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Key words

Discourse analysis, Education, Nursing, Social norms, Students

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From political correctness to reflexivity: A norm-critical perspective on nursing education

Education is important in shaping professional identity, including how one approaches norms and normalization. In the analysis presented in this study, nursing students' own constructions of norms and normality from the outlook of their education are highlighted and problematised. To deepen the understanding of these matters, the aim of this study was to explore constructions of norms and normality among students in nursing education. Students studying in a nursing department at a Swedish university college were approached and asked to consider open survey questions targeting their views on norms and normality; 154 of them replied. After a discourse analytic approach to the data, we could see how the students constructed norms and normality as (a) instrumental instructions, consisting of easy-to-digest statements grounded in the profession's obvious moral and ethical values, (b) limiting and frustrating obstacles for personal freedom that were important to challenge, (c) rules to be obeyed for the stability of society, and (d) a matter of reflection, with each individual being responsible for understanding differences in norms, perspectives and opinions. We conclude that nursing education would benefit from norm-critical perspectives, problematizing students' own positions to norms, power and privilege.

Key words

Discourse analysis, Education, Instrument construction, Norm-criticism, Nursing, Social norms, Students

Introduction

This study takes its departure in caring and helping professionals' implicit contributions to the establishment of normality. It is concerned with whether this contribution can already be seen among students studying in a nursing department. Professionals have traditionally taken part in society's control, education, and normalising of people, which at the same time means valuing people as more or less "good" or "righteous". In each time and place, rules, expectations, and ideals develop that are seen as "the normal". Those who fail to conform to the demands of normality risk sanctions from the society in the form of anything from patronising facial expressions to legal punishment. Health care professionals have important roles to play in the construction of normality, deviancy, health and disease, all of which impact the lives of the patients they meet. Within nursing education, future professionals are shaped and implicitly learn how to manage the demands of normality. In the analysis presented here, nursing students' own constructions of norms and normality from the outlook of their education are highlighted and problematised.

Background

The concepts surrounding "the normal" is an extensive and complex discursive field (Link, 2014). All human societies possess norms, referring to explicit and implicit regulatives that are reinforced by sanctions (Link, 2014). The term "norm" was originally used in European languages as a geometrical term – a "normal" line was a straight line that was orthogonal to another line, according to a carpenter's square (Hacking, 1990). This concrete purpose has, however, been lost during historical and philosophical developments. Today, a "norm" is still used to point out what is right and wrong, but its use has developed and it now applies to the realm of social, rather than geometrical, regulation.

Social *norms* are rules that are pre-existent to social action, while *normativity* is often used as an abstract category for the entire field of the norms (Link, 2014). The terms are often used within the field of ethics, where they are used to refer to how we might define a good life or society and what norms should be implemented to realise it (Wehrle, 2015). A third term is *normality*, which from a statistical view and in everyday speech describes the average or the usual of a characteristic in a given population or group. However, quantification is not necessarily suitable to establish normality; just because something is unusual does not make it unhealthy, deviant, or pathological (Canguilhem, 1966/1989). Normality carries a false sense of objectivity with it (Hacking, 1990). It seems that the idea of the normal successfully created a way to be “objective” about human beings, implying that “the normal” is simply a matter of objective measuring. However, a social norm is a seemingly neutral term for something that is anything but neutral, as it includes both normative views on appropriate behaviour and a requirement to comply with these views (Huntington, 2009). As a consequence, professionals who encounter people that deviate from established normality may see people that are not only uncommon or untypical, but wrong and in need of correction and guidance towards the normal. Normality has come to include morally-endorsed ideals with wide-reaching consequences that include health care.

In the health care system of today, people are subjected to the gaze of health professionals’ authority (Cheek, 2000). The professionals are powerful, for “it is they who decide what is normal and abnormal within populations, and it is they who identify abnormality in individuals” (p. 27). Accordingly, nurses play a central role in the construction of normality. During the 20th century, the experts of society increasingly adopted the function of “normalisers” who should guide people in the right and normal direction (de Swaan, 1990). Nurses, physicians, social workers, and teachers played – and still play – important roles in

constructing and maintaining normality in society, and any deviance that is detected should be corrected, “normalised”, whether it be illiteracy, disease, bad parenting, or imperfect life style. However, constructing and maintaining normality requires work on the part of both the individual and the professional. Few people want to be pathological (Hacking, 1990); most of us try to fit into normality even without the encouragement of professional experts. In health care encounters, however, the very relation between a professional and a help-seeker plays an important role in constructing, managing, and upholding normality. Nurses have especially powerful positions as knowledge accommodators as they communicate to care-seekers that they should fulfil the health norms and values that society has stipulated (Gedda, 2012).

However, the use of normalisation in health and welfare work is not necessarily a conscious strategy by professionals, but the result of their desire not to worry patients, thereby avoiding problematic conversations and situations. Midwives have been shown to act and communicate as if their main task is to transform expectant mothers’ experiences of something “unusual” during pregnancy into something “normal” (Bredmar, 1999). Even conversations about anything that could be perceived as “not normal” would supposedly create ill-health among the women, and the midwives therefore continuously value and judge the women’s examination results in terms of normality. Another study from the perspective of communication is Adelswärd and Sachs’s (1996) investigation of the construction of ideas about risk and normality in talk between nurses and patients. Using the concept of normality in interactions offers both professionals and patients means to keep the world in order. Depending on whether patients are on the border, or well below the limits for “normal” values, the nurse changes the ways patients are informed, as if not to frighten them. Normality is also at play in more extreme situations: nurses working in the environment of dying infants and children strive to create a sense of normality around death (Bloomer,

Ednacott, Copnell, & O'Connor, 2016). Despite the abnormality of the situations in neonatal and paediatric intensive care units, the nurses wanted to try and make the situations as normal as possible for the families, e.g. by involving other children in normal daily routines and by talking about the sick baby as their brother or sister.

Norm criticism

The institutional view of normality as something objective, desirable and essential, and the homogenisation that comes with it, has been challenged in Sweden by the development of norm-critical theories and perspectives (see, e.g., Bromseth & Sörensdotter, 2014; Martinsson & Reimers, 2010). Originating from established anti-oppressive, gender, and queer theories (Butler, 1993; Freire, 1970/2000; Kumashiro, 2000), the concept is relatively unknown internationally. Following their introduction in Sweden in the first decade of the 21st century, norm-critical perspectives quickly became popularised, and have been applied as practical and theoretical tools in several areas, of which one is education (Bromseth & Sörensdotter, 2014; Johansson & Theodorsson, 2013; Kalonaityté, 2014; Kjellberg, 2015; Martinsson & Reimers, 2014). A central norm-critical notion is to resist the mechanisms that categorise people into “us” and “them” – normal and less normal kinds of people. Instead of learning that it is important to tolerate or understand those who do not conform to normality, the norm-critical stance is that the categorising norms themselves should be challenged. To achieve this change in perspectives, one’s own currently held values and beliefs must be transcended. By scrutinising how one’s own involvement in oppression has a bearing on one’s own sense of self, it is possible to change how we read “others” and ourselves (Kumashiro, 2000). Thus, norm-critical work is a deeply self-reflexive activity.

Discursive perspectives on language

Language is so central to social activity that it is easy to take for granted (Potter & Wetherell, 1987). Gill (2000) distinguishes four main features of discourse analysis, the first being its interest in texts in their own right, rather than seeing text as vehicles of some underlying reality. Second, we use pre-existing linguistic resources to describe simple, as well as complex, phenomena in an array of different ways, and the particular description will depend upon the perspective taken by the speaker or writer (Potter & Wetherell, 1987). Thus, we get to know the world through constructions, not in some pure and unmediated way. Third, discourse is used to do things, it is a social activity. Many activities are performed through language, as we use it to order and request, persuade and accuse, and present ourselves and others in particular lights. Finally, all language use has a rhetorical function, and all discourse is organised to make itself persuasive (Billig, 1987). These features point to the importance of language in the construction of the normal, and in the current study, discourse analysis was seen as a fruitful approach to explorations of how norms and normality are constructed among future normalisers. The aim of this study, accordingly, was to explore constructions of norms and normality among students in nursing educations. This exploration can contribute to curricular development, building on norm-critical pedagogic insights.

Method

The data were written responses to open survey questions. An “open” question refers to a question in a survey to which possible answers are not suggested, and to which the respondents answer in their own words (Popping, 2015). To narrate one’s view of a certain topic in this way can be helpful in personal sense-making and reflection (Schneider, 2012). The open survey responses were produced in the context of a research project developing a measuring scale of norm-critical awareness, with data collected from five student classes 2015-2016 at a university college in Sweden, including undergraduate and advanced nursing

students and undergraduate social psychiatric nursing students (Tengelin, Cliffordson, Dahlborg & Berndtsson, 2019). The students had received no formal education about norms and normality within the frames of the nursing program, but as this topic is increasingly discussed in Swedish society, it is likely that at least some of the students had personal pre-understanding, experience, or opinion about the subject. Two of the authors introduced the study to the student groups just before or after a lecture, providing basic information about the study including the concept of norms. All students were verbally informed of the voluntary nature of the study, confidentiality, their right to withdraw from participation, and that their completion and returning of the form was an acknowledgement of their consent to participate. The students were then asked to respond to a pilot survey about their views on norms and normality covering 46 items. At the end of the survey, the respondents could choose to answer the questions (1) *Describe briefly what you perceive norms to be, in general or in your future profession*, and (2) *Do you have personal experience of breaking norms*. They also had the opportunity to add anything they wanted that had not been addressed by previous questions. Out of the 222 surveys that were distributed, 214 were returned, and 154 of them contained responses to at least one of the open questions. Most students finished in around 15 minutes; a few students preferred to hand them in at a later date so that they could take all the time they needed. Approval from the regional ethics review board was obtained prior to the study, ensuring that the study was carried out in accordance with the Declaration of Helsinki (World Medical Association, 2013).

Gill's (2000) outline of a discourse analysis was followed in the analysis of the statements. This approach was chosen since the study's aim was to explore constructions of norms and normality in text rather than identifying some reality underlying this discourse. The responses were transferred to a single document of 5876 words that was read multiple times in order for

the analyst (ET) to achieve familiarity with the text. The statements varied in length and narrative character; some consisted of a single sentence while others gave detailed narrative accounts. Most of them covered around 4 sentences for each question. Then, we coded the text, something that Gill (2000) calls ‘a way of organizing the categories of interest’. All text that was relevant to the study aim was selected, highlighted, and sorted into different kinds of accounts, for example, the text accounted for norms and normality in terms of instructions, obstacles, and responsibilities. After completion of the initial coding, the analysis of discourse was initiated: first, we searched for patterns in the data, and second, we analysed the function of parts of the accounts. Differences as well as consistency between and within the coded accounts were explored and four patterns could be identified. Underlying assumptions that shaped the text were suggested and, lastly, rhetorical features were looked for, e.g. how the underlying assumptions expressed certain ideals or problems. Students may combine different accounts in their text, so the final analysis does not present individuals’ attitudes but the construction of the concepts of interest.

Findings

Four patterns related to norms and normality were suggested in the text, all building on different assumptions and understandings of what is ideal and desirable. Four discursive patterns showed variations on how the students constructed norms and normality in their written statements. “The normal” was seen as (a) instrumental instructions, consisting of easy-to-digest statements grounded in the profession’s moral and ethical values, (b) limiting and frustrating obstacles for personal freedom that were important to challenge, (c) an ideal to be obeyed, since conforming to agreed-upon normality is important for the stability of society, and (d) a matter of reflection, with each individual being responsible for understanding

differences in norms, perspectives and opinions. In the following, numbers within parenthesis refer to the survey number.

The first pattern: The normal as instrumental instructions

The first pattern draws on widely shared assumptions and understandings about moral actions and human rights, expressed from a nursing perspective. An underlying assumption is that norms are obvious guidelines which ensure that the care is good, equal, and respectful – they are solutions to potential problems, guiding caring professionals towards right and good actions. The sense of consensus is strong in that it is important to see beyond prejudice, normative expectations and personal values in the profession.

This construction is mostly built on impersonal and general statements. The inclusive “we” is often used to refer to the community of nurses, and thus the personal perspective is avoided. Value-laden words and concepts such as *right, wrong, humanist, Christian, respect, equality* recur. A statement illustrative of this pattern is *Norms for me mean equality. So in a health care context I envision equal care for everyone, no matter gender, origins, etc.* (153). A norm that any caring professional should follow is to *Act respectfully against everyone* (82). It was stated that *[Norms direct] how to encounter and act, what is right and wrong in order not to hurt someone else psychologically* (60). One student wanted to use a *Christian humanist foundation* in caring and pointed out that *there are laws that prescribe which norms should be guiding in my occupation* (150). Norms are described as positive in the sense that they mean consideration and respect and can be seen as good values and guidance on how to best help a patient. Other norms directly address the nurse as a person, and someone also described with positive connotations: *The nurse is always cheerful and helpful* (111, 112) and *meticulous, kind, caring as a person* (191). Nurses are supposed to *see the human being as only a human*

and not as white, black, woman, man, young, old (141), beyond any prejudices and preconceptions that may exist in the world outside caring. The first pattern thus constructs the future nurses as do-gooders, and norms are constructed as uncontroversial tools that can help them in their caring practice. There is no need for the students to involve themselves at a personal level in the construction of norms as a professional phenomenon.

The second pattern: The normal as an obstacle to personal freedom

If the first pattern was characterised by harmony and agreement from a professional perspective, the second is full of conflict, disagreement, and discussions, constructed from a personal perspective. Statements cover personal experience of and resistance towards norms. Individualism is a strong underlying ideal; society's norms are obstacles to personal independence, particularly women's independence.

Among the features used to construct this picture are the recurring "I". Examples are *I am direct, honest and I stand up for myself* (33), in which both characteristics and actions are used to illustrate a violation of what the student considers to be typical expectations of women. The statement *I am a woman who likes to take up space and who is a feminist* (89) demonstrates expectations of what not to do and be as a woman. Sometimes the statements focus on what the person is not: *I have broken many norms by not being a typically girly girl, I have been loud and disorderly* (74) and *Other girls are scared, they don't dare to speak their opinions* (28). The subjects here distance themselves from traditional norms of femininity. The metaphor *To choose one's own path* (6) is used to describe an act of resistance towards narrow female expectations: to choose one's own path is to not choose the one that is predetermined by society.

These statements together construct an image of the normal woman as obedient, silent, and always willing to adapt to others. This image is reinforced by accounts of resistance towards these norms, which is seen in statements that stress independence: *I act and behave based on what I myself think and feel* (133), *I [...] want to fight even more against norms just because I can* (214). These are descriptions of what is experienced as norm-breaking, without explicitly pointing out what it is that makes up any resistance they may encounter. In the statement *Being a strong and strident woman is not always appreciated* (6) the reaction from other people when resisting stereotypical gender patterns as a woman is shown. The sentence is an agentless passive, leaving the reader to wonder who it is that is not appreciating. The voices of the second pattern are mainly women's, and norms are constructed as hindrances for them in their living as independent, modern human beings. To them, norms are gendered, oppressive expectations that require acts of resistance.

The third pattern: The normal as an ideal to be obeyed

The third pattern constructs norms from a troubled point of view, but the trouble does not concern oppression or unfairness related to normality. Instead, the problem with norms is that people sometimes do not conform to them. An underlying assumption is that people who break norms do so to show off and to get benefits. Norms appear as essential constructs that need to be followed in order for society to work, and norm-breakers are therefore seen as inconsiderate and even threatening.

In the construction of this pattern the legitimacy of norm-breaking is attacked. *People* is used as a generalising term. It is implied that it is the normal people in society that should be treated with consideration, rather than disrespectful norm-breakers: *The ones who break norms don't care what other people think* (36). The rhetorical feature of putting words in

someone else's mouth is used, when it is claimed that those who consciously choose to demonstrate their opposition against normality [...] *want to have other people's eyes on them* (36). To want to have other people's eyes on oneself is something negative, apparently undermining the claims that norm-breaking persons have. It is not a legitimate reason for going against normality, however. Norm-breakers do not really have reasons to demonstrate their differentness: *People are very easily offended today* (108). This paternalistic view is also expressed in the statement *If you are atypical or weird, you shouldn't expose that in public* (149). The words "atypical" and "weird" both capture meanings of not belonging to the norm.

A biological discourse is also alluded to in arguing for the absurdity in questioning of norms. *The human being is a herd animal and in order to keep a herd together, there will always be certain norms* (139). This statement anticipates potential arguments that "human beings" do not have any need to establish norms in their societies. The biological vocabulary, with its idea that norms are "natural" and therefore unquestionable, recurs in several statements (139, 159, 14). In using the strategy of referencing "nature", it is indicated that norm-critical movements are crimes against the laws of nature. The third pattern holds the most critical constructions, revolving around dislike and reluctance. The norm-critical rhetoric that is commented upon is constructed as one that is essentially unnecessary; there are few legitimate reasons to question or challenge norms.

The fourth pattern: The normal as a matter of reflection

While the third pattern directs its criticism outwards, towards others and not the students themselves, the fourth is introspective. It suggests the students' have personal responsibility in creating awareness and reflection around the norms, views, and values that can cause divides

and misunderstandings between people. The norms of other people can be problematic, but only until oneself become aware of them and they can be reflected upon and understood.

Rhetorically, the pattern works to construct the students as understanding and with good intentions. Terms such as *think, talk, reflect, understand, awareness, attitudes* recur in the vocabulary and norms are thus laid out as mainly cognitive phenomena. Making an effort to understand other people is part of the solution to the problems that norms can cause; if anyone has a deviant opinion, it is what is most right for them: *I want to understand that and I don't think so narrowly* (70). It is claimed that *it is good to talk about situations where prejudice and generalisations are visible, so that one can be aware of one's thinking, and everyone can be well taken care of* (197), indicating that just the act of wanting to understand another person is enough to guarantee the patients' good experience. Being aware of different ways of thinking is righteous in itself and can ensure *a deeper understand of other individuals* (154). The recurring use of "we" suggests that there is a difference between "us" and others. This idea underlies the statement *Norms affect how we interact with people with various disabilities, and what attitude we adopt towards new Swedes*¹ (198). "We" are constructed as the ones responsible for how people of a different kind are dealt with, while the division of us and them is not challenged or questioned even though the very division is reflected upon. One student's *thoughts about cultural differences have improved* (175) after being acquainted with people from "cultural diverse" groups. This is a common way of thinking – not until personal experiences are acquired can true insight be obtained, e.g. when meeting someone from a group that is culturally different to one's own. These kinds of statements are directed towards others: patients or persons that are other than the students themselves. The fourth pattern suggests that the students do not primarily see themselves as being exposed to prejudiced

¹ The term "new Swedes" is used to refer to Swedish citizens with immigrant background.

opinions; they take their own normality for granted. Norms are constructed as things that are problematic only if one fails in the responsibility to try to understand “other” people.

Discussion

Our discourse analysis expressed power, or lack of power, in various ways. From the first pattern, the construction of the normal is seemingly uncomplicated, bordering on a discourse that is typically characterised by the “politically correct”: general agreements about what is good and respectful for everyone. Students show that they have absorbed the stereotypical guidelines for their profession. The text constructs a picture of compassion. Ever since nursing’s professionalisation, compassion has been part of the gendered and individualised understanding of what a nurse should be, stereotypically including empathy, emotional labour, and self-sacrifice (Tierny, Bivins, & Seers, 2018). Nursing has been termed a normative discipline, referring to a practice that does not demand deep reflection and that is unconcerned with power (Dahlborg-Lyckhage, Brink, & Lindahl, 2018). Because of the importance of education in forming a future professional identity, the professional norms and values can appear as unquestionable to the students. The discourse of ‘the politically correct’ mirror and consolidate their learning and the ideals they aim to achieve. However, norms have ambiguous meanings and do not express only ethical ideals. Without reflection on the fact that norms entail more than self-evident nursing norms, it can be hard to realise when personal values interfere in professional situations. The discourse underlying the first pattern was an unreflective one.

The lack of concern with power, something that characterised the analysis as a whole, may be discerned in the wider discourse of person-centred care, seemingly banishing social injustice as belonging to the past (cf. Lor, Crooks, & Tluczek, 2016). When care-seekers’ relation to

identity and normality is constructed as something that lacks significance in health care situations, there is a risk of missing important aspects of patients' lives that impact their possibilities and prerequisites. Identity categorisations do not have to be viewed as intrinsically negative frameworks, but can be the source of social empowerment (Crenshaw, 1991). The analysed text expressed that everyone should be treated based on their uniqueness as human beings, not on their attributes and normative belongings. This ideal to see the human being at the centre of the health care encounter may come across as self-evident and morally good but carries with it a number of difficulties. An example is the discussion about power blindness that has been present for some time within gender medicine, problematising the fact that if professionals are blind to the impact that gender and sex can have on health and care, male norms are those that unintentionally will be directing health and care (Tsouroufli, 2015). The same reasoning applies to colour blindness, a concept that has been acknowledged by U.S. nursing scholars. Schreoder and DiAngelo (2010) point out that the persistent identification of nursing as a "caring" profession inadvertently creates and maintains the discourse of colour blindness, as it maintains the idea that nurses treat everyone the same and do not oppress. Furthermore, it implies that nurses have evolved past influences of stigmatisation, ignorance and discrimination, a claim that is contradicted by several studies (see, e.g., Ben, Cormack, Harris, & Paradies, 2017; Fiscella & Sanders, 2016; Grant & Guerin, 2018; Lisy, Peters, Schofield, & Jefford, 2018; Nhamo-Murire & Macleod, 2017; Trollor et al., 2016). Norm-critical perspectives in education could add discussions about power and privilege to the seemingly neutral and morally righteous ideal of nursing seen in our analysis, identifying that there are no objective outlooks on caring. If caring professions are inculcated with images of 'doing good', this may lead to the belief that nurses are 'neutral' in their view of the world, making it difficult to be critically reflexive about where they speak from (Browne & Reimer-Kirkham, 2014).

The contrast between the third and fourth patterns illustrates different discursive approaches to norm-breaking individuals. The discourse of the third pattern echoes a quantitative view of normality, resulting in the classification of unusual or rebellious individuals as abnormal, deviant, and in need of change. Within the fourth pattern the discourse instead revolves around students' own responsibility for how others' differentness is perceived and acted upon; this discourse of tolerance makes the students appear as a well-meaning majority. Both patterns, however, position the students within the boundaries of the normal, distinguishing themselves from the ones addressed in the texts. Kumashiro (2000), whose anti-oppressive theory significantly inspired the development of norm-critical pedagogy in Sweden, points out that in order to change norms that are dividing "us" from "the other", one has to be engaged not only in self-reflection, but in self-reflexivity. Self-reflection entails acknowledging one's own place in the dynamic of oppression, while self-reflexivity means to apply critical knowledge to one's sense of self. The rethinking of self is necessary for encountering the other as an equal. Only when one's self is separated from the idea of the normal is it possible to deconstruct the Self/Other binary. Studies show that nurses tend to project their own culture, value and behaviours onto patients from other countries than their own (see, e.g., Day & Beard, 2019; Gower, Duggan, Dantas, & Boldy, 2019), which not only may contribute to noncompliance, unsafety, and conflict, but suggests that within the profession, there is a lack of reflection about the relations between the superior self and the inferior other. Our analysis indicates that education needs to emphasise the development of students' self-reflexivity, teach them how to identify and meta-reflect on their own role in the construction of norms, and encourage them not to shy away from what they find uncomfortable, such as power.

Methodological considerations

The nursing department of this study is small enough that students would recognize members of the author group as their teachers, and the possibility of the students experiencing pressure to participate should be considered. The first author, however, had only very limited involvement in education, and was the one who introduced the study in the classrooms. The study participants only had about 15 minutes to formulate their statements, which may explain the brevity of some accounts. Just before they wrote down these statements, they had formed an opinion about 46 items that addressed various aspects of norms and normality. This likely influenced what they wrote in the sense that it could have given rise to reflections that otherwise would not have come up.

The findings are not generalisable in the traditional way, as discourse analytic research does not aim for generalizability but for a detailed understanding of a subject. However, generalization can also be understood as “recognition of patterns”, where the reader of a piece of research judges if it “fits” other cases they have met (Larsson, 2009).

Conclusion

The findings of this study expose constructions of norms and normality that can impact students’ future professional roles as authorities on what is considered normal, pathological, healthy, or blameworthy. The findings indicate that there is a need to develop more power-conscious and self-reflexive thinking within the framework of nursing education. The potential of norm-critical elements in education lie in its focus on scrutiny of one’s own position and the privilege that may come with it, how one’s own position may be part of constructing patients as the Other, and how this binary can be challenged.

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Table 1. Talking about norms in the classroom

• Acknowledge situations where professionals' notions of patients' identity and normality are significant for health and well-being• Question the notion of "power blindness" within healthcare• Bring up to discussion the fact that there are no objective outlooks on caring and the dangers that come with the belief that caring professionals are neutral in their view of the world• Engage students in self-reflexivity to help them see their own role in the construction of norms