

BOOK REVIEWS

The Reflective Practitioner: How Professionals Think in Action

Donald A. Schön,
Basic Books, New York, 1983

This volume, subtitled "How Professionals Think in Action," is an inquiry into the epistemology of professional practice. The author begins with the assumption that competent practitioners usually know more than they can say. Further, "... practitioners themselves often reveal a capacity for reflection on their intuitive knowing in the midst of action and use this capacity to cope with the unique, uncertain, and conflicted situations of practice." To understand this knowledge gained from action, the author examines a sample of vignettes of senior practitioners trying to help junior ones learn to do something.

The book is divided into three parts. Part 1, "Professional Knowledge and Reflection-in-Action," introduces the reader to the philosophic orientations and the concepts used in the study of the knowledge of practice. Chapter 1 explores the crises of confidence in professional knowledge. It is here that "artful practice" of competent practitioners is identified as an important area for inquiry. The dominant philosophic view of professional knowledge, technical rationality, and its limitations in accounting for what competent practitioners do in "divergent" situations, are discussed in Chapter 2. The argument then is made for the study of reflection-in-action to establish it as a legitimate form of professional knowledge. As a part of the argument, the features of reflection-in-action are defined.

Part 2, "Professional Contexts for Reflection-in-Action," contains examples of professional practice, which are explored in light of a set of questions concerning the reflection-in-action. The examples are drawn from architecture, psychotherapy, engineering design, town planning, and management. Through analysis of these examples, the author identifies the structure, patterns, and limits of reflection-in-action. Chapter 5 is especially useful in understanding subsequent chapter analyses. Chapter 9 expressly focuses on the patterns and limits of reflection-in-action.

Part 3, "Implications for the Professions and Their Place in Society," summarizes in one chapter the preceding chapters. Implications of reflection-in-action as a legitimate form of professional knowledge and practice are drawn for the professional-client relationship, re-

search and practice, the institutional contexts of professional work, and the place of the professions in the larger society.

This volume should be of most value to academicians in professional schools. The discussions of the traditional views of research and practice contrasted with reflection-in-action are of particular interest. The preparation of reflective practitioners, to be explored in a future volume, is briefly discussed. Practitioners, in turn, may be stimulated to become reflective in their practice. The strengths of the book for them may be offset by its basic orientation, that of inquiry rather than prescription. The examples used for analysis, except for the one drawn from psychotherapy, are from contexts outside the health-care arena. To this reviewer, implications of the author's work for further study and elucidation are the ones that are most compelling.

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The Social Organization of Doctor-Patient Communication

Sue Fisher and Alexander Dundas Todd, eds.,
Center for Applied Linguistics,
Washington, D.C., 1983

"One of the amazingly simple insights about medical treatment is that it is conducted in language." With this concise and profound introduction, Fisher and Todd go on to present the reader with ten articles that demonstrate some of the complexities and problems of physician-patient communication.

It is not unusual nowadays to hear complaints about medical care and interactions with physicians. Underlying the outrage over costs is a nagging concern that doctors speak a different language, do not listen, and fail to communicate with their patients. The media model of the physician who is kindly, personable, and always available for hours of counseling and advice does not exist in most of our experiences with the medical industry.

The ten chapters in *The Social Organization of Doctor-Patient Communication* examine how doctors and patients communicate, how they exchange or fail to exchange pertinent information, and how they interpret and act on that information. These articles address real