

DEVELOPING REFLECTIVE WRITING *as* Effective Pedagogy

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SUCCESSFUL USE OF REFLECTION AS AN EFFECTIVE PEDAGOGY FOR CLINICAL TEACHING (BENNER, SUTPHEN, LEONARD, & DAY, 2009) IS DEPENDENT ON A SUPPORTIVE TEACHER WHO KNOWS HOW TO FACILITATE THE PROCESS. Derived from a decade of implementation and study, this article describes best practices in mentoring students to think critically through structured reflective writing. With foresight and planning, reflective writing may be an empowering strategy for facilitating students' thinking skills.

Before implementing reflection and reflective writing in nursing curricula, it is important to clarify the purpose and expectations of such activities (Benner et al., 2009). In an early, unpublished qualitative study (Kennison, 2000), faculty in the same undergraduate nursing program had markedly different perceptions of what constitutes reflection and how it is best used to promote critical thinking. "We've [faculty] been saying that we've been using it [reflection] for some time, but my impression is that what we're requiring of students is more self-evaluation. I have never felt that the complexity of reflection and the reflective process have been truly recognized [by faculty]." Asked about faculty expectations for students' reflective writing assignments, this faculty member continued, "We're not giving them the option or the latitude to be reflective."

Reflection is the purposeful and recursive contemplation of thoughts, feelings, and happenings that pertain to significant practice experiences (Kennison & Misselwitz, 2002) known as exemplars or critical incidents. It is not an end in itself but, rather, it guides action (Freire, 2007). Reflective writers examine their interactions among colleagues and clients, identify gaps in knowledge, acknowledge mistakes, and process difficult situations. The aim is to develop self-awareness, foster thinking modes, and ultimately improve one's nursing practice (Kuiper & Pesut, 2004). To that end, writing is considered more effective than speech. Reflective writing is a unique mode of learning that

requires a higher level of abstraction and more intellectualization than speech (Vygotsky, 1962). "Writing makes our thought visible, laying it open for us to modify, extend, develop or critique" (Usher, Tollefson, & Francis, 2001, p. 16). Thus, reflection on the written words may promote distancing from the actual experience, hence more objectivity than speech (Wilson, 1996), as one carries on an "inner conversation" that is dynamic, complex, and enhances higher level thinking (Schmidt, 2004).

Learning the Reflective Process A preliminary exercise that may be introduced in a fundamental clinical course teaches students to engage in three integrated and dynamic processes of reflection. In the first process, students feel surprise (Schön, 1991), disjuncture (Jarvis, 1992), or dissonance (Boyd & Fales, 1983) that all is not well in a practice experience. For instance, a student feels troubled and wonders why a hospitalized elderly client has experienced significant cognitive decline when a battery of tests fails to identify an underlying cause. The second process involves critical analysis of the student's unsettled feelings and knowledge embedded in the situation (Jarvis). With the teacher's encouragement, the student considers more than common physiological causes and focuses on subtle psychosocial factors that may impact cognition, particularly in an elderly client. The third process involves a fresh perspective. The initial learning becomes new learning (Jarvis). In this process, students are encouraged to identify the lessons learned.

In the above situation, social isolation and depression were deemed the ultimate cause of the client's cognitive decline. The student learned that social isolation may result from lack of quality sensory input, even in a hospital environment. Antidepressants, reality orientation, and planned diversion activities were essential components of the treatment, and the client returned to her home to live independently (Kennison & Brace, 1997).

ABSTRACT While reflective writing about practice experiences is frequently used in nursing curricula to foster critical thinking, faculty members may be unaware of how to help students reflect, what kinds of feedback are helpful, and how to deal with students' concerns. This article describes faculty best practices in mentoring the student to effectively think critically through structured reflective writing. Models of structured reflection, Baker's four-step model and John's revision of Carper's patterns of knowing, are discussed as effective guides at graduate and undergraduate levels. The article addresses potentially problematic issues with the implementation and evaluation of reflective writing assignments in clinical courses. With foresight and planning, reflective writing may be an empowering strategy for facilitating students' thinking skills.

Baker's Four-Step Model The author has successfully used Baker's (1996) semistructured model with students new to the reflective process and undergraduate and graduate students experienced with reflective writing assignments. Step 1 is *Identification* (select a clinical practice experience that stands out in your mind as significant). Step 2 is *Description* (detail thoughts, feelings, and happenings of the experience). Step 3 is *Significance* (derive personal meaning from the experience). Step 4 is *Implications* (explain how the experience impacted you). Following is an example of how Baker's model is used for a student's first clinical experience in a long-term care facility.

IDENTIFICATION Students often say they don't know what to write about. The teacher may suggest that a significant experience is one that actually "finds you" because it recurs in your mind. In this example, the student observed that staff allowed a resident, Marge, to be mistreated by her roommate, Ruth; Marge complained that Ruth used profanities and stole personal items. The student hastily reacted by asking why Marge did not demand an immediate room change. The teacher cautioned her against using one unsubstantiated, subjective observation to draw a conclusion and suggested she glean data from multiple sources to first corroborate the problem.

Considering multiple perspectives triggers the cognitive dissonance that prompts reflection (Ruland & Ahern, 2007). Engaging in "converging conversations wherein many perspectives can be considered" (Ironside, 2003, p. 510) involves "questioning, perspectival openness, uncertainty, and fallibility" (Dickieson, Carter, & Walsh, 2008, p. 4). Using these exercises, students develop "narrative competence" (Charon, 2001), the ability to discover and reflect on practice situations from multiple perspectives and uncover tacit meanings that may have otherwise remained silent.

While students learn the elements of a complete assessment in class, integrating this learning in an actual practice situation requires the teacher's help. Benner et al. (2009) quote a student to illustrate the theory-to-practice disconnect: "I feel like I'm on my own in integrating the information we're taught. I spend quite a bit of time in independent study trying to fill in holes and gaps in my education that are revealed as I struggle in the clinical setting" (p. 155).

DESCRIPTION During the second step of Baker's model, students tend to relate happenings as a chronological series of events. They often need prompting to describe what they were thinking and feeling at the time. Research indicates that reflecting on both thoughts and feelings is most efficacious for learning (Ullrich & Lutgendorf, 2002). Feeling sympathy for Marge and anger at the staff she deemed neglectful, the stu-

dent avowed that she would "not put up with that" if she were the resident and would immediately demand transfer to another room.

With further assessment, the student learned that Marge, who had moderate Alzheimer's disease, often forgot that when she did not finish the food her daughter delivered, staff kept it in the refrigerator labeled with her name for later use. Staff mentioned that Marge was living at home with her son prior to coming to the residence, crucial information in understanding Marge's perspective. As for Ruth, she had right-sided weakness and expressive aphasia.

Prompted by the teacher, the student observed interactions between Marge and Ruth. On most mornings staff helped Ruth into a wheelchair and positioned it in the room so she could watch her favorite television shows. One morning Ruth tried to maneuver the wheelchair into the hallway, but the wheel caught on the rung of a side chair preventing forward movement. When Marge walked down the hallway using her walker, she was unable to enter the room. Ruth tried to verbally convey that she was stuck and needed help, but her words came out loud and jumbled. To communicate that she needed help, Ruth gesticulated with her right arm, but the intent was lost on Marge, who misinterpreted the gesture as offensive. The other students and teacher accurately interpreted the situation and helped Ruth maneuver into the hall, giving Marge access to the room.

To help the student understand the resident's perspective, the teacher suggested that she put herself in her client's shoes. The student was surprised and upset to learn from Marge's daughter that her brother, Marge's youngest son, had, over the years, stolen or "borrowed" her money, electronics, and jewelry. Believing that he would eventually pay her back or return the items, Marge did not file a police report, although the siblings thought she should have.

Knowing that Marge was on numerous medications, including a recent order for Aricept, the teacher asked the student to consider possible side effects of Aricept and whether Marge may need a readjustment in her medication regimen. Including the physician and pharmacist in data collection and analysis, while obvious to the teacher, was something the beginning student had not considered.

SIGNIFICANCE In trying to make sense of the experience, students may question the effect that prior learning has on their response. For the student in the long-term care facility, it was important to answer a number of puzzling questions. Knowing that displacement can be a defense mechanism for coping, the student wanted to know if Marge was displacing feelings about her son's behavior onto Ruth. How could she help Marge feel

safe and develop trust in an environment where she believed she was being violated? What interdisciplinary resources were available to facilitate a positive relationship between the two roommates?

Marge was a new resident, having arrived a few weeks ago, whereas Ruth had been living at the facility for several years. Certainly the change for Marge from independent living at home to a residential facility would be stressful. From the assessment and data analysis, the student diagnosed Marge with disturbed sensory perception related to cognitive impairment. The goals of intervention were to prevent injury, allow Marge to express her feelings, and promote trusting relationships with her family, staff, and residents. To develop trust between Marge and Ruth, students engaged the roommates in planned diversion activities suggested by the recreation coordinator. To foster creative thinking, the teacher engaged the students in developing reality orientation devices for use in the room and hallway. In addition, one-on-one time with Marge was planned to encourage her to discuss her feelings. After four weeks, Marge remained free of injury, showed less agitation, demonstrated appropriate coping behaviors, and began a mutual friendship with Ruth.

IMPLICATIONS In this step, students explain how the experience made a difference in their practice and how they would react differently to similar experiences in the future. The student acknowledged that her initial anger over the situation stemmed from her own perception of inadequacy in dealing with the situation: "I didn't know what to do for her [Marge] or even what to say. What was I supposed to do about her roommate stealing from her? I thought the staff should have dealt with it so I didn't have to." The student lacked confidence in how to process the situation and help Marge, although her initial anger belied these underlying feelings. When asked about how the experience impacted practice, the student purported that the most important lesson was learning she could "make a difference even when the situation seems overwhelming." In addition, she learned to "stop and think about the situation from a broader view" than her own.

Developing Reflectivity with Patterns of Knowing and Cue Questions For students experienced with the reflective writing process, a more structured model of reflection challenges their thinking with further depth and breadth. Johns (1995, 2004) advanced a structured reflective writing model using Carper's four fundamental patterns (ethical, personal, aesthetic, and empirical), adding another pattern, reflectivity, and providing cue questions as a framework to help practitioners understand themselves and others in practice experiences. With

a similar approach, Bratt (1998) developed structured guidelines for students to engage in a reflective journaling assignment. The Figure provides modified and/or condensed cue questions proposed by Johns and Bratt.)

Evidence-based reflective inquiry begins by asking questions about client situations that encourage use of all types of knowledge (Ireland, 2008). It is important to note that the patterns of knowing, although discrete, are interrelated and may overlap in reflective writing. Dickieson et al. (2008) counted the times each pattern was addressed in a sample of student writings and found increasing frequency: ethical (1), personal (5), aesthetic (12), and empirical (26).

Ireland (2008) reports that posing questions to students fosters reflection on practice, the precursor to evidence-based nursing. The experience with Marge and Ruth in the long-term care facility is used as an illustration to address each question. For instance, under esthetic knowing, the student believed that Marge experienced undue stress from moving into the long-term care facility. The stress, coupled with cognitive decline, caused Marge to distrust her roommate and feel insecure in the new environment. The student used herself on behalf of Marge by "being there," giving Marge undivided attention and listening attentively.

Regarding intuition, it would be unreasonable to expect a beginning student to have developed intuitive comportment and the student said as much. The student investigated the teacher's intuition, that Marge's relationship with her children might have bearing on her mistrust of Ruth.

As for personal knowing, the student initially felt sorry for Marge and anger at the staff for what she believed was an insufficient response to Marge's complaints. Those initial feelings progressed to confusion as different interrelated factors were explored, such as the influence of medications, Marge's relationship with her son, and the student's lack of confidence in handling this complex situation. As data analysis led to a nursing diagnosis and plan of care, the student felt more confident and hopeful for a positive outcome. When Marge saved a place beside her for Ruth and smiled when she saw Ruth approaching, the student commented, "This is why I went into nursing, to make a difference."

For personal knowing, the teacher suggested the student analyze her thinking modes. To facilitate positive learning outcomes, students need support when they admit to error. This student realized she initially jumped to an unsubstantiated conclusion based solely on Marge's complaints. She then developed creative thinking when she created an orientation board tailored for Marge. "Nurses need multiple ways of think-

Table. Developing Reflectivity Through Patterns of Knowing and Related Cue Questions

Pattern of Knowing	Cue Questions
Esthetic: "The art of nursing involves the active transformation of the patient's behavior into a perception of what is significant in it – that is, what need is being expressed by the behavior" (Carper, 1978, p. 17).	<ol style="list-style-type: none"> 1. What did you think was the underlying reason for the client's behavior? 2. How did you use yourself on behalf of the client? 3. How did you use your intuition?
Personal: Experience of knowing the self in relation to others; how one comes to know oneself	<ol style="list-style-type: none"> 1. What were you thinking and feeling in this situation? 2. How have you changed as a result of this experience?
Ethical: Matters of obligation or what ought to be done; making moral choices of right and wrong; encompasses personal values and beliefs	<ol style="list-style-type: none"> 1. How were you able to apply the ANA Code of Ethics to this situation? 2. What personal beliefs impacted your actions?
Empirical: Publicly verifiable, factual, objective and quantifiable; the science of nursing	<ol style="list-style-type: none"> 1. What evidence from the nursing literature did you apply to this situation? 2. Based on this evidence what outcome did you predict?
Reflectivity: Learning through experience	<ol style="list-style-type: none"> 1. How would you approach a similar situation? 2. What have you learned? 3. What further questions do you have?

ing, such as clinical reasoning and clinical imagination as well as critical, creative, scientific, and formal critical reasoning" (Benner et al., 2009, p. 85). The student believed she became more self-confident and open-minded as a result of this experience.

Under ethical knowing, the student referred to the American Nurses Association Code of Ethics regarding primacy of the patient's interests. In getting to know Marge, the student came to appreciate her life and accomplishments, a story Marge willingly shared. The student came to know nursing as a mutual sharing relationship between nurse and client, rather than the one-sided caring she expected to proffer.

For empirical knowing, the student discussed what she gleaned from the literature about Alzheimer's disease and interventions for cognitive impairment. Based on this information, the student predicted that Marge would remain safe and adapt to the long-term care environment, although further cognitive decline seemed inevitable.

For reflectivity, the student learned to "never underestimate the client's abilities." Despite her cognitive decline, Marge taught the student how to crochet. The student said that given a similar situation, she would keep her eyes open before reaching a conclusion. A final question the student posed was, "Why do some clients with Alzheimer's disease maintain certain abilities, such as Marge still knowing how to crochet?" While the teacher had no quick or definitive answer to this complex question, she referred the student to a seminal longitudinal research study.

Concerns Students encounter risks and difficulties when reflecting on practice; it is "sometimes humiliating, always humbling" (Brookfield, 1995, p.228). Students risk losing their credibility if they share the reflection, and they may grieve the loss of previously held certainties (Brookfield). They may avoid reflecting on certain stressful clinical experiences to spare themselves feelings of guilt, anger, and fear (Burns & Bulman, 2000). Moreover, the value of reflection may not be immediate (Duffy, 2008). Students may show initial resistance if they are expected to use a higher level of reflection and spend more time writing than what was expected in previous or concurrent courses (Ruland & Ahern, 2007).

Evidence indicates that while students' reflective skills may improve over time (Paget, 2001), educators struggle to incorporate reflective processes in undergraduate curricula. In a literature review of the use of reflective journaling in undergraduate curricula, Epp (2008) showed that nurse educators lack confidence in the process and raised issues about ethical concerns, evidence of learning, and level of reflection achieved.

For novice educators or those unfamiliar with reflective writing as a teaching strategy, success is dependent on the ability to engage students in dialogue that promotes autonomy and empowerment (Allen, 2010). Prior to using a reflective writing strategy, educators must evaluate whether they have the time, knowledge, and skills to facilitate the process (Duffy, 2008), acting as guides and critical companions in a student-centered, open, honest, and empathetic relationship (Titchen, 2003).

Use of a semistructured reflective writing model with guidelines stipulating the purpose of the assignment and evaluation method provides structure for the writing. Providing a sample of the writing assignment helps students have a sense of the teacher's expectations (Ruland & Ahern, 2007). Feedback and evaluation in the form of written dialogue are key to facilitating reflective writing. The teacher's comments focus on the *process* of reflection to challenge assumptions, correct faulty thinking, and provide individual instruction and unconditional support.

It behooves faculty to clearly delineate expectations for reflective writing assignments and apply the standards consistently across sections of a course. Otherwise, students are quick to complain, and rightfully so, when one group has significantly more time-consuming assignments than another in the same course. Whatever criteria are used for evaluation, students have the right to a certain degree of appropriateness, fairness, and consistency (Kennison & Misselwitz, 2002).

Faculty members may hesitate to permit, or disallow altogether, situations in which a mistake occurred or best practice was not evidenced. That stipulation precludes significant learning experiences. In guiding students' reflective writing, it is the faculty's responsibility to ensure confidentiality and unconditional acceptance in a safe, supportive environment.

Frequency and Grading In terms of frequency, this writer has found success requiring one model-guided reflective writing assignment about a significant experience in the first clinical course, then each subsequent clinical course, followed by a senior portfolio synthesis of the writings. With more frequent assignments, the writing and analysis tend to be superficial and overly time-consuming for students and faculty, rather than mutually rewarding. The senior portfolio review of reflective writings reinforces lessons learned throughout the program, instills pride in personal growth, and helps students transition to the role of graduate nurse (S. Misselwitz, personal communication, August 9, 2010). Students repeatedly attest that, had they not done the portfolio review, they would not have been so acutely aware of their tremendous growth throughout the nursing program.

While nurse educators agree with the need for written feedback and evaluation, they are undecided about grading the work. Proponents of grading (Bratt, 1998; Kennison & Misselwitz, 2002; Ruland & Ahern, 2007) tend to focus on the outcome or level of reflection and contend that grading the work adds value. However, there are inherent problems

with grading reflective writing. To earn a good grade, students may embellish their clinical performance and the experience, writing what they perceive the teacher wants to read (Craft, 2005; Kennison, 2000). A reliable tool to evaluate reflective writing for evidence of critical thinking is lacking (Kennison, 2006). And grading may inhibit students from acknowledging and learning from mistakes, a significant aspect of improving practice. Educators who use a qualitative approach to evaluating reflective writing for evidence of critical thinking tend to focus on the thinking process as it unfolds in the contextual aspects of the nurse-patient encounter (Hicks, 2001; Kennison, 2000).

Once reflective writing assignments are completed, students may be invited, not required, to share their learning among other students and teachers. This writer has found that a teacher-facilitated roundtable discussion held at the end of a clinical course and involving all students is a safe and effective forum for sharing and learning. When the teacher creates a safe and trusting environment, nursing students typically share a culture of actively disclosing their experiential learning — even their mistakes — with their classmates (Benner et al., 2009). After a decade of implementation, one faculty member reported, "This sharing of reflective writing experiences is the most valuable component of the curriculum because it personifies and magnifies the learning" (S. Misselwitz, personal communication, August 9, 2010).

Summary and Conclusion While reflective writing about practice experiences is frequently used in nursing curricula to foster modes of thinking, faculty may be unaware of how to help students reflect, what kinds of feedback are helpful, and how to deal with students' concerns. Prior to initiating reflective writing assignments, it is important to offer faculty support and training in the theory, use, and evaluation of reflective writing (Kennison & Misselwitz, 2002). While facilitating reflective writing may be time and labor intensive, integrating reflective writing in nursing education curricula from the onset may help students internalize the process for later use in their practice (Craft, 2005). **NLN**

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