mentorship through the images, symbols, drawings and stories created during a body-mapping process?” A full description of the data analysis process is provided in the Methodology Chapter 3, section 3.7.
Figure 11: Carlos' body-map
7.2 Carlos’ testimonio (spoken)

This is a body-map of basically my experience as a peer mentor in the peer mentorship program … my body-map is coloured in orange … because it’s my favourite colour… I feel like it is bright and it’s positive. That’s just who I am and that’s how I see the nursing experience as a [mentor] as well. Up here is two little speech bubbles…[upper left] representing what I believe I was in regards to nursing prior to entering the program and the mentorship, and this [upper right] is after entering the mentorship program. [Upper left] you see a question mark and a couple of trails diverging and a little … different text up there. This … represents my confusion. I was being unsure where to go in … the future of my career. And after entering nursing and entered the peer mentorship program as a mentor, I’ve been able to really practice different kinds of assessments and really figure out something I really enjoy doing … cardiovascular system and the neuro system. I really enjoy those fields of nursing. And I found that all throughout the peer mentorship program… [here] you see kind of a brain here with eyes kind of smiling, muscles kind of on the top right. And that just represents how the peer mentorship program is a very positive experience. I’m always mentally happy [in the] program… my time as a mentor and collaborating with the profs and cooperating with the Year 1 students as well really helped foster my learning and really contributed to my growth and knowledge. And then as you move down, you see a big smile, a big grin, just further emphasizes the point that it is a very positive experience. I really enjoy being a peer mentor. And then as you move down, you see two hands in yellow [on shoulders]. There’s not really a purpose for the colour, but the position is kind of each little palm print, and the palm just has the first names of everybody who has been supporting me and really influenced me to become a peer mentor. And I put the palms or the hands on my shoulder to kind of give me that little push to participate in the program. And then these two are symbols placed in power positions on my body. And I put the treasure chest symbol on my throat, because as a mentor I believe that my voice has a great potential to teach the Year 1 students to advocate on their behalf as well as helping to kind of deliver learnings and messages from the teachers on their level as well. I chose the [treasure] chest because typically as a nursing student or as a nurse, you won’t want to speak out as much or you might be shy, and the [treasure] chest represents someone’s untapped potential… if you actually do open up, you do talk, you can really cause an impact on people. And the second location I put is at the heart because that’s where I believe my source of compassion comes from. Without my source of compassion, I would not be able to speak out or participate in this peer mentorship program. And then my slogan is, you never know until you try. Because growing up, I’ve always been kind of shy and was unsure what to do, whether or not to pursue something. But when it came to become a peer mentor, I just go for it, be spontaneous, and I’m really glad I made the decision. It really does teach me that some of the best experiences in life are those where you never expect it … to be something you enjoy doing. So, you’re just going to go for it. And I really did enjoy it. And then if you move down here, this is just a symbol representing my view in the peer mentorship program. I have a tree there and it’s being supplied by
rain, the sun, fertilizer, raw soil base. And each component, anyone of these can be a teacher or a STAR or a student, and together they’re making this tree grow. And that tree is our knowledgebase, so the knowledgebase in myself as a mentor and a teacher, or as a student, and altogether we’re helping to foster growth and knowledge. I forgot to mention here as well, I actually drew a little scar there where my ear is, because I was born deaf, and if it wasn’t for the surgery or undergoing speech therapy and a long process, I would not be here today, for sure. I would not be a STAR. I would not be receiving knowledge from teachers and from other people as well and just giving knowledge back to them. So, I feel that’s a really big obstacle that when I overcome led to great opportunities and happy times. I’m just going to read out the message here. Entering into the peer mentorship program as a mentor was a lengthy process complicated by my own level of spontaneity, confidence and belief to be a leader. In other words, I was very unsure of myself and did not know that I had it in me to be a great supportive and kind mentor. However, with a little more thought put into it and a little push from friends, family and peer mentors from the previous year, I decided to go for it not expecting too much, and, was I wrong. Becoming a mentor granted me the experience of teaching my Year 1 nursing peers, refresh upon and gain new insights into many health assessments and previous nursing knowledge. Becoming a peer mentor gave me insight into the lives of many Year 1 nursing students, while also giving me the opportunity to see nursing from an educator’s perspective, for example, clinical instructors as well. Becoming a peer mentor also served as a great learning experience for myself for I was able to receive feedback from both the Year 1s and professors as well. I was able to realize the potential I am able to achieve as a nurse and perhaps as an educator as well. This experience really informed me that whenever an experience arises, when I’m unsure of an interest in it, I should believe in myself and be spontaneous for you never know how much you will like something until you try.
Figure 12: Alyssa's body-map

"If you believe then you will achieve."
7.3 Alyssa’s testimonio (spoken)

I chose this pose because um… a hand on my hip shows that I have some confidence in what I’m doing, and my hand out shows my explanatory part of being a mentor, ‘cause I’m always constantly explaining things and using my hand to show or to explain… I have a wide stance to show also that I have confidence. The next thing I’ll talk about is this little pathway here, so I have some books, which is the knowledge that you gain. This is the pathway that, as a mentor, you’re helping your mentees take. So we have a purple book for Western and red book for Fanshawe and you’re going to take the path that you’re going to graduate, and that you’re going into healthcare. The plus sign symbolizes healthcare and that you’re going to continue on your path, which is kind of unknown in nursing ‘cause you can go in so many different directions. My slogan is, “If you believe, then you will achieve.” So, that’s believing in yourself, and really believing in your lab skills, really believing in yourself as a mentor as well so that the mentees believing that they can do it and the mentors believing that the mentees can do it getting them on the pathway to graduate…which is achieving. Just finishing the holistic health assessment course as well, that’s something they can achieve. The torch here, that’s something that symbolizes nursing to me because it guides its way with its warmth. It represents the warmth of mentors and with its light its guiding the pathway through the darkness for mentees. My handprints were to symbolize… my hand motions as well. Marks on the skin, so this is a little symbol that I drew… I like to use colours because colour represents creativity, which, I like to be creative as a mentor to keep things interesting while I’m teaching mentees. …and a watch because it represents time, and over time with mentees, you need take your time to help them develop their skills, and you’re always wearing a watch in Clinical. A heart, and surrounding that heart you see my power symbols, which I’ve also put around my head, because the two things that represent power of mentor to me is: my heart for compassion and my head for knowledge. I’ve just drawn a self-portrait there, the lab coat, this is people who support me as a mentor. The lab coat represents the professors, and the STAR represents the other mentors that I work with. Over here, I have my message to future mentors; “Being a nursing student peer mentor requires strength, resilience, commitment, compassion, and positivity. It is a role composed of many roles. You are a role model; therefore you must embody traits you wish to grow within your mentee. A resource, you must be knowledgeable and prepared to assist and teach your mentees, and a friend. You must be dependable, reliable, and trustworthy, and supportive within your role. And then lastly, I have a little picture that I decided to draw on the bottom, which is my analogy of being a mentor. So, the mentors are the watering can, and at first, mentees start as a little seed, they’re going to get planted on the ground, and as they continue to get water, and sunlight (which I didn’t draw sunlight, but sunlight is another great component), the seeds are going to start sprouting, and eventually they will shoot up into a flower, and bloom, and that’s when they really develop their skills. And the mentee, and mentor relationship has accomplished to how it’s supposed to.
Figure 13: Julia's body-map
7.4 Julia’s testimonio (spoken)

There was a meaning behind every colour chosen to every symbol drawn. The body is my physical body itself. I stood in a star-like position just for the mentorship program of STARS. I just wanted to represent that. I outlined myself in blue as a colour because that is the colour of the scrubs I would most frequently wear to [lab] because they were the ones I felt most comfortable in. My drawing on the left is a world and around it are initials of people who are significant to me. I chose this because just those people are my world and there’s really no other way to describe it. So that's why I picked that symbolism. I drew my past, before I was a nursing student, of my struggles in high school and just drew a path leading to where I hope my future will be as a paediatric nurse specializing in oncology. I specifically chose green as the colour of my path just because I just want to keep going on my path. It circles around just to represent that it's not a straight linear process. I chose red to represent the past, just because I think I'd rather stop and I don't really want my past to stop me from pursuing my future goal. And then I picked orange as my future colour because it's still incorporates some of the red from my past, but I'm not letting it stay red, not letting it stop me. I let it change to be a brighter colour, but still have that red incorporated to remind me of where I came from. For my internal emotions of how I felt as a peer mentor, I drew butterflies in my stomach and some exclamation marks in my head - this just represents some uneasy feelings that I would have, usually before a lab session, putting pressure on myself to making sure that I was the best resource that students could have as a peer mentor. I just always liked to put my best self forward, so just kind of put that stress to make sure that I was being that aid that the students needed for my external presence, that students would see me as peer mentor. I had my name tag, a smile and shoes. I have my smile just because I like to present myself positively just because non-verbals are just as an effective form of communication as verbal. My name tag - a professional sense that I'd come prepared ready for lab. My shoes because I never thought I would be in the physical position of being a peer mentor. So I just really wanted to acknowledge that as a fact that I went out of my so-called bubble to be a peer mentor to help others and further grow in the nursing profession myself. I chose yellow when putting my hands on my picture as a representation of being bright and again just going back to that stars analogy, to represent that. If my hands could speak of how I am as peer mentor, I would say hardworking and helpful. I am always willing to help any way I can. Big or, small and also hardworking in the sense that I would take the time to prepare as well as give everything my all when I would work in the labs with students. A symbol that represents my experience as a peer mentor - I chose a heart because, even though all my drawing, I experienced some feelings in my stomach and some feelings in my head. In the end it was my heart that helped me overcome those feelings by my passion and knowing that I am a capable student. I made [the heart] shining just because that's what I like to put at the forefront of my presence - those feelings rather than some other negatives. But, I also did include a little blue section in my heart just to represent some of the scary feelings I might experience in my heart still. But I don't let them outshine the positives and I acknowledge
that they're there, but I don't let them control my mentor abilities. My slogan as peer mentor is “why not give it your all?” So I think it nicely ties in kind of all the representation of all the symbols I've included in this body-map because when going in to peer mentors students, what is stopping you from doing the best that you can do? Just give it your all and you just need to believe that your all is good enough and have confidence in yourself. If I had to describe to somebody else a symbol that represented what peer mentorship means, I would say a medal because it is a very rewarding experience both personally and professionally, and it's unique to your experience, but I personally grew through communication and confidence, personally. And then professionally I grew in just being able to keep up with my skills and collaborating with future nurses. Then finally my letter to the postsecondary community: Postsecondary education is hard no matter where we are coming from, what program we are in or who we are. It is an adjustment. While postsecondary can seem like a whole new crazy and a wild world, it is not. Through mentorship connections, you can see that you are not alone. You have someone to help you get through the hard times and someone to help you acknowledge your good times. This connection is unlike any other; do not underestimate the power and importance of this connection. Sincerely, a student who has experienced being a mentor and a mentee. That concludes my body-map.
Figure 14: Lin's body-map
7.5 Lin’s testimonio (spoken)

This is my body-map representing my experience doing peer mentorship… I chose this pose because it’s my resting pose and a pose that I associate with a presentation, which is kind of what mentorship is. You present what you know to the students. I did it in purple and blue… the blue was to show professionalism, because blue is a standard colour. And then the purple is to show the mix of a bunch of colours and I think that in mentorship, you do a mix of a lot of things. You build relationship with people; you teach them and it reminds me of friendliness and friendship. It's a happy colour; I chose that one I did on the top half because the top of you is more important than the bottom. There are physical symbols on the outside as well as the inside. The symbols on the outside on my legs because I always have bruises and I always bruise myself in lab because there are a lot of things that trip you. On the inside, I did a cardiovascular system. I drew lines connecting my hands, my heart and my brain. I chose those areas because they are the most active areas, because you’re using your hands to show all the skills, and then your heart to connect with the students, and your brain to share your knowledge. I also add some lines to my feet too because you walk around a lot and it’s a pretty active part. On the sides, I drew my path, my journey in nursing. This one [on the left] is me in the hospital working. I drew that because that’s what I thought nursing was at first. You just go to the hospital and then you work in the hospital and that’s kind of it. And then I drew a line that spans to a more diverse, with a picture of a lot of people, which is what I think of nursing now. With nursing, you can do so many things. This tends to show the collaboration between people to ensure professionalism. As for the line, I drew it so that it branches out to three, to show my understanding of how broad nursing is and the medical communities you can have with nursing. Tor the internal kinds of sensations for peer mentors is kind of these lines under the lung area - I drew this to show anxiety, because sometimes it’s scary to present in front of a lot of people, the first time especially, so that’s kind of a representation of that. And next, we have symbols…this one was to show strength and structure. So, going to STARS can be kind of time-consuming. The stones in my back I drew to show motivation. You stack them up to give you strength. I drew a superhero on my shoulder to show confidence, because we need to be confident to present to a lot of people and to share what we know. I drew scissors near my hands to represent the practical skills and kind of hands-on. For my face, I drew myself smiling to show the open attitude, positive attitude coming into mentorship. And this symbol is to show the connection between everyone who has supported me and to show how everyone who has supported me are all connected to each other as well as myself. My slogan is, plan to improvise. I chose this slogan because it’s the main thing I learned from mentorship and that kind of just turned into a strength for me - at the beginning I always wanted to plan everything. I wanted to know exactly what I was saying. But throughout my experience [being a mentor], I learned that planning every single thing isn’t exactly the best way to teach. The position of plan to improvise was to show that in improvisation you need some kind of structure to it to be able to improvise in an effective manner. For the symbol I picked to represent [mentorship] is
the hot air balloon with the heart, and the heart represents everyone. And the hot air balloon, I chose that picture because STARS is a great opportunity for people to learn both for the STARS and the students. The hot air balloon represents their learning journey because you go up and then after you see the big picture, you think you know everything, but as you move on with your life, you realize there’s a lot more to learn. Lastly, my last message is, peer mentors allow students to learn from people they can relate to. I chose this message because that’s what I got out of mentorship. When I was in first year, I liked having people that I can relate to that just went through what I’m going through right now. I felt more comfortable in sharing information with them and asking them questions because they were in my exact same position, they went through the same things, so I felt like it was easier to talk to them about certain situations. I chose the colour orange for my hands because the colour orange I think of it as a fun and bright colour, which is what I think of STARS. It’s fun, it’s warm, you get to talk to people and you get to practice your skills, which I think is great fun.
Figure 15: Kelly's body-map
7.6 Kelly’s testimonio (spoken)

For my body outline, I was sitting on a chair [at the same level as mentees], so I drew a lot of my supports on the chair, metaphorically supporting me, kind of physically, I guess, in my drawing. It’s a group of people holding hands. To me, that’s community. And, I think, particularly for the mentorship role, the nursing community, I’ve learned so much from my mentors and also my peers, even my same year, peer learning is such an important theme that keeps coming up in my time in nursing school. I used different colours, because there’s a diversity piece in there. Diversity in terms of identity, but also diversity in terms of experience, where people are from. The more I talk to students, the more I learn that they come from so many different places, with so many different backgrounds, from education background, social background, and all that. I think there’s much to learn from all that. Then, these are stars here, literally stars, kind of guiding me. And, these are specifically for my mentors in my first year, because I think they were just a big help to me. I still talk to upper years when I have questions and they’re just there to guide - they’ve given really good advice to me. We’ve got the physical marks - it’s a mark of having a BP cuff used on you, several times, sometimes you have to switch arms, because one arm is just too sore… But, I feel honoured that I’m able to extend that patience to let them practice, because I know a lot of them feel anxious about it and they feel bad to ask someone to just sit there for however long for them to understand blood pressure… So, as a peer mentor, I think this is representative of the patience that you have… mentees are very thankful for patience… as a mentor, part of the role is just to lend your arm to a first-year student to let them practice their blood pressure taking skills on you for many times. This mark here, it’s lighter, relates back to the yellow theme, it’s the warmth and light. In yoga, there’s a saying, from the light in my heart to the light in yours. So, that shows this connection and this warmth. It’s just this very human connection, I think, mentees and mentors have. And, wisdom, too, comes with it. So, the light I’m keeping by my heart, because I think that’s a way to connect to others and I think that’s a strength that I have. And, I think it’s in everyone too, just to really connect and that’s, I think, the best way to mentor. Then, the other part is my voice or my mouth, or my vocal cords… basically, it is through communication. I think mentors have to have a strong communication skill set, just because you really have to articulate and guide your mentees. I always have to yell a little bit, because it’s so loud, so it’s a representation, mostly, about the communication skills. There was a colour choice [of purple]. Red and blue are the kind of opposites: red, I personally imagine, is more aggressive [and] blue is softer. So, as a combination of the two, purple, being very assertive still, as you are educating or as you’re mentoring or facilitating, just being very assertive, but not being aggressive and not just being very passive, but just kind of a combination of being able to balance that out and be assertive in communication. My self-portrait is just me smiling, very hugely…because there is an importance in creating a welcoming environment right off the bat when you meet your mentees, because you want them to feel comfortable enough to ask questions and to engage with you. My slogan is, follow your curiosity… because school, at the basis of it, is for learning and learning is
driven by curiosity, by questions, and ... you want to look for an answer and that’s what learning is about. So, that applies to mentorship, because ... you hopefully are in an environment to feel safe enough to ask questions and also receive answers. Follow your curiosity is what I encourage my mentees to really embody, because I think that will really ... open doors for them in the future. Sometimes I feel like education is so structured that it almost takes away from learning. People end up caring more about rubrics than about what are you’re learning. When you go back to curiosity, when you start asking questions again, I think that’s when it really brings you back to the foundations of learning.

The public and the post-secondary community, I think, can use this or hear this [message]. I’m just going to quote this, because this isn’t from me. Basically, it says, nothing for us without us. That, I think, is applicable to nursing because it’s about collaboration, it’s about advocacy. You never advocate for someone, you advocate with them. You don’t just speak for what you think is best, you always work with them and you always collaborate and that is what we always learn in school. I really wanted to bring that forward and make sure that the post-secondary community hears this and also nurses out practicing hear this, because I think it is so very important. With the words on my paper, you can tell I come from an activist background. I think that plays a role still in everyday nursing. For mentorship especially, too, you really have to collaborate with your mentee and you have to ask them, how do you want me to help you. You don’t just assume that they need this or assume that they need whatever help, you work with them and you see where they’re at and you meet them where they’re at and you ask them, how can I support you, instead of just going in and doing things for them without actually consulting them. So, that’s what nothing for us without us means. My symbol representing peer mentorship in nursing is a lighthouse, because sometimes nursing, they’re kind of expected to figure things out. A lot of it is you’re … expected to hit the ground running and really learn and pick up things yourself and be really prepared and you just don’t really know what you’re expecting… peer mentors play a role to easing the anxiety in that kind of situation by being a lighthouse. So, dark night in an ocean, when you don’t know what’s going on, that’s what it feels like and I think a peer mentor can help guide your way to the shore. And [my caption] resilience to me means understanding that everyone at some point has gone their own challenges and their own adversities, their own struggles. They have their own stories. And that makes them stronger and that makes them who they are. And that made me who I am. So, this was my caption. To revolution, that is meaning that with the mentorship I want to create change. I want to create impact in people’s lives. I want to change not only individual lives, but also the system that we’re in, because there are so many things that we can improve in our healthcare system and in the political system. As a future nurse, I’m going to be in a position where I can advocate and I absolutely will. So, that’s what resilience to revolution means to me.
7.7  Emma’s testimonio (spoken)

My feet are brown because they’re rooted in the ground, or I try for them to be rooted in values... I have certain people in my life that don’t necessarily challenge me, but just give me a stable environment where I don’t always have to be doing the next big thing. The peer mentorship, specifically, I’ve drawn a trunk and roots. That just says that my education had to start somewhere, and then it has grown...the leaves, and it keeps growing a little bit about my personal knowledge. Then when I learn something well, then it can blossom, and I can teach other people about it and help them through their tough times, like, going through the first year of nursing school. I picked green for around my body...because that’s my favourite colour, but I did pick a darker blue and then a lighter blue [for head and hands] because a lot of the knowledge is in here, and then you get the opportunity to use your hands and go outwards. I used yellow at my hands because, just from a personal story, I view yellow as safety, and when people come up to me, I want them to feel safe. When I’m showing them how to use it, they don’t feel judged, like, teaching blood pressure. I use my hands, and I want them to feel ‘not judged’ in just a nice atmosphere. I have scars all over my body from meeting new friends, and from hitting my knee when I was a kid. Getting hit by a car put a little dent and made me rethink a few things in life. I have other scars on my chin as well, but the more internal scars are back to the start, scars that relate to the start of mentorship. So, the heart, even in the nursing program or in [mentorship], it’s very heavy. Sometimes the mentees will tell you stories about what’s happening in their lives, and that can be very emotionally draining. You can feel heavy, but it’s also very uplifting because sometimes you get to help them, and … to make them feel better from when they first came in….that’s very uplifting, but it still is hard sometimes. My power symbols for the heart are a fist and then a peace sign. The fist is I will advocate for the students. I will make sure they get what they need, and just work with them on that… Then peace is when you come in and you see a bunch of stressed-out first-year students, you want to just cause peace. You want to chill everybody out, and that comes from the heart. You want to understand where everybody is coming from. Down by my hands, you give directions through your hands so again, teaching how to do blood pressure... it’s given through your hands, and you provide guidance in that direction. The internal scars on your hand is when you’re going through their peer mentorship, they’re scarring you in a good way. You’ll always remember them. They’ll always have a special part in your heart but helping them remembering how you taught them these skills … that’s usually done by your hands. That will always be with you in a good way. My face or self-portrait is sometimes I cry. I go home after I hear a hard mentee story, and it hits me in the heart. Sometimes, I go home and cry, and that’s all right because I’m processing it so that’s that [left] eye crying. This eye, as a [mentor], I’m always trying to look and see what people need, just being aware of your environment. Then the smile, there’s a little tongue that’s sticking outwards. It’s just adding a little bit of humour. I think that’s okay to add humour into things. It can relax people. It’s a good learning atmosphere. The forehead - sometimes, when I was sitting, I’d scrunch up my head like that so some of the lines are
going down so lessening, but other times, you just need to be there. You just need to get the job done so the lines are across. This is a clown wig … again, adding humour and jokes… when I’m with the mentees I sometimes like to joke around with them. That relaxes them, and makes it feel like it’s not such a serious environment. We can have fun while doing this lovely experience. These are other people in my life [pictured]. I have people rooted, and it keeps my heart centred and soft, but then I have people in my life, so friends, profs, and myself, who are always pushing me and challenging me as a [mentor] and as a nursing student so I think you do need all three. In the future as a nurse, I want to advocate for the people who get pushed aside in society so the elderly, drug addiction, and in the prison system. That’s where I want to go. I do want to say that I don’t think these people are smaller than the people who are at a certain income. It’s just that’s how a lot of society views them that they are smaller. I’d like to be working with them. My motto is ‘ask away’. You can only learn by asking a million questions, and that’s at least how I learn. I want them to ask a million questions, and I always want them to feel safe in asking questions. This was another power symbol. It’s just by learning so I learn academically with a whiteboard so that’s just the intelligence that’s brewing up in your mind so you can help those other first-year nursing students. ...I know in talking with friends, and I just know for myself, a classroom can be very scary. I want to ask 20 questions. But really, realistically, in a class I only get to ask about one, and sometimes I go above it. But when you have a mentor, you can ask many questions. To get all those uncertainties out of your mind, ask those multiple stupid questions, but that a classroom is limiting in a lot of different ways. Sometimes, it’s very boring for students to sit in a class so when you do have a peer mentor, you can ask those million questions about your academic insecurities. Just when you’re talking to another peer, it isn’t so stressful I guess talking to a peer because …you don’t have to impress them. They’re not marking you on anything. There are no stipulations there, but when you talk to a prof, there is. There’s a lot of stress there. So, a peer really has opportunity to lead and guide your first-year nursing students, so I think it’s very important for nursing as well as other programs to have it.
Figure 17: James' body-map
7.8 James’ testimonio (written)

Body-map colour: I used the colour green for the outline of my body-map because it’s my favourite color and its tied toward a positive outlook, also it represents nature, strength and livelihood, and this is a connection to nursing for me. I use the color red on my hands because I believe red represents healthcare practice as well as symbolically representing blood and I tie this to nursing practice because I’m using my hands to care for others, symbolically caring for their “blood” or their livelihood. The symbol before practice/mentorship is of a question mark in a haze. To me this represents an unclear path and no direct vision of what my future would involve. It also represents my limited understanding of what nursing practice involves. My future practice symbol is an eye looking towards various practice opportunities; I envision many career opportunities in my future, such as teaching nursing in university, practicing as a nurse practitioner in an acute setting, or getting involved in community practice. I drew a flow chart of categories of people and things that support me. They are all interconnected, and they all influenced me; these include my peers, knowledge, professors, and the students who I teach. I drew muscles as representing the [embodied] marks on my skin. They are a symbolic projection of my physical and mental strength in providing my teaching and in my nursing practice. They also represent strengths in terms of supporting others. My marks under my skin are a heart and a star overlaid. They represent my passion for nursing and peer mentorship as well as emotional strength in nursing care. I drew a flame symbol to represent my experience with peer mentorship. It represents me passing on knowledge to others and of hoping this knowledge will multiply, flourish, and spread continuously. My self portrait is of myself giving a goofy grin representing the humor in my practice I used to like in the mood and calm down stressed-out students and represents my lightheartedness towards practice. It also represents my positivity. My slogan is embrace your curiosity—to me this represents pursuing every question, every opportunity to learn and to better yourself and your understanding, alongside recognize it’s okay to not know the answer but it’s important to try to find it out. Description paragraph for other nursing programs: I wrote about peer mentorship being an incredible opportunity for self-development and to influence and help others improve themselves and their practice. I wrote about peer mentorship also going beyond teaching nursing skills and providing an opportunity to teach about self-care, time management, the student experience, and building bonds with others.
Figure 18: Blair's body-map
7.9 Blair’s testimonio (spoken)

Describing my body-map, I would like to talk about my quote. This is what I thought about during my journey as a mentor, and it’s, *together we can*. Because nursing is not something we do alone, and together we can conquer and face anything that may be thrown our way, both our mentees and as mentors. These here are just some symbols that represent people who have been really helpful and influential in my journey as a mentor.

The first one is an apple, and that represents the professors who are always there as a source of support, guidance. If there’s ever anything that I was unaware of as a mentor, they were a great resource. The other one is a stethoscope, and that just represents my mentees. I was able to learn a lot about them, about teaching, and about myself through the mentorship program. The other one is my family, my family is always supportive in anything I do, and they really encouraged me to become a mentor. Any time I felt discouraged, or I didn’t know what to do, they were always there to lend an ear to listen.

Then my fellow [mentors] is the next one, it’s kind of hard to see, but it’s the star. They were really helpful in having my back during this journey. If I ever had any questions or was unsure, they were also a great resource, and really great to help prep for the lab sessions. Here we have a caterpillar - this represents my journey as well, as a mentor and a nurse. At first, we started off as a little caterpillar, and then eventually we prosper into this beautiful butterfly. I’ll talk about my face now. Essentially, I drew my eyes, and in my eyes, whenever I approach a situation with my mentees, I try to look at where they are and where they’re starting, and where they would like to be, and their goals, just to help them get there, and see what I can do. The next one is a smile, so [peer mentorship] made me really happy, and made me warm inside. Rosy cheeks represent any time I felt maybe a little flustered or shy when I was giving a presentation or something. Then the chin, I emphasized the chin just because we’re always going to go through hard times, but we have to keep our chin up and keep moving on, and together we can. Here I just have some different organs that represent what I felt during STARS, so I drew a heart because my heart feels very full. I feel like [in mentorship], you need to be very empathetic and very understanding … and I feel like it is my strongest aspect. I drew the lungs because sometimes you just need to breathe, and that’s oftentimes what I would teach the mentees. The stomach because you do still get butterflies when you’re teaching. Then I drew faith, that’s my tattoo that I have. Then my representation of [the mentorship program] is a colour pallet and a paintbrush because I felt like mentorship was the art of nursing, so taking empirical aspects and mixing it with emotional, and everything. My [message for the postsecondary community] for whoever wants to hear it: Becoming a STAR (mentor), to me, is empowering. STARS allowed students, mentors and professors to be in nursing and nursing education from a multidimensional lens. This program also provides comforts to students, as they have the opportunity to learn from their peers who are similar in positions. This program made my experiences as a student and a mentor great.
Figure 19: Sophie's body-map
7.10 Sophie’s testimonio (spoken)

This is my body-map. I’ll start at the top. A tree … is what I would use as a symbol to represent the whole experience of a STAR [mentor]. I feel like it’s all about growth, and there’s different aspects to a tree. There are the roots, so the roots of nursing, and then also the leaves. With the seasons it changes, and everything, and I think you need to learn to embrace change and accept that there are going to be barriers that you will come across. You just have to learn to embrace it, and just push through it and grow. The phrase that I chose here was, *push forward*. I feel like, again, there’s going to be a lot of barriers you face, and you just have to get through it and learn how to push forward. I feel like my peers have helped me do that a lot, so I did choose that as one of my symbols. Both my friends and other STARS really helped support me and helped teach me different ways of doing things. Then I know that for even the first years, they relied on their friends as well a lot, and that they were a support to each other. I also chose an apple to represent the professors and how supportive they were, and their role in helping me learn, and helping me become a better teacher as well… I could approach them with anything if I had any questions. This symbol [pink brain] represents where I started. At the beginning I felt very overwhelmed, and I had a lot of thoughts running through my mind. It can be very overwhelming to teach a bunch of students when you don’t have experience doing so. Then the end goal here is to take all the pieces that I learned, and the experiences that I had along the way, [and] integrate them into a whole, and one whole piece, so this is the end results for them, a [completed] puzzle. I chose to do different colours for the hands because I feel like I dealt with a lot of different students who have different experiences, different learning styles. I worked with a lot of students, developed different relationships, and I felt like that was really good for me. Then the symbols here that I have, the flowers - that represents growth as well. I put them in specific locations, I put them in the hands because a lot of it [mentorship] is with your hands - you’re doing different assessments, but you’re also lending a helping hand to others. I put [a flower] on the ears because listening is a huge part of it, too, knowing where the students are at, and what you can do to facilitate their learning, and to give them the support that they may need. I put [a flower] on the mouth because obviously teaching is a big part of [mentorship] and giving those words of encouragement would be really important to their growth. Then on the heart because it’s a very rewarding experience, and it was a very warm, fuzzy feeling that you get doing the program. The lungs - I feel like you have to teach the students how to just breathe, and how to relax. A lot of them can get very caught up and very nervous when talking with patients or talking with each other, talking with the professor. Sometimes part of the role was just learning to take them back to earth, and kind of calm down, and teach them to just breathe. Also, as a STAR, too, you have to learn to do that yourself because you’re doing things that you might not always be comfortable with, but you have to kind of push through. Then for my face, so I did do rosy cheeks because I feel like at times I even got flustered or overwhelmed or maybe nervous, so sometimes that can show. But you just got to learn that that’s part of the experience, and you just push forward. Then my saying here at the
Being in a peer mentorship program has pushed me as a student but has helped other students to grow and learn. There is no better teacher or support than those who have just been through it themselves and understand. It is a learning experience in which everyone benefits.
Figure 20: Courtney's body-map (partial)
Courtney testimonio (spoken)

I chose a power pose because as a STAR [peer mentor], you feel powerful in a role where you're able to help and teach and as well as you give power to others through your help with them. I felt like the power pose or the superhero pose was good for ‘helping in a strong way’ purposes. I chose the purple outline because not only is my favourite colour, but I just think it's a really strong looking colour without being harsh. For my hands I chose a softer colour [pink beige] because I believe that even though we are strong, [we] have gentle hands in the way we work. In that power pose because we are still strong but gentle. [My hands would tell about] always helping out and not being rough with anything, being empathetic if we're touching others or if we are handling equipment. That gentle piece, but always busy. Where I'm coming from [in the past]: I worked a lot with children, as well as I have and currently, I'm still working a lot with the elderly. I've just always quite enjoyed that. I separated like the good times from the bad times because it's not always great. So... you know, on the less extreme when the kids are having a tantrum or whatever, they don't get their way. So just a little bit of adversity you have to deal with there. And then, I drew the dove for … our code and where I work, when someone passes away. So having to deal with that myself is obviously like hard times. Separating the good times - I drew the good, bigger than the bad times because they are more meaningful. Always just try to be there for someone else through the hard times and the good times, the fun times. I kept purple for myself and then I chose a blue for elderly because it can be tougher and... more sad at times. I think of the colour pink as just joyful and bright and young and that's how I drew the children, because they're so full of life. Where I see myself in the future - I kind chose different points. I want to keep teaching. I didn't mean to make those people so small. They're not children. I just keep teaching and keep being a mentor where I can, whether that be working in a teaching hospital or whatnot. As well, I have visions to become a nurse practitioner, maybe open my own practice. So [in the image] I'm starting my own [practice], and grand opening is the red tape. [For the line between the past and future] I picked red – it’s a strong colour and you have to be tough to keep going forward and your life and learn from all your past experiences... like just go do it. The orange [for the students in the future] is bright and eager. I did the arrows going both ways between the past because it’s kind of an ongoing thing. It wasn't one step to the others, kind of both and then back and forth between the different generations working with them. I drew more of a dotted line between the sad moments and the happy moments because it wasn't as direct that one thing leads to another. It was more like it's just something that can happen, and you can go back from having happy moments to sad moments and so the arrows are going both ways. And... a direct line to the future but not a straight line because it's not always a straight line, and then interchangeably because I hope to be able to teach as well as further my career at the same time. [My supports]: everything inside the red circle is my direct family. And that's really what my huge support is, is everyone in my family. The crown, the heart and the B are my three sisters and the flower, and the baseball glove are my parents. And then a little pup print because my dogs, obviously are immediate family. On the outside I have a
stethoscope to represent people in the program who have really helped me along, as well as the group of friends that I have is great. And they’re part of the family but not the direct supports. The bird is me, at the centre of it all. [For marks on my and under my skin], the symbols I used on the legs, those are my sad attempts at dumbbells to represent, strength. And then I used some red in there for power… using your legs to just get up, every day and… get involved as strength on its own. And then the butterflies in the stomach from being nervous a lot of times, the heart to represent passion and commitment. You really have to be committed and passionate in order to do what we do.

Then the top [in the head] is the constant back and forth between not knowing what the heck is going on, to feeling like you have your own ideas, and you are full of knowledge. So that back and forth. And, then on the arm is the blood pressure cuff with red around it to represent pain because after I've [mentored] some sessions, your arms will feel pretty beat up just from having so many people practice on you, which is fine. [For powerful points] … the most powerful is in your legs. I feel like you have the most strength to just get up and get out of bed in the morning, run around, be busy all day. Your legs are constantly moving… definitely a power point, as well as your mind is a very powerful thing. So being able to handle the unknowing between what you do know and learn and use that. Yes, [you] realize there is a lot out there you don't know, it's pretty powerful. [For personal symbol] at the top there's meditation [a person meditating], but I don't actually meditate - I was trying to get across that I feel like I handle things very well…lots of things flying at you from every other angle and you still are able to remain calm and collected. Handling stress very well. All of the things coming my way. I can still remain calm and aware. ..I added in the sun as a ray of sunshine because I believe in the power of just getting up and moving around. I try and be warm towards others and something you're drawn towards.
7.12 Themes arising from the body-maps

As discussed in Chapter 3, the analytic question that guided the analysis of the body-maps and testimonios was “What meanings and embodied understandings are revealed about peer mentorship through the images, symbols, drawings and stories created during a body-mapping process?”

Six predominant themes were identified from analysis of the visual images and words on the body-maps, in combination with the testimonios: ‘warmth,’ ‘openness,’ ‘connection,’ ‘light,’ ‘action,’ and ‘growth.’ The body-map themes are congruent with and can be perceived as resonating with, and adding depth to, the themes identified in the two manuscripts in Chapter 5 and Chapter 6.

7.12.1 Warmth

Warmth was portrayed in multiple ways on the body-maps. Most participants used warm, bright colours (such as red, yellow, orange) for their body outlines, handprints, and symbols. Courtney drew a yellow sun beside her leg and stated that she wanted to demonstrate warmth to others. Lin painted her hands orange to portray peer mentorship as “fun and warm.” James drew a flame to indicate his passion and his experience of being a peer mentor—sharing his knowledge and helping others to flourish. A number of mentors drew warm smiles in their self-portraits (Kelly, James). Blair and Sophie both explained that their smiles were drawn to represent their own positive feelings towards peer mentorship. All body-maps included a visible heart symbol, with participant interpretations including the heart as a source of warmth (Kelly and Sophie), compassion (Carlos, Alyssa), passion (Julia, James, Courtney), connection with students (Lin, Kelly), empathy and understanding (Blair), heaviness after sharing mentees’ struggles (Emma), strength (James), rewarding experience (Sophie) and commitment (Courtney), most of which can be considered “warm” or positive emotional experiences.

7.12.2 Openness

Openness was a second theme—this included openness to interacting with others and openness in being guided by curiosity in facilitating learning. Openness to interactions
was mostly portrayed in the poses of the participants. More than half of the poses showed
the mentors with either both arms out to the sides with open palms (Emma, James, Blair),
both arms up with open palms (Julia), or one arm to the side (Alyssa, Kelly). During
body-mapping sessions, while standing in the various poses, most participants mentioned
adopting a purposefully open pose to demonstrate that they welcomed interaction with
mentees. While research team members analyzing the body-maps stood in these poses,
they also experienced feeling open to interactions. Interestingly, very few body-maps
have evidence of clothing covering the bodies, possibly pointing to an openness to be
vulnerable with mentees. Participants depicted relational openness in other ways, such as
through drawing a smile (Lin) and using the symbol of a treasure chest in the throat to
represent opening “someone’s untapped potential” by encouraging them to speak up
(Carlos). Multiple elements of the body-maps spoke to encouraging and being open to the
curiosity of the mentees. Carlos, James and Courtney used question marks on their maps
to represent seeking answers to questions (Carlos and James) and “unknowing”
(Courtney). James’ slogan was “Embrace your curiosity,” the meaning of which he stated
was: “pursuing every question, every opportunity to learn and to better…your
understanding.” Kelly’s slogan was similar, and Kelly explained, “Follow your curiosity
is what I encourage my mentees to…embody…that will really…open doors for them.”
Kelly added, “Sometimes…education is so structured that it…takes away from
learning…When you go back to curiosity…that…brings you back to the foundations of
learning.” Carlos’ slogan, “Never know till you try” suggests openness to taking risks and
trying new learning experiences, and Emma’s slogan “Ask away” speaks to openness to
exploring questions arising from mentees’ curiosity.

7.12.3 Connection

Connection was identified as a theme in the body-maps in the form of poses and faces of
mentors and lines drawn among various elements and symbols. Most self-portraits of
participants portrayed the eyes as either gazing directly at the viewer (Carlos, Emma,
James, Blair, Sophie), or to the side, where mentors stated that a mentee would be
(Alyssa, Kelly), denoting connection through eye contact. Lin drew red lines connecting
her head, hands, heart and feet, stating, “I chose those areas because they are the most
active areas, because you’re using your hands to show all the skills…your heart to connect with the students, and your brain to share your knowledge…some lines to my feet too because you walk around a lot.” Many participants drew various types of lines connecting past and future, some straight, others winding, dotted, or spiral. Julia explained, “[My line from past to future] circles around just to represent that it's not a straight, linear process.” In Julia’s message to the post-secondary community, she wrote, “Through mentorship connections, you can see that you are not alone. You have someone to help you get through the hard times and…acknowledge your good times. This connection is unlike any other; do not underestimate the power and importance of this connection.” Lin drew a symbol with connections between herself and those who support her, and James created a symbol to show “They are all interconnected…my peers, knowledge, professors, and the students…I teach.” Blair’s slogan “Together we can” points to connections between mentors and mentees. Her symbol of mentorship as a colour palette and paints: “I felt like mentorship was the art of nursing, so taking empirical aspects and mixing it with emotional” could be interpreted as making connections among different aspects of learning nursing. Connection through communication was also presented in the body-maps: Blair drew her lips open as if about to speak, Kelly drew lines projecting from the mouth to represent verbal communication, and Sophie drew a flower symbol on mouth to demonstrate speaking words of encouragement.

7.12.4 Light

Another theme of light was depicted through various metaphors and images. These often suggested guiding someone on a journey, or growth of knowledge. Kelly drew a lighthouse on her body-map: “peer mentors play a role to easing the anxiety in that kind of situation…where mentees are expected to figure things out on their own…by being a lighthouse…a peer mentor can help guide your way to the shore.” Alyssa depicted a bright torch stating, “with its light it’s guiding the pathway through the darkness for mentees.” Other images of light included lightbulbs in heads to represent ideas or enlightenment (Courtney), and Julia’s rays of yellow light shining from the heart to represent “my passion and knowing that I am a capable student… I like to put [these
feelings] at the forefront of my presence…rather than some…negatives.” Carlos included the light of the sun as one of the components needed in his tree image representing growth of knowledge, and Courtney drew light rays coming out of her sun symbol to portray her desire to display warmth to others. A number of body-maps contained symbols of stars (Alyssa, Kelly, James, Blair), which can also be seen as a light source. Stars were often chosen as symbols to represent the acronyms used for peer mentors: STARS. When one views the body-maps as a set, the colour scheme appears bright, with large areas of white space that also help to give a feeling of ‘lightness’, with not much shading or areas of shadow.

7.12.5 Action

Action was depicted by the gestures and poses of the mentor body outlines and was implied in some of the peer mentorship symbols. Sophie and Courtney used what they called the “power pose” with their hands on their hips. Courtney chose this pose to represent “helping in a strong way” and sharing power. Alyssa drew one arm out to the side to show or explain to mentees what they needed to know. James shaded muscles in his arms and legs to demonstrate strength and potential motion that may be needed to assist a mentee. His hands were also in a position where he could help to lift up or to support a mentee. Kelly and Emma both used the symbol of a hand in a ‘fist’ to show willingness of the mentor to take a more political type of action by advocating for and with their mentees. Sophie’s multi-coloured hands portrayed being inclusive of diverse characteristics of mentees. Action in the form of reaching out to others was seen in body-maps with open hands out to the side (Emma, James, Blair) and reaching up, possibly to reach a goal, was shown by hands in the air (Julia). Hands were often coloured with vibrant colours to show their importance in supporting mentees and in helping mentees to learn more practical nursing capabilities (e.g., James, Sophie).

7.12.6 Growth

Growth of both mentors and mentees was depicted in varying symbols of growth within nature. Carlos drew a vibrant image of a tree being nourished by rain, soil and sunlight to represent growth of knowledge among mentors, mentees and professors. Alyssa
portrayed growth in her symbol of mentorship in which a flower was being watered by a watering can (the mentor) while the roots of the flower were extending down to the earth. Sophie drew a tree growing from an arc of learning between chaos and order. She also drew flowers over powerful points on her body to portray growth, interconnection among the senses, and her strengths as a mentor. Blair showed transition and evolution from caterpillar to butterfly to represent transformation of both herself and her mentees through the peer mentorship process. Suggesting stability during growth, Alyssa’s, Carlos,’ James’ and Emma’s poses included their legs appearing to be rooted into the ground. The green colour that Emma, James and Blair chose to outline their body poses is congruent with the idea of growth, especially in nature.

7.13 Discussion

The six themes identified in the body-map data, ‘warmth,’ ‘openness,’ ‘connection,’ ‘light,’ ‘action,’ and ‘growth,’ make visible aspects of peer mentorship that we may not usually ‘see.’ All themes resonate with the five ‘regions’ of the body identified by Mallin (1996): cognitive-linguistic, emotional-social, perceptual, motor-practical and visceral. Some themes may resonate more with certain ‘regions’ than with others; for example, ‘light’ may strongly echo a perceptual region, ‘warmth’ may resonate with perceptual, emotional-social and visceral regions, ‘action’ may be most in tune with the motor-practical region, and ‘connection’ and ‘growth’ may relate equally well to all five regions. The six themes resonate with themes identified in the interview data presented in Chapters 5 and 6 as summarized table X.

Table 8: Visual themes in body-map data with resonating interview themes

<table>
<thead>
<tr>
<th>Body-map theme</th>
<th>Resonating interview themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warmth</td>
<td>‘moderating stress’</td>
</tr>
<tr>
<td></td>
<td>‘offering generous acceptance’</td>
</tr>
<tr>
<td>Openness</td>
<td>‘valuing creative approaches’</td>
</tr>
<tr>
<td></td>
<td>‘varied learning spaces’</td>
</tr>
</tbody>
</table>
While the body-map findings echo those of the interviews, the body-maps as data, or as a form of ‘text’ offer unique insights into embodiment and the hermeneutics of the visual which have not been emphasized in the peer mentorship literature. The findings invoke what Davey (1999) refers to as ‘the hermeneutics of seeing,’ and show embodied aspects of the findings in evocative ways. Davey asks, “what does hermeneutics have to do with the question of seeing what is in an art work?” (p. 22). He argues for a ‘hermeneutical aesthetics’ and contends that “art achieves its proper provenance in the metaphoric translation and cross-wiring of ideas and sensible particulars.” (p. 23). His use of “sensible” here refers to things that can be sensed via perception. In the body-map findings, the use of symbols and images produced visual metaphors, such as a lighthouse.
guiding a ship to the shore, that may evoke a deeper ‘felt sense’ (Gendlin, 1962) of what
the body-map creator was trying to convey than may have been possible with interview
data alone. One may imagine the sense of ‘guiding’ and ‘being guided’ at play within the
body-map, and within the peer mentorship activities that this image symbolizes. This may
extend to associations in the viewer – perhaps relief about increased certainty about
where a journey in the dark may be heading.

Davey goes on to say that experiencing art “is not an isolated monologue, but an
elaborate dialogical achievement involving a fusion of the respective horizons of artist,
subject-matter and viewer.” In this study, dialogue was encouraged by engaging in
conversations about the body-maps with various research team members, including those
who created them. The result was congruent with Merleau-Ponty’s (2012) ideas about
dialogue, in which there is a sharing of perspectives of each of the interlocutors, such that
what emerges is something that neither one would have created alone (section 2.5.3).

As discussed above, the visual themes resonated with themes from the data
presented in Chapter 5 and 6, however they also offered a unique way of organizing the
data by focusing on embodied engagement of the viewer with the works, including
hermeneutics of the visual. Below, I offer a brief reflection on each of the visual themes
while invoking insights from Mallin’s (1996; 2009) “body hermeneutics,” in particular
the perceptual region, and Davey’s (1999) “hermeneutics of seeing.”

‘Warmth’ evokes feelings of welcome and safety within SPM-mentee
interactions, which resonates with reports of peer mentors encouraging mentees’ feelings
of being accepted and managing stress among mentees. This visual theme also
foregrounds the warm, human aspects of learning, in contrast to what may be considered
‘colder’ aspects such as textbooks and intimidating hierarchies that peer mentors
discussed as present within educational settings (see Chapter 5).

‘Openness’ suggests considering many possibilities for learning and interacting,
guided by curiosity, using creative approaches to learning during peer mentorship
activities and engaging in learning in various spaces inside and outside of the classroom.
This openness may stand in contrast to perceptions of how the traditional processes of education takes place (see Chapters 5 and 6).

‘Connection’ speaks to all aspects of mentor-mentee relationships as well as the learning that occurs for both SPMs and mentees within the context of those relationships (see Chapter 6). Participants also alluded to helping mentees to make connections between learning in the skills laboratory and future care of clients in clinical settings.

‘Light’ is necessary for any visual perception, and its role in helping mentees to navigate unknown processes may also suggest a form of enlightenment. Light can also be perceived both visually and emotionally as being associated with positivity.

The ‘action’ portrayed by the mentors went above and beyond the design of the mentorship program, as mentors were advocating for and with their mentees, were sharing responsibility for learning with mentees and professors, and were actively attuned to both cognitive and emotional-social aspects of the mentees (Chapters 5 and 6).

‘Growth’ was portrayed as occurring for both mentees and SPMs, and this resonates with interview findings in which SPMs showed commitment to mentee growth, helped to facilitate confidence in mentees through patience and trusting guidance, while experiencing mutual benefit within mentorship interactions (see Chapters 5 and 6).

The findings from the body-map analysis echo those from the interview findings, and yet they seem to evoke a different “felt sense” compared to words alone. In Chapter 3, we described the reasoning behind using body-mapping as an additional method in this research—it was hoped that including Gendlin’s (1981) method of “focusing,” and the life-size creation of body-maps, would encourage more embodied findings. The body-maps themselves, and the subsequent analysis, portray findings that do not depend on language alone. Each of the body-map themes could be portrayed by an element or elements from the body-maps, similar to what was shown in Table 6. For example, ‘warmth’ could be portrayed by the orange and red torch in Alyssa’s body-map. The arts-based nature of the maps may speak to a wider audience than only to those reading ‘scholarly’ English research articles. On the other hand, responding to prompts in the
body-map facilitation guide opens a space for participants to draw what they wish to portray, without necessarily depending on verbalizing their thoughts. Gastaldo and colleagues (2012) used body-maps as a medium for participants who may not have been fluent in the language/s used by the researchers or intended audience. Morton and colleagues (2021) used body-mapping for research with indigenous youth; they suggest that body-mapping is a “quiet method…that can open unique research possibilities for voice as well as for silence” (p. 2).

7.14 Limitations

One limitation may be the hesitation of some participants to engage in drawing, since they may not consider themselves to be ‘artistic.’ While several participants expressed this view, all of them engaged in the process, and most enjoyed creating their life-sized body-maps. Other limitations include the possibility that participants may portray what they thought the researcher wanted them to portray, instead of what the participants wanted to portray (Morton et al, 2021).

7.15 Conclusion

In this chapter, the analysis of the body-maps and testimonios using ideas from Merleau-Ponty (2012) and Mallin (1996) was presented. Six predominant themes were identified: ‘warmth,’ ‘openness,’ ‘connection,’ ‘light,’ ‘action,’ and ‘growth.’ The body-map themes are congruent with and can be perceived as resonating with, and adding depth to, the themes identified in the two manuscripts in Chapter 5 and Chapter 6.

7.16 References


Gastaldo, D., Magalhaes, L., Carrasco, C., and Davy, C. (2012). Body-map storytelling as research: methodological considerations for telling the stories of undocumented workers through body-mapping. Retrieved online May 1, 2019:


Chapter 8

8 Contributions and concluding ideas

You Sense My Changing World

You see it in my voice, don’t you? My bittersweet self-doubt

You hear it in my hands, don’t you? My trembling, sweating self

You feel it in my eyes, don’t you? My pungent, scared, dry mouth

You smell it in my pose, don’t you? My vivid, spinning fear

You taste my changing world, don’t you? My noisy vertigo

You comfort me with warmth – thank you! My understanding friend

Your smile, it welcomes me – thank you! Your openness is home

I’m drawn towards your light – thank you! You guide my way with care

My confidence has grown – thank you! Your actions lifted me

Our growth is yours and mine – thank you! Connection nurtured us

The purpose of the research discussed in this dissertation was to investigate student peer mentors’ (SPMs’) embodied perceptions of peer mentorship within a health professions education program. This is the first known embodied hermeneutic phenomenological study with this purpose. In the poem above, which I wrote after drafting Chapters 1-7, I intertwine many aspects of the research design and findings while taking the imagined perspective of a mentee. While creating these lines, I focused inward to reflect on my own perceptions of the participants’ stories and allowed my embodied ‘felt sense’ of the meanings in these stories to guide my poetic response to the findings. Below, I draw on the poem to offer a brief overview of key concepts and findings that emerged in this work.
In Chapter 2, three concepts from Merleau-Ponty were described—embodiment, intersubjectivity and intercorporeality. The first five lines of the poem (e.g., in the line: “you see it in my voice”) portray the embodied intertwining of the senses proposed by Merleau-Ponty—he argued that “When I say that I see a sound, I mean that I echo the vibration of the sound with my entire sensory being, and in particular with that sector of myself that is capable of seeing colors.” (Merleau-Ponty, 2012, pp. 243, in section 2.4.1). The poem attempts to show this intertwining, suggesting that the student peer mentor may sense these qualities directly from interacting with the mentee writing the poem, pointing to an intersubjective, intercorporeal social understanding.

The poem also highlights some of the themes from Chapters 5, 6 and 7. Chapter 5 described seven themes arising from a core theme of ‘commitment to mentee growth’: 1) ‘sharing responsibility for learning,’ 2) ‘moderating stress,’ 3) ‘mediating power relations,’ 4) ‘navigating unknown processes,’ 5) ‘valuing creative approaches,’ 6) ‘offering generous acceptance,’ and 7) ‘facilitating confidence.’ These findings contribute to knowledge of embodied attunement and dialogic education within student peer mentorship. The first half of the poem speaks to stressful embodied responses experienced by the mentee, who is in a liminal space of transition, and showcases what I have come to think of as the ‘embodied attunement’ of the SPM to these perceptions. The second half of the poem points to some of the ways the SPMs moderate stress, by navigating unknown processes, offering generous acceptance, and facilitating confidence of the mentee as they engage in what may be viewed as a dialogic approach to education (Freire, 2005), as discussed in section 5.8.3.

In Chapter 6, findings were presented that included a core theme of ‘nurturing a trusting learning community’ with five related themes: ‘attunement to mentees,’ ‘commonality of experiences,’ ‘friends with boundaries,’ ‘reciprocity in learning,’ and ‘varied learning spaces.’ The second half of the poem reflects the friendship, mutual learning and nurturing interactions that were described in peer mentorship relationships. Chapter 7 described the six themes from the body-maps and testimonios: ‘warmth,’ ‘light,’ ‘openness,’ ‘action,’ ‘growth,’ and ‘connection.’ These themes are incorporated into the second half of the poem and stand out since they are written without italics, while the rest
of the poem is italicized. The gratitude of the mentee towards the SPM is reflected in the frequent expression of “thank you.” After rereading the poem, I was struck by the thought that the poem could be interpreted as partially representing the intercorporeality among the SPMs, mentees and myself as researcher and fellow learner.

8.1 Research contributions

The research design in this dissertation responds directly to calls for more consideration of embodiment in research within health care and education (Draper, 2014, Perry & Medina, 2011). The purposeful use of embodiment as a theoretical framework, and embodied methods, generated data with unique qualities. Chapters 5 through 7 describe several embodied responses reported by peer mentors during mentorship activities—for instance, a perception of “butterflies” in the abdominal region when wanting to be sure they shared the right information with the mentees. Peer mentors also noticed responses in mentees’ bodies during times of stress, such as tense facial expressions and postures, shaky hands while practicing clinical capabilities, and mentees pacing around the laboratory. One participant said that they could feel the tension radiating off the mentees, and another discussed how stress seemed to surge through the room and carry an energy among students. Several peer mentors suggested that bodily interactions with students could help moderate stress. Reassuring interactions such as a warm smile or responsive touch, welcoming gaze, encouraging feedback, allowing students to practice skills on the mentor, and moving to a less crowded space away from professors were some of the actions that mentors used to help students manage stress in the learning context. The contributions to knowledge, and implications for first year health professions students, student peer mentorship, HPE pedagogy and methodological contributions are described in the next few sections.

8.1.1 Practical implications for planning peer mentorship opportunities in health professions education

In Chapter 5, peer mentors described ways in which they worked to cultivate mentee strengths and helped mentees mitigate challenges involved in learning as a first-year nursing student. Stressful situations were frequently described, with moderation of stress
being perceived as a major contribution of SPMs. These findings suggest that educational programs may do well to consider the contributions to mental health of beginning students that peer mentorship programs may afford. Further, in preparation of SPMs, specific education about how to support students through strengths-based practices such as those described in the findings may be warranted.

The findings discussed in Chapter 6 suggest that mentee relationships with peer mentors were qualitatively different from those with professors. While students relied on professors as authorities of the disciplinary knowledge and competencies, they relied on SPMs to provide support related to the experience of being a beginning nursing student. Both professors and SPMs contributed toward student learning in distinct but important ways. Understanding the nature of SPM-mentee relationships can help educators support such relationships.

As suggested in Chapters 5 and 6, educators in health professions education programs could consider providing extended times and places for mentees and mentors to interact together to support relationship development in peer mentorship programs. This may include ensuring availability of small rooms near the clinical skills lab areas, where first-year students can practice competencies in smaller groups away from the professor’s gaze. Mentors suggested that year-one mentees may need to share personal or academic information that is not meant for professors to hear. Programs may consider putting in place a confidentiality agreement designed for SPM-mentee interactions. This may help to ensure that sensitive information shared with mentors is not inadvertently passed along to others without express permission.

### 8.1.2 Understanding support of student peer mentorship in health professional education

Many of the research findings illuminate considerations regarding supporting peer mentorship activities in health professional education, especially in the clinical skills laboratory setting. In Chapter 5, peer mentors described benefits and challenges of being trusted to facilitate student learning. Although anxious initially, they later appreciated the ability to adjust learning activities ‘in the moment’ depending on the needs of their
mentees. It may be fruitful for SPMs to learn about the experiences of other peer mentors and to be involved in planning learning activities. It was interesting to note that when professors solicit input from peer mentors at the beginning of the academic year, these ideas have been beneficial to the educational programming, such as providing ‘mock practical exams’ and clarifying roles of peer mentors.

As described in Chapter 6, the matching of mentors and mentees in this program was original compared to one-to-one or one mentor to a specified group of mentees. The process of assigning two to three SPMs to every 16 mentees in a clinical skills lab setting appeared to be an effective approach, to afford mentees some choice and flexibility when deciding which mentor to approach for any given situation. The findings may be useful to those who plan and structure peer mentor programs for other health professional education programs beyond nursing, such as occupational therapy, physical therapy, speech-language pathology, and medicine. The findings may also have implications for preceptor programs and mentor situations in graduate nursing and other health professionals.

8.1.3 Contributions to pedagogy in health professional education

In Chapter 4, I described how body-mapping can be used as a pedagogical tool to assist educators and students of the professions to be open to deeper appreciation of the embodied experience of being a client of their profession. After engaging in this process, I have a stronger sense of my own positionality as a teacher, a greater awareness of the importance of sharing power with students, and increased recognition of the need to attend to teachers’ and students’ bodies in the teaching-learning process. I invite colleagues to consider auto/body-mapping as a means of embodied reflection on their positionalities as teachers and learners, and as a pedagogical approach that invites embodied reflection with students in professional education programs. Through the auto/body-mapping process, my ideas about research also were transformed. My purposeful focus on embodied perceptions of peer mentors, and the invitation for the participants to join the research team were strengthened after I created my own ‘teacher,’ ‘learner’ and ‘researcher’ body-maps.
As outlined in Chapter 5, the participants were aware of power relations created by differing roles in this educational program. Explicitly addressing these relations may open dialogue among professors, SPMs and mentees, encouraging a more ‘problem-posing’ form of education (Freire, 2005). It may also be fruitful for professors to discuss the productive role of ‘failure’ in learning professional capabilities (Fong et al., 2018; DiPiro et al., 2013) as a means to encourage different perspectives on self-perceived shortcomings of students and to reframe what may be perceived as failure as opportunity for learning.

### 8.1.4 Methodological contributions

Several scholars have highlighted the need for enhanced consideration of embodied and relational perspectives of learning and teaching in higher education and practice (O’Loughlin, 2006; Barnacle, 2009). Many authors have called for more inclusion of embodiment in qualitative research (Sandelowski, 2002; Todres, 2007; Ellingson 2006, 2017), especially in education (Perry & Medina, 2011) and health care (Park Lala & Kinsella, 2011; Hay, Connelly & Kinsella, 2016), and specifically in nursing (Thomas, 2005, Draper, 2014, Benner, 2001, Marchetti et al, 2015). In response to this call, a first step in my research process was to undertake an in-depth review of the literature on embodiment drawing particularly on Merleau-Ponty’s ideas (Chapter 2).

During the proposal stage of my doctoral degree (2017-2018), I searched for nursing education literature that included a lens or key word of embodiment, and I found only a few reported studies. In line with a call for a more embodied approach, Winther and colleagues (2015) carried out a research project to examine how a course designed to increase focus on bodily awareness/communication and a purposeful attention to movement shaped nursing students’ beginning embodied professionalism. Over an eight-month period, students took a course which combined theory, movement, dance and movement-communicative sessions in a peer group. The students were able to verbalize many links between what they learned in the embodiment course and their experiences with caring for patients in the clinical setting. As a result of the study and the positive results the course has now become a mandatory component of the curriculum. The
authors suggested that this movement course has the potential to improve students’ bodily self-awareness and to interweave with science courses to deepen students’ understanding of their clients’ bodies.

In other research, embodiment has appeared as a theme during the analysis process. For example, McAllister and colleagues (2013) engaged in a study to deconstruct the teaching and learning process during a simulation technique that involved the educator wearing a mask and acting out the role of a patient. The authors posited the power of the simulation technique, which drew on theoretical perspectives of embodiment, sociocultural learning theory and applied theater, to enhance student learning. The growing movement towards acknowledgment of the importance of including aspects of embodiment in education and practice inspired the embodied approach of my doctoral research.

My aim in chapter 3 was to conceptualize and articulate an embodied hermeneutic phenomenological methodology, and to show how such a design was fruitfully employed in research into peer mentorship. This required in-depth reading of several of Merleau-Ponty’s complex philosophical works and was a time-consuming, puzzling, and challenging process. Trying to understand his work caused me to doubt my own ability to continue as a qualitative researcher. With the support of my supervisor, colleagues and family members, I was able to increase my understanding of Merleau-Ponty’s ideas. I hope the time invested in working through his thought, and how it could be applied in a practical way to hermeneutic phenomenology, might be an important contribution to the conversation among qualitative researchers. One aspect of the analysis of the body-maps in this research that was not found in previous empirical studies in health professional education was using Samuel Mallin’s (1996; 2009) body hermeneutic method of analyzing art to inform the analysis of the visual-art based data. I propose that the theoretical work of Merleau-Ponty (2012), Gendlin (1962; 1981) and Mallin (1996) can advance a deeper level of engagement with embodied perceptions in phenomenological research, that may be useful to other researchers.
8.2 Quality

Tracy (2010) has proposed eight criteria for excellent qualitative research, including worthy topic, rich rigor, sincerity, credibility, resonance, significant contribution, ethics, and meaningful coherence. The *worthiness* of the research topic has been discussed in Chapter 1 (section 1.2 Situating the research: Student peer mentorship), Chapter 5 (section 5.1 Introduction), and Chapter 6 (section 6.1 Introduction). The *rich rigor* and *ethics* have been described in detail in Chapter 3, especially in sections 3.6 (Embodied Methods) and 3.7 (Embodied Data Analysis). The ‘rich’ quality of the data was enhanced by using both interview and body-mapping methods, in addition to reflexive notes of the researcher. *Significant contributions*, including practical implications for planning peer mentorship opportunities in health professional education, for providing support to peer mentors and mentees, and for providing food for thought as faculty examine their own pedagogical practices in the clinical skills laboratory, have been discussed earlier in this chapter.

The remaining four criteria include sincerity, credibility, resonance and meaningful coherence; I consider these criteria essential to quality in a phenomenological study due to the goal of finding meaning in lived experiences of phenomena, that may be transferable to other situations. “*Sincerity* means that the research was marked by honesty and transparency about the researcher’s…roles and foibles as well as about how these play a role in the methods, joys, and mistakes of the research” (Tracy, 2010, p841). If researchers seek to describe participants’ perceptions of the meaning of phenomena, the process involved in gathering and interpreting their perspectives must be as transparent as possible for readers to judge the adequacy of the findings. Near the beginning of this research, I recorded a self-interview, using the interview guide for the study, to be explicit about my pre-understandings as a researcher. Chapter 3, sections 3.7 and 3.8 outline the data analysis process in detail, including the ways in which an embodied approach was used, adding to the sincerity of the research. Although it is considered rare in phenomenological research to include the participants in data analysis (Susan Crowther, 2020, personal communication), I felt strongly about inviting participant input into interpretation of their own interviews and body-maps. The
collaborative nature of the interpretation of the findings will be made explicit in study reports. In Chapter 3, section 3.9, *Affordances, joys and challenges of using embodied hermeneutic phenomenology*, I provide an honest account of some of the joys and challenges of this research.

*Credibility* refers to the trustworthiness and plausibility of research findings (Tracy, 2010). Because phenomenology is often focused on distilling information into themes which resonate with human experience of a phenomenon (Wright-St Clair, 2015), credibility is essential for successful phenomenological research. If researchers set out to find the commonalities across human experiences of a phenomenon, it can be argued that other humans experiencing this phenomenon should find the findings to ring true. Indeed, van Manen (1990, as cited in Dowling, 2007) has developed a criterion specific to phenomenology regarding credibility which he called the “phenomenological nod” which is an acknowledgement of the plausibility of the findings. Although it is impossible to determine whether future readers of as-yet-unpublished research reports may be considered credible by most readers, I hope that the rich descriptions included in the findings, attempts to “show” rather than “tell” the findings, and the inclusion of participant voices in the manuscripts, or multivocality (Tracy, 2010), enhance the credibility of the work.

*Resonance*, according to Tracy (2010) refers to “research’s ability to meaningfully reverberate and affect an audience” (p. 844). In this study, when I sent the themes to the participants, I received their affirmations that the findings resonated with their experience, even though one participant showed a preference for a slightly different name for one of the themes. In addition, one of the reviewers of the submitted manuscript shown in Chapter 5 stated that they had been a peer mentor in their own field, and that the findings resonated with that experience. I hope that future readers of the research manuscripts will also find that the findings resonate, including for those without direct experience with student peer mentorship.

One practice that may help foster resonance and impact of a qualitative research report is “*aesthetic merit*, meaning that the text is presented in a beautiful, evocative and
artistic way” (Tracy, 2010, p. 845). To promote this quality in the research, the research team (including participant-co-researchers) chose verbal quotes and images to be included in the manuscripts which, in my view, were among the most engaging and evocative. For example, James’ phrase: “that swelling sense of pride that just surges through you…overwhelming happiness…you are just excited…you just feel it in your chest” (section 3.6.3) included evocative, embodied language. Including colour images of the body-maps in reports of the research also comprised a more artistic way to show the findings and may resonate with members of the ‘audience’ for whom visual images provide more cognitive and emotional impact than words alone.

Because phenomenology began as a philosophy, as opposed to a research methodology, it is particularly important that there be a strong fit, or meaningful coherence, between how the researchers state the methodology and the philosophical underpinnings of the study. By articulating an embodied hermeneutic phenomenological methodology, Chapter 3 provides an in-depth description of how all the components of this research demonstrate coherence. The concepts of embodiment, intersubjectivity and intercorporeality were comprehensively woven into the study questions, interactions and activities. The findings were also coherent with the theoretical perspectives, as shown in Table 7, Relations among embodied theoretical perspectives, research design and findings.

8.3 Researcher reflexivity

I have engaged in reflexivity throughout the design and enactment of the study, by recording a pre-understanding interview and developing auto/body-maps of myself as learner, teacher and researcher. Additionally, I wrote reflexive notes and memos during the data collection, data analysis, and writing processes. I provided the developing themes found through the data analysis to all participants so that they could reflect on the extent to which the findings resonated with them, and so that they could elaborate further on the developing concepts. All research team members engaged in ongoing dialogic reflexivity through in-depth discussions about the research as it unfolded.
Since I was involved in setting up the peer mentorship program being studied, there were specific aspects of reflexivity required to recognize my status as an ‘insider’ in relation to the research. For ethical reasons, I did not personally invite current or previous students of my courses to join the study, I did not interview any students for whom I had any direct current teaching responsibilities, and I was not directly involved in oversight of the peer mentorship program during the year in which data was collected (2019). Regardless, my significant involvement in the program inevitably shaped my ideas about what the findings from the research may be. This made it challenging for me to maintain an open, curious, phenomenological attitude in relation to the research questions (Finlay, 2002). Although I tried not to encourage some answers over others during the interviews, it is possible that I may have done so unconsciously. I might have been inclined toward a positive view of the peer mentorship program. Some of my ideas during my ‘pre-understanding self-interview’ were strikingly similar to the participant responses to the interview questions. For example, during my ‘pre-understanding interview,’ I stated: “I think they (peer mentors) will find that [peer mentorship] is beneficial both for them and for their mentees. I’ve chatted informally with several peer mentors and they seem to enjoy being able to interact with mentees…at their own pace without the teachers intervening.” This idea is consistent with the theme of ‘reciprocity in learning’ and with what the participants shared about the benefits of taking mentees into a smaller room away from the main lab where the professors were monitoring the activities of the students and peer mentors.

In another part of my self-interview, I said:

It seems like the peer mentor sometimes will…become the authority, especially on things like what to expect during the practical exam…I had an experience where a student asked a question about the practical exam… and I answered…and the peer mentor gave their perspective and it may not necessarily have matched mine…some of them may not realize that the course does change from year to year and what they experienced may not necessarily be what the new year ones will experience.

This speaks to the findings in the study that suggested mentees trusted the peer mentors to provide information about the ‘experience’ of being a year one student, while professors may be trusted more to provide information about course content (sections
5.8.2 and 6.8.3). These similar ideas may have come about since I had previous insights about the program, and I may have possessed the ability to know deeply what students were talking about.

Along with enabling deeper insights about the peer mentorship program, my familiarity as an insider may have led to blind spots regarding following up on participant responses, or discerning meanings from the data, that may not fit with my expectations (Labaree, 2002). I strove to approach the interviews and the analysis with an open attitude. After the themes had been developed, I looked through the interview transcripts with the express purpose of looking for something I may have missed due to pre-understandings. One finding was that two of the participants (Kelly and James) had spoken of peer mentors who did not seem to share their approach of purposefully decreasing power hierarchies between SPMs and mentees, as discussed in section 5.7.3. There were descriptions of these colleagues (who were not participants in the study) speaking down to the mentees, telling them to “pull up their socks,” telling them they may fail the course if they didn’t improve their performance, and walking around the lab “as if they owned the place.” While I remembered reading about these ‘other’ behaviours of SPMs, I realized that I did not include these participant perceptions in the research manuscripts since they were ‘third party’ observations, and not directly experienced by the participants. It is possible that these variations in SPM attitudes may be revealed in the next phase of this research, in which we plan to study mentees’ perceptions of peer mentorship.

Through reflexivity, I have attempted to be as transparent as possible about my positionality and research process, and to invite others to judge the work, with knowledge of the design, conduct and my situatedness with respect to this project. In the design of some research projects, it may be beneficial for members of the research team to remove their own ideas from the findings as much as possible. However, in this study, the process of intersubjective dialogue to develop meaning was an explicit theoretical component of the research. Since the interviews comprised intersubjective discussions between the participants and me, and since the participants responded to me as a person familiar with the peer mentorship program, it was not possible to remove myself from the findings.
Because of this, I held all findings accountable to the experience of the peer mentors and sought their confirmation that the study themes resonated with their experience.

8.4 Strengths and limitations

A major strength of the research involves the innovative use of an embodied approach for all aspects of the study from design to dissemination. The study activities and reports appear to meet Tracy’s (2010) quality criteria for qualitative research, including sincerity, credibility, resonance and meaningful coherence. The methods used generated a large volume of rich data, including verbal and image-based participant responses. Although my relationship as previous professor of some of the participants may have shaped some of their responses, I was struck by the openness and honesty of what participants shared with me. One peer mentor asked, “I am talking to researcher Helen, not professor Helen now, right?” And, receiving an affirmative answer, this individual went on to reveal some honest information that they may not ordinarily have shared with me.

A limitation may be that all peer mentors were involved in one peer mentorship program, at one site, during one academic year. While most of the findings were resonant with those of similar studies, interviewing peer mentors across academic years and across educational organizations may lead to richer data and more robust findings. As discussed in the section above, there may have been limitations that came about due to my ‘insider’ status in the research context. Participants volunteering for the study may have been those with a more positive experience of the program, and interviews with other peer mentors may have generated different meanings than those developed in this study. (Speechley et al, 2009).

Merleau-Ponty’s work has been critiqued by some scholars for promoting a male, ableist, heteronormative perspective, and failing to recognize gender differences and politics (Young, 2005). In this study, we did not explicitly employ a lens of gender relations, but research team members were intentional about remaining sensitive to potential gender-based experiences arising in the data. Furthermore, explicitly attempting to honor bodily knowledge in the study may be consistent with feminist perspectives of what counts as knowledge (Grosz, 1994). Weiss (2015) argued that “Merleau-Ponty’s
phenomenology of embodiment can be an extremely helpful ally for contemporary feminist theorists…because his work suggests that the gender … and ability of bodies are not innate or fixed features of those bodies…but are themselves dynamic phenomena that have the potential to overturn accepted notions of normalcy, naturalness, and normativity” (p. 77).

8.5 Future directions

The research described in this dissertation investigated peer mentorship within one nursing program. Further studies of peer mentorship in other health care professional education programs over several academic years may lead to new fruitful insights. Given the findings related to student mental health, more in-depth investigation of peer mentorship contributions to student mental health may be warranted.

Research into potential affordances of inter-professional student peer mentorship could provide insights into innovative interprofessional approaches to peer mentorship. Further study of experiences of intersubjectivity, embodiment and intercorporeality among students and professors, and among students and Simulated Participants (SPs), would provide a more fulsome picture of different forms of interaction among those facilitating learning among novice students. The study of power dynamics, structural issues, and conditions and behaviours that foster trust and positive relationships in peer mentorship relationships may be an important area of future study. In this environment of increasing use of technology due to educational advances, and the COVID-19 pandemic, comparisons of face-to-face and online peer mentorship, from an embodied perspective, may lead to generative insights.

8.6 Concluding thoughts

Learning within this doctoral program and carrying out this peer mentorship research has been a transformational experience. The commitment, passion and care that the SPMs demonstrated towards the mentees was heartwarming and validated my sense that our peer mentorship program is an important component of our first-year nursing program. I
felt many parallels between the stories of the peer mentors and some of the experiences of mentorship in my own life—in many cases, I was inspired to reach out to fellow graduate students to engage in mentorship as both a mentor and as a mentee. I had a heightened sense of the idea that it’s ‘OK’ to reach out to peers for help while attempting to navigate the many ‘unknown processes’ of doctoral study. I developed a greater appreciation for the mutual learning that occurs in these relationships. My learning within these relationships greatly enriched my life.

Partway through the five years that it took to complete this work, I lost my very first mentor—my beloved mother. Experiencing that deep grief, while simultaneously engaging with this research, helped me to understand the many aspects of combined motherhood and mentorship that my amazing ‘Mum’ gifted to me in her quiet, unassuming way. I see her in the SPMs’ descriptions of the ways they comforted mentees, in SPMs’ eyes as they described their commitment to their mentees and their passion for nurturing their growth, and in SPMs’ body-map images of hearts, open arms and guiding lights.

While I was chatting with a long-time friend recently, we shared the differences we had noticed between the frequency with which we consulted our mothers regarding life and child-rearing issues and the frequency that our daughters, in turn, consulted us with those issues. It seems that our daughters consult us much less often than we consulted our mothers. While puzzling about the reasons why our children would prefer to poll their friends online instead of coming to us for advice, my friend stated that her daughter summed it up this way: “Mom, you have experience raising children a long time ago—we need help with raising children today. It’s different now.” Although we were somewhat saddened by this observation, there is some truth in it. Our worlds are changing at such a dizzying rate that up-to-the-minute information about even the most personal issues is available at the touch of a smartphone screen and may be considered ‘better practice’ than what was done in the past.

As members of an older generation, the parental wisdom of my friend and me, while not obsolete in our view, may not be held in high regard by members of younger
generations. This seems to be the case in health professional education settings also. One of our study participants shared that he learned more from his peer mentors than from his more seasoned professors, because peer mentors had more experience in the current health care context. Faculty members and clinical skills instructors may be regarded as ‘subject experts’ but may need to acknowledge and work with possibly more ‘current’ wisdom of upper-year students and new graduates of health professions to optimize the learning of novice students. Offering peer mentorship activities within our undergraduate programs may be a highly beneficial way to do this, for all stakeholders.

While taking a graduate level course on reflective practice in this program, I wrote a ‘palindrome’ poem to represent my reflections on some readings that included Freire’s (2005) Pedagogy of the Oppressed plus ideas from thinkers in the areas of critical pedagogy and epistemologies of practice. This palindrome poem, in which the second half is a word-for-word reversal of the first half, contrasts a ‘banking’ method of education (first half) with a more ‘problem-posing’ education (second half). While it was written before the study was fully conceptualized, I can see resonance among the poem and the peer mentorship study findings, with a lens of embodiment, and with the process of transformation I have experienced while learning in this doctoral program. I include it here as a conclusion to this work.
Figure 21: Learners-teachers palindrome poem

Learners ↔ Teachers
Teachers,
themselves,
transform learners,
constantly assessing, questioning.
Pointless knowledge taught relentlessly,
minds knowing created bodies.
Experiencing felt through judged action, shaping practice.
Rising up the senses, messiness reformed,
making meaning.
> reflects?
Meaning-making-re-formed messiness, senses the up-rising.
Practice shaping action, judged through felt experiencing... Bodies created knowing minds.
Relentlessly taught knowledge – pointless!
Questioning, assessing constantly,
learners transform themselves,
teachers.

8.7 References


Park Lala, A. & Kinsella, E.A. (2011). Embodiment in research practices: the body in qualitative research. In J.Higgs, A. Titchen, D. Horsfall & D. Bridges (Eds.). *Creative spaces for qualitative researching...Living research* (pp. 77-86). Brill/Sense Publishing


Appendices

Appendix A: Recruitment materials.

PARTICIPANTS NEEDED FOR RESEARCH IN PEER MENTORSHIP IN THE BScN HOLISTIC HEALTH ASSESSMENT COURSE

We are looking for volunteers to take part in a study of peer mentorship in the Holistic Health Assessment BScN course who meet the following criteria:

18 years of age or older AND
Completed at least 3 sessions in the STARS role in the last 3 years

If you are interested and agree to participate you would be asked to:

Complete one 90-minute interview plus three sessions creating “body-maps” – life size drawings of your body with added symbols and phrases to represent your experience in the STARS mentorship program

Your participation would involve 4 sessions total, each body-mapping session would be two to three hours in length

In appreciation for your time, you will receive an Indigo gift certificate of $25.00 for the interview and an Indigo gift certificate of $25.00 for participating in each of the body-mapping sessions.

You may also have the opportunity to join the study team as a co-researcher!

For more information about this study, or to volunteer for this study, please contact:

[Redacted]

School of Nursing

Email: [Redacted]
Script for Classroom Recruitment of Peer Mentors

Hello, my name is XXXXXXXXXXX and I teach in the Practical Nursing program here at Fanshawe. I am here today to talk to you about a research study examining the experience of peer mentorship in an undergraduate nursing program. This study is being done under the supervision of Dr. Elizabeth Anne Kinsella from Western University in collaboration with a professor from the Western-Fanshawe collaborative nursing program here at Fanshawe College. I am not involved in the project except for providing information and obtaining informed consent for those who agree to participate.

The study investigates the perspectives and experiences of peer mentorship, with a focus on mentorship in the Holistic Health Assessment lab – in the STARS program. Although previous research suggests both peer mentors and mentees experience benefits from peer mentorship, there is little in-depth research into the experiences of teaching and learning in peer mentorship education programs. This study will explore the following questions:

a) What are students’ perceptions of teaching and learning through peer mentorship within a BScN education program?

b) What are students’ perceptions of peer mentorship relationships within this program?

c) What stands out for students about the environment in which peer mentorship takes place?

I am currently recruiting participants who have experienced the role of a STAR (Student Teaching Assistant, Resource and Support) for at least three sessions and who would like to participate in this study. Briefly, the study involves a 90-minute interview and participating in a new method to collect research information called “body-mapping” sessions. These will occur over three sessions of up to three hours each and involve creating a life-size outline of your body. You will be asked a series of questions about your experiences with peer mentorship and asked to create symbols, phrases and simple drawings to depict these experiences. Participants will be compensated for their time with Indigo gift certificates up to $100.00. The total time in the study will be up to 10 hours, depending on the time needed for each participant’s body-mapping.

You may also have the opportunity to join the study team as a co-researcher!
There is no obligation to participate, and your decision to join the study or not will have no effect on your academic or professional standing at [Xxxxxxxx College or Xxxxxxx University].

In the envelope being handed out, there is a brochure with brief details about the study. If you are interested in participating or have any questions, you can open the envelope marked A, review the letter of information, and complete the letter of consent at this time.

If you are not interested at this time, please open the envelope marked B. Since everyone will be opening envelopes, it will be less likely that anyone present will know whether or not you decided to join the study. The researchers are interested in knowing about any barriers to participation so that they can try to remove barriers to future participation. If you would like to let the researchers know about possible barriers to participating in the study at this time, please write them on the form in envelope B.

When you have finished, please put all the materials back into the large envelope and I will come around and collect them after the class.

If you prefer, you can contact me at the email address / phone number below:

[Email] [Phone #]

I invite you to take a moment to review the Letter of Information.

Are there any questions about the study?

There will also be an information session about the study in room ___ on date ___.

Thank you for considering participation in this study.
Appendix B: Letter of Information and Consent

LETTER OF INFORMATION AND CONSENT

Project Title: Peer mentorship in an undergraduate nursing program: a hermeneutic phenomenological study

Short Title: PRIME-US (PeeRs In MEntorship of Undergraduate nursing Students)

Researcher:
Helen Harrison, PhD (candidate), Faculty of Health Sciences, Western University
Professor, School of Nursing, Fanshawe College, [Redacted]

Principal Investigator:
Dr. Elizabeth Anne Kinsella, Associate Professor, Health Sciences, Western University
Centre Researcher, Centre for Education Research and Innovation, Western University

Research Team:
Dr. Sandra Deluca, Chair, School of Nursing, Fanshawe College;
Centre Researcher, Centre for Education Research and Innovation, Western University

Dr Stephen Loftus, Associate Professor, Foundational Medical Studies,
Oakland University William Beaumont School of Medicine

The purpose of this letter is to provide you with the information required for you to make an informed decision regarding participation in this research.

1. Invitation to Participate
You are invited to participate in a study that is investigating nursing students’ experiences of peer mentorship in an undergraduate nursing program. You are being invited because you have experience as a peer mentor or mentee (student working with a peer mentor) in the [Redacted] collaborative nursing program in [Redacted], Ontario, Canada.
2. Why is this study being done?
The study investigates the perspectives and experiences of peer mentorship, with a focus on mentorship in the Holistic Health Assessment lab. Although previous research suggests both peer mentors and mentees experience benefits from peer mentorship, there is no research in this specific context and little research on teaching and learning within peer mentorship activities that attends to relational and embodied dimensions. The study will involve an interview about your experience of peer mentorship and the guided creation of life-size “body-maps” using pencil crayons and other artistic media in response to a series of questions. The interview will occur after at least one term of experience with the peer mentorship process. Questions to be explored in the study refer to student-peer mentors and mentees, and include:
   d) What are students’ perceptions of teaching and learning through peer mentorship within a BScN education program?
   e) What are students’ perceptions of peer mentorship relationships within this program?
   f) What stands out for students about the environment in which peer mentorship takes place?

3. How long will you be in this study?
Your length of time in the study will depend on your decisions about which activities you will join. It is anticipated that most participants will be in the study until one interview of 90 minutes and 3 body-mapping sessions of 2 to 3 hours each are completed. This is expected to take place within one academic term.

4. What are the study procedures?
There are two levels of participation in the study. Decisions to join level 2 can be made following the initial Level 1 activities.
   Level 1. The procedure involves one face-to-face individual interview of approximately 90 minutes plus three body-mapping sessions of up to three hours each, for a maximum total of about 10 hours.
Level 2. After completing Level 1, there is an added option of joining the research team as a co-researcher. This would involve participating in data analysis of your own responses to interviews and the body-mapping process. This may also include the possibility of co-authoring some of the results of the study in a manuscript for submission to a peer-reviewed journal. For this level, participants must agree to reveal their identities for authorship of the manuscript/s but not to reveal which study data belong to them.

Inclusion criteria
Level 1: Adults (over 18 years of age) who have participated in at least one full term of the Holistic Health Assessment (NRSG 7069/N1080) course as students OR peer mentors of this course who have completed at least three two-hour sessions in a peer mentor role.

Level 2: Completion of Level 1 plus enrollment in or completion of the nursing research course (NRSG 7063/N2250).

Exclusion criteria
Individuals who have not participated in at least one full term of the Holistic Health Assessment course (NRSG 7069/N1080) are not eligible to participate.

Approximately 20 people are expected to participate in this study.

Interviews
The interviews will occur at College or University during the regular school day or in the early evening, when participants’ classes are not scheduled. Times and locations of the interviews will be scheduled at your convenience. If weekends work best, this will also be a possibility, although weekday participation is preferred where possible. These interviews will be ‘semi-structured’ and ask a variety of questions for you to offer your insights, reflections and thoughts on your experiences of peer mentorship as a peer mentor or mentee. The interviews may be conducted by phone or by skype if face-to-face interviews are not feasible. The interviews will be audio recorded and transcribed for analysis.
Body-mapping sessions

Body-mapping sessions involve drawing a life-size map of your body with the help of a partner, if you prefer. After drawing the outline of your body, you will be asked to answer a series of questions and to create symbols, drawings, and phrases relating to your experiences of the peer mentorship process. These symbols and phrases will be added to the life-size drawing with the help of various markers, paints and pencil crayons. To give you time to develop the symbols and phrases, this will take place over three sessions of up to three hours in a group setting. Body-mapping sessions may be shorter, depending on the art materials chosen and the time required for creating your body-map. If you prefer, you can work on your body-map privately in a separate space. When you have completed your body-map at the end of the third session, you will be asked to write a brief story explaining what you have written and drawn on your body-map. If you agree, you will share your story with others in the group. It is important to note that no special ‘artistic’ talent is required to participate in body-mapping. Some people feel they are “not artistic” however, the focus is on what you discover about your understandings through the process rather than on the artistic merit of your body-map. Previous participants involved in body-mapping found they enjoyed the process, even if they were initially hesitant. The body-mapping sessions will be audio-recorded, and the researcher may also take still photographs and notes of the sessions. The body-mapping sessions may also be video-recorded if you consent to this additional recording. It is still possible to participate in the study if you prefer not to consent to being videotaped. Non-identifying photographs of the completed body-maps will be taken at the conclusion of the process.

The information obtained through the interviews or the body-map, might be published in another form (e.g. a manual, a publication, book, website, in print or electronic format). Your body-map and interview transcripts may be used for educational/teaching purposes or secondary analysis after the study is complete.

5. What are the possible risks and harms of participating in this study?

In any conversation about lived experiences it is possible that a variety of emotions will surface. These can include both positive and challenging emotions such as hopefulness, happiness, anxiety, sadness, regret or excitement. During body-mapping, emotions can
become more acutely felt and experienced; for some this can be helpful, for others it may be challenging. These experiences cannot be predicted and, although it is unlikely while talking about peer mentorship activities, very rarely these feelings may be overwhelming. Separate individual support is available for those who experience heightened anxiety from discussing aspects of their learning through peer mentorship, depending on the issues that arise. Assessment and support for appropriate counselling services will be provided by social workers or counselors at the student support centers at either XXXXXXX College or XXXXXXX University.

Contact numbers are:

a) XXXXXXX Counselling and Accessibility Services: Same day urgent appointments for students experiencing distress are available in XXXXXXX. For appointment call XXXXXXX XXXXXXX XXXXXXX.

b) XXXXXXX Psychological Services: Offer crisis counselling in XXXXXXX XXXXXXX Building Room XXXXXXX. Phone: XXXXXXX XXXXXXX XXXXXXX.

c) Good2talk: 24/7 free confidential helpline providing professional counselling information for post-secondary students. Call 1-866-925-5454 or connect through 2-1-1

6. What are the possible benefits?

a) Personal potential benefits:

There may be no direct benefit to you from participating in the study. Previous participants in studies involving body-mapping in group settings noticed some of the following benefits:

- enhanced self-knowledge
- increased opportunities to reflect on the positive and challenging aspects of their lives
- a sense of healing of past challenges
- enhanced ability to express self
- greater sense of hope for the future
- more capacity for coping with current and future life challenges

b) Potential societal benefits

This study has potential to contribute greater insight into lived experiences of teaching and learning in peer mentorship in post-secondary professional education. This may
contribute to the peer-reviewed journal literature guiding educators to develop teaching methods that are student-centered and collaborative. As well, educational materials may be created to share the knowledge offered by participants with future nursing students, faculty and peer mentors, and to shape the future design of the program.

7. Voluntary participation and can participants leave the study?
Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions or withdraw from the study at any time with no effect on your grades or progress as a student at [Blank] College or [Blank] University. If you choose to withdraw from the study, you may request that any data collected (from interviews and body-mapping) be removed from the study, as long as this occurs before presentations or publications related to the study have been prepared.

8. How will participants’ information be kept confidential?
Data protection
Every effort will be made to protect your confidentiality in the study. The following procedures will be in place to maintain confidentiality at all stages of the study.

The research data used for analysis will include:
Transcriptions of the interview conducted individually, the body-mapping sessions done in groups or individually, photographs of the body-maps, and researcher field notes.

Your name will NOT be on any research items but rather an “alias” name or “pseudonym” and number code will be assigned to each participant’s de-identified material.

Your research materials will be stored in the following manner: paper records will be kept in a locked filing cabinet at [Blank] College or [Blank] University; electronic files will be stored on the [Blank] College or [Blank] University secure network drives and on an encrypted memory stick for transferability if this becomes necessary at any time. These records will be kept for seven years unless you request otherwise.
Completed body-maps will be photographed, being careful to exclude any identifying material. Participants can choose to keep the paper versions of their body-maps or to have the researchers keep them.
Please be advised that although the researchers will take every precaution to maintain confidentiality of the data, the nature of the group body-mapping sessions prevents the researchers from guaranteeing 100% confidentiality in that dimension of the research. The researchers would like to remind participants to respect the privacy of your fellow participants and not to repeat what is said in the research sessions to others.

Representatives of Research Ethics Board or the University Research Ethics Board may contact you or require access to your study-related records to monitor the conduct of the research.

9. Are participants compensated to be in this study?
You will be compensated for your time with Indigo gift certificates of $25.00 for the interview and an additional $25.00 for each of the three body-mapping sessions that you participate in. The gift certificates will be sent via email, so the researcher conducting the interviews and body-mapping sessions will need to know your full name and either or email address. These emails are used as they are protected by firewalls and are more secure than some personal email addresses. Your email address will be kept on a password-protected computer in a locked office and will not be shared with anyone besides Helen Harrison or Dr Elizabeth Anne Kinsella.
Participation in Level 2 will be on your own time and will not be compensated with gift certificates.

10. What are the rights of participants?
Your participation in this study is voluntary. You may decide not to be in this study. Even if you consent to participate you have the right to not answer individual questions, not to engage in individual activities, or to withdraw from the study at any time. If you choose not to participate or to leave the study at any time it will have no effect on your grades or your progress as a student at College or University.
You do not waive your legal rights by signing the Consent Form.

11. Whom do participants contact for further information?
If you have questions about this research study, please contact:
Helen Harrison, [redacted] or [redacted] OR
Elizabeth Anne Kinsella, [redacted] or [redacted]

If you have any questions about your rights as a research participant or the conduct of this study, you may contact: [redacted], Chair of [redacted] Research Ethics Board, by phone at [redacted] or by email [redacted] or The Office of Human Research Ethics at [redacted] University at [redacted], email: [redacted]

Publication

Findings from the study may be presented at conferences or educational events, and published in clinical and academic journals, books, or within educational resources. No identifying information will be published at any time unless participants also become authors of manuscripts relating to the study, in which case their names will be listed as participant-authors; which data belongs to which participant-author will not be revealed unless express consent is given in writing. If you would like to receive a copy of materials published as a result of this study, please contact: Helen Harrison at [redacted]

We strive to ensure the confidentiality of your research-related records. Absolute confidentiality cannot be guaranteed, as we may be required by law to disclose certain information to relevant authorities.

This letter is yours to keep for future reference
CONSENT FORM

Project Title: Peer mentorship in an undergraduate nursing program: a hermeneutic phenomenological study
Short Title: PRIME-US (PeeRs In MEntorship of Undergraduate nursing Students)

Researcher: Helen Harrison, PhD (candidate), Western University:

Principal Investigator:
Elizabeth Anne Kinsella, PhD, Faculty of Health Sciences, Western University:

I have read the Letter of Information, have had the nature of the study explained to me and I agree to participate. All questions have been answered to my satisfaction.

Yes No
☐☐ I consent to the use of unidentified quotes obtained during the study in the dissemination of this research.

Yes No
☐☐ I consent to having my body-mapping sessions video-recorded for data analysis purposes.

Yes No
☐☐ I consent to having my body-mapping sessions video-recorded for data analysis AND presentation purposes.

Yes No
☐☐ I consent to the use of my de-identified data for future research purposes.

Yes No
☐☐ I would like to receive a copy of the ‘Research Summary Report’ at the conclusion of the study.

My email address is: ____________________________  ____________________________  ____________________________

Print Study Participant Name  Signature  Date (DD-MMM-YYYY)

My signature means that I have explained the study to the participant named above. I have answered all questions.

Print Name of Person Obtaining Consent  Signature  Date (DD-MM-YYYY)
Appendix C: Initial Survey

Study: PRIME-US (PeeRs In MEntorship of Undergraduate nursing Students)

Study Title: Peer mentorship in an undergraduate professional program: a hermeneutic phenomenological study.

Initial survey

1. What year of the collaborative BScN program are you enrolled in?
   ____________________________

2. What is your age? ________________

3. What is your gender? ________________

4. Have you completed the course XXXXXXXXX? ____________________________

If you are in year 2 or higher, please answer questions 5 and 6 below:

5. Have you acted as peer mentor/STAR for at least 3 sessions for XXXXXXXXX or XXXXXXXXX?____

If yes, in which academic years and terms did you participate?
______________________________

6. Have you completed or are you enrolled in XXXXXXXXX?____
Appendix D: Semi-structured Interview Guide

Study: PRIME-US (PeeRs In MEntorship of Undergraduate nursing Students)

Full Study Title: Peer mentorship in an undergraduate professional program: a hermeneutic phenomenological study.

Interview Guide for Peer Mentors

The interview will be conducted over a session of approximately 90 minutes. In phenomenological interviewing the aim is to elicit the experiences and impressions of the interviewee regarding the phenomenon under study. The conversation flows with the interviewee’s ideas related to the phenomenon of attention. We may go deeper into some questions than others. New insights and lines of inquiry may emerge from the interaction where the interviewer invites deepened reflection on particular ideas to elicit further insights from the interviewee.

Interview Preamble

“I am interested in hearing about your experiences, thoughts, and feelings about being involved in the peer mentorship (PM) program. There are a few different aspects and roles of peer mentorship in our nursing program, including “overall” program peer mentors, academic peer mentors (SNAPS), health assessment peer mentors (STARS) and informal peer mentors. I am primarily interested in your experience of being a mentor in the STARS role but your experiences with other aspects of mentorship may come up in our discussion. While we talk today, I invite you to be as honest as possible. There will likely be some positive experiences and some negative experiences that come to mind for you. We are interested in hearing about your experiences of learning, teaching, relationships and the environment of peer mentoring.

Do you have any questions before we begin?”

1. What stands out for you regarding your experience of the peer mentorship program?

   Probes:

   Can you give an example? Story?
   
   Tell me about a time that was especially memorable for you.
   
   What did you learn from your experience?

   Tell me more.
2. What stands out for you regarding your experience of teaching within the peer mentorship program?

Probes:

Give me an example? Story? Critical incident?

Tell me about a time when you saw a mentee growing in their learning.

What was that like for you?

How did it feel?

Tell me more.

Was there a time when a mentee was having difficulty with learning in lab and you were able to help them?

What was that like for you?

How did it feel?

Tell me more.

Was there a time a mentee was having difficulty with learning in lab and you were not able to help them to get a better grasp of the content/skill.

What was that like for you?

How did it feel?

Tell me more.

What is your experience of being in the teaching role?

What is it like for you?

How does it feel?

Tell me more.

3. What stands out for you regarding your experience of being a mentor to other students within the peer mentorship program?
Probes:

What is your experience of becoming prepared to be a mentor?

What meanings do you associate with the idea of “mentorship?”

Are there people you consider to be mentoring you in this role?

What is that like for you?

What experiences of mentorship surprised you?

Are there some stories or examples that come to mind?

Tell me more.

4. What stands out for you regarding your experience of relationships within the peer mentorship program?

Probes:

Can you speak to the nature of the relationships you’ve experienced within the program?

Examples? Stories? Differences from other relationships? Power relations?

Tell me about one of your most memorable relationships with a mentee.

What made it memorable?

In what ways was it meaningful to you?

Tell me more.

5. What stands out for you regarding your experience of learning within the peer mentorship program?

Probes:

Tell me about a time when meaningful learning happened for you as you engaged in peer mentorship activities. Perhaps an “aha moment” or a moment when you felt a change?

Tell me about how being a PM shapes your experiences of learning in other contexts
In your second-year practice course?

In other contexts?

Are there ways in which your learning in other contexts shapes the way you are as a peer mentor?

Tell me about your experiences of receiving feedback as a peer mentor

Positive? Negative?

Stories? Examples?

What was that like for you?

How did you feel about that?

Tell me more.

6. What stands out for you regarding the environment in which peer mentorship takes place?

Probes:

Are there any aspects of the environment that you experience as facilitating peer mentorship?

Are there any aspects that you experience as limiting or creating barriers to peer mentorship?

Tell me more.

7. Can you think of any experiences related to the body that stand out in peer mentorship?

Your (or your mentee’s) embodied perceptions or responses (chill up the spine? sinking in the gut? etc?)

Awareness of your or your mentee’s bodies in space or in relation?

Senses such as smell, sounds, sights or tactile feeling?

Nonverbal forms of communication

Positionality of bodies in the lab?
8. Tell me a bit about your 'style' of being a peer mentor?

Probes:

Are there particular approaches you adopt?

Values? philosophies of practice?

How do you think others would describe your ‘style’

9. Sometimes we use **metaphors** to describe our experiences. For example, some teachers use the metaphor of a dance as a metaphor for teaching. If you were to create a metaphor to represent your experience in the peer mentorship program, what might it be?

Probes:

Can you explain to me how you view your metaphor as relating to your experience of peer mentorship?

Why is it significant to you?

What does it mean?

Why did you choose this metaphor?

Does the metaphor reflect your style of being a peer mentor?

10. If you were to create an **image** to represent your experience in the peer mentorship program, what might it be?

Probes:

Please sketch your image on this paper

Tell me how your image relates to your experience of peer mentorship.

Tell me how your image may reflect your style of being a peer mentor.

11. If you were trying to help someone else to understand the experience of participating in the peer mentorship program, what would you say to them? Any other descriptions you would add?

12. Is there anything else you would like to add? Anything else about peer mentorship that we didn’t discuss, and you’d like to add?
Appendix E: Body-mapping guide

Study: PRIME~US (PeeRs In MEntorship of Undergraduate nursing Students)

Full Study Title: Peer mentorship in an undergraduate professional program: a hermeneutic phenomenological study.

Questions/suggestions to be posed to peer mentors to guide creation of reflective body-maps (adapted from Gastaldo et al., 2012 and Solomon, 2002)

1. Trace your body in pencil in a position that says something about your experience as a nursing student peer mentor onto a large sheet of paper (may have help of partner).

2. Highlight the body shape in dry paint (Sharpie dry paint pens, water based) or markers and add hand/foot prints in acrylic paint to demonstrate their presence in the world. Think about what story your hands may tell about being a peer mentor.

3. Draw symbols of your involvement in the peer mentorship program as it relates to a) where you are coming from and b) your vision of yourself as a professional nurse in the future.

4. Painting in your support: write in symbols or made-up names/pseudonyms (for confidentiality purposes) of those who support you as a nursing student peer mentor on the body-map.

5. Marks on/under the skin: Draw on marks that you have on your skin (physical) and under the skin (physical or emotional) on the body-map to represent physical and emotional interaction with the world as “nursing student peer mentor”

6. Body scanning – marking the powerful points: visualize the point(s) on your body that give you power as a “nursing student peer mentor” then create personal symbols to represent them and draw them on or near the powerful points.

7. Creating a personal symbol: draw a symbol on the powerful points on the map that represent how you feel about yourself and how you think of yourself in the world as nursing student peer mentor.
8. Drawing a self-portrait: Draw a self-portrait on the face of your body tracing that represents how you are in the world as “nursing student peer mentor”

9. Creating a personal slogan: Create a personal slogan about your strengths as a “nursing student peer mentor.”

10. Create a symbol to explain to others what being a “nursing student peer mentor” means to you.

11. Public message: message to the post-secondary education community about becoming a “nursing student peer mentor”

12. Add more drawings, symbols or colours to the rest of the body-map until you are satisfied that it (partially) represents your experiences of being a student peer mentor.

Finally, please write a one-page description of what you have created on your body-map that would help someone viewing your body-map to understand it. You may want to describe the relationship of peer mentorship to your journey of becoming a future nurse or describe the meanings of the symbols, drawings or phrases you have created.
Appendix F: Ethics approvals (3 pages)

Western Research

Date: 14 December 2018

To Dr. Anne Kinella

Project ID: 113070

Study Title: Peer mentorship in an undergraduate nursing program: a hermeneutic phenomenological study.

Application Type: NMREB Initial Application

Review Type: Delegated

Full Board Reporting Date: 11/Jan/2019

Date Approval Issued: 14/Dec/2018 14:59

REB Approval Expiry Date: 14/Dec/2019

Dear Dr. Anne Kinella

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the WREM application form for the above mentioned study, as of the date noted above. NMREB approval for this study remains valid until the expiry date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

This research study is to be conducted by the investigator noted above. All other required institutional approvals must also be obtained prior to the conduct of the study.

Documents Approved:

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<th>Document Name</th>
<th>Document Type</th>
<th>Document Date</th>
<th>Document Version</th>
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No deviations from, or changes to the protocol should be initiated without prior written approval from the NMREB, except when necessary to eliminate immediate hazard(s) to study participants or when the change(s) involves only administrative or logistical aspects of the trial.

The Western University-NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCP52), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario. Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB00000941.

Please do not hesitate to contact us if you have any questions.
Sincerely,

Katelyn Harris, Research Ethics Officer on behalf of Dr. Randal Graham, NMREB Chair

*Note: This correspondence includes an electronic signature (validation and approval via an online system that is compliant with all regulations).*
# Fanshawe College Research Ethics Board Review

## Approval Notification of Proposed Research
***Involving Human Participants at Fanshawe College***

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<td>Expected date of termination:</td>
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Based solely on the ethical considerations raised by the research proposed in the application, the Research Ethics Board has completed its delegated review of the above research proposal and **Approved** the project on December 5, 2018.

### Comments and Conditions:

Please note that the REB requires that you adhere to the protocol reviewed and approved by the REB. The REB must approve any modifications to the protocol before they can be implemented.

Researchers must report to the Fanshawe REB:

- **a)** any changes which increase the risk to the participants;
- **b)** any changes which significantly affect the conduct of the study;
- **c)** all adverse and/or unexpected experiences in the course of carrying out the study;
- **d)** any new information which may adversely affect the safety of the participants or the conduct of the study.

Ethics approval of this protocol is for a period of one (1) year from the approval date above.

- Researchers must submit an REB Amendment/Extension form if research continues beyond this period.
- Upon completion, researchers must submit an REB Annual Review/Status Update form.

**ETHICS APPROVAL DOES NOT CONSTITUTE PERMISSION TO CONDUCT THE RESEARCH; OTHER INSTITUTIONAL APPROVALS MAY BE REQUIRED TO CONDUCT THE RESEARCH PROJECT.**

Members of the FCREB who are named as investigators in research studies, or declare a conflict of interest, do not participate in discussion related to, nor vote on, such studies when they are presented to the FCREB.

---

Steve Crema, BA, MA  
Chair, Research Ethics Board  
Fanshawe College  

December 5, 2018  
Date
## Appendix G: Demographic profile of participants

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Aug 18, 2021

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Curriculum Vitae

Helen Harrison

EDUCATION

**Doctor of Philosophy**, Health and Rehabilitation Sciences (in progress)  
*Western University, London, Canada*  
2016 - present  
Field of study: Health Professional Education  
Supervisor: Dr. Elizabeth Anne Kinsella  
Advisors: Dr. Sandra DeLuca, Dr. Stephen Loftus

**Master of Science in Nursing**  
*Western University, London, Canada*  
1999 - 2004  
Supervisor: Dr. Mary Anne Andrusyszyn  
Advisor: Dr. Dolly Goldenberg

**Primary Health Care Nurse Practitioner Certificate**  
*Western University, London, Canada*  
1996 -1998

**Bachelor of Education**  
*Western University, London, Canada*  
1992 - 1993

**Bachelor of Science in Nursing (cum laude)**  
*Western University, London, Canada*  
1982 -1986

**Bachelor of Science (Biology)**  
*Western University, London, Canada*  
1980 - 1983

RELEVANT SCHOLARSHIPS & AWARDS

Social Sciences and Humanities Research Council of Canada (SSHRC)  
Doctoral Award (2 years, $20,000 per year)  
2019 - 2021

Ontario Graduate Scholarship  
(15,000 per year X 2 years. Awarded 2017-2019.  
Awarded but declined 2019-2020)  
2017 - 2019

Western University Graduate Research Scholarship  
(4 years, $10,000 – 15,000 per year)  
2016 - 2020

Student Council Award for Practice Teaching Excellence  
*Western University Faculty of Education* ($100.00)  
1993
RELEVANT REFEREED PUBLICATIONS


RELEVANT REFEREED CONFERENCE PRESENTATIONS

Harrison, H. & Kinsella, E.A. (2021) Body-mapping as a visual method to bridge divides in higher education research: an embodied hermeneutic phenomenological inquiry of peer mentorship in undergraduate professional education (virtual panel presentation) *SSHRC Congress* May 30, 2021 (accepted March 2020, postponed to 2021 due to COVID 19 pandemic)


Khalili, H, Harrison, H, Ranieri, L, Katsademas, K, Krahn MA, DeLuca, S. “Knowledge to Action in Nursing Education; The Impact of Clinical Simulation Practice (CSP) on students’ competence, confidence and collaboration in their real clinical practice” poster presented at the SIM One conference, Toronto, ON, Dec 5-6, 2013.


RELEVANT INVITED PRESENTATIONS


TEACHING EXPERIENCE

Professor, School of Nursing 2004 – present
Practical Nursing Program and Western-Fanshawe Collaborative BScN Program (several courses, including NRSG 7069/7070: Holistic Health Assessment I and II, ANAT 1005/1012: Anatomy and Physiology I and II)
**Fanshawe College, London, Canada**
Professor and Year 1 Coordinator, Collaborative Nursing, Fanshawe site 2015-2019

**Graduate Teaching Assistant**, Faculty of Health and Rehabilitation Sciences 2019
*Western University, London, Canada*
HS 9730 – Philosophical Foundations of Qualitative Research

**Teacher**, The Thames Valley District School Board: Sir George Ross Secondary School, August 1996 to October 1998. Part time instructor for the Adult Health Care Aide and Registered Practical Nurse programs. With one other teacher, developed the curriculum for the Adult Health Care Aide program, which was new to the school in 1996. Facilitated both classroom and clinical placement learning. Assisted in the development of the Health Care Aide certification exam.

**Training and Development Specialist/Nursing**, London Health Sciences Centre (UC), August 1993 to March 1994 (maternity leave replacement). Assessed learning needs of nurses in five areas of the hospital. Developed, delivered and evaluated programs to meet those needs. Presented Nursing Orientation sessions for new staff members.

**RESEARCH EXPERIENCE**

**Research Associate/Nurse Practitioner**, London Health Sciences Centre, HEIRS study, July 2000 to August 2004 (full-time) and August 2004-July 2014 (part-time). Project Director at the Canadian site for a multi-centre study sponsored by the National Institutes of Health (Hemochromatosis and Iron Overload Screening Study). Responsible for coordinating this study at the London site. Supervised eight Research Assistants.

**Nurse Research Coordinator**, University of Western Ontario, Faculty of Medicine and Dentistry, Department of Medicine (GI), October 1998 to June 2000. Coordinated multiple concurrent clinical trials in new treatments for inflammatory bowel diseases.

**ADDITIONAL QUALIFICATIONS**

**Registered Nurse**, RN (Ontario) 1986-present

**Ontario Teaching Certificate**
Intermediate-Senior 1993-2004

**VOLUNTEER AND SERVICE WORK**

**Peer Review**
Patient Education and Counselling Journal 2006-present
Advances in Health Sciences Education Journal 2020-present
Abstract Review
Canadian Association of Schools of Nursing Annual Conference 2013-present

Committee Membership
Western-Fanshawe Collaborative BScN Admissions Committee 2012-2020
Western-Fanshawe BScN Collaborative Program Council 2012-present