

# EXPERIENTIAL LEARNING IN THE CLASSROOM

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The experiential approach to learning is based on teaching models in which the student is the center of the teaching-learning process. Two experiential classes were included for the past two years in McGill's second year B.Sc.(N.) course on chronic illness. One class focused on trust, the other on loss, including dying. One of the teaching models for experiential learning is the human awareness or awareness training model. This model focuses on the development of human potential through the effective aspects of learning such as emotions, feelings, and values (Brown, 1971; Shutz, 1967).

Human awareness models utilize theoretical concepts from the Gestalt approach to personality which is concerned with the synthesis of thinking, feeling and acting (Perls, 1969), all relevant to learning and nursing. Based on the assumption that being in touch with one's own feelings is a crucial aspect of the nursing process, the two experiential classes are an attempt to help the students deal with some of the powerful emotional responses aroused in nurse and patient.

The rationale for focusing on trust and loss, including dying, evolved from the students' repeated experiences in facing these and other emotionally laden issues as they progressed in nursing. The goals of the experiential approach used in the two nursing classes were (a) to allow the student to participate actively, (b) to have the student involved emotionally as well as intellectually in the learning experience, and (c) to facilitate the student's awareness of both the interrelatedness of her own emotional and intellectual experiences, and the impact these have on her nursing.

## *USING EXPERIENTIAL CLASSES*

The experiential classes are used to supplement and to expand on other methods of teaching and learning. If the student is going to utilize any discoveries from this experience in her nursing, she also needs to be working from a sound knowledge base in the physical, behavioral and social sciences. The experiential class cannot be an isolated emotional experience in the curriculum, but must be linked to other "building blocks" where knowledge and experience are

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gained. For example, in this course students are expected to extend their observation skills, established in the first year, to their own behavior, and in the second year develop an increased awareness of the impact of their behavior on the nursing process. Another building block is the concept of trust in the nurse-patient relationship. Trust was also introduced during the preceding year. A base had been established for logical development of the concept at a different level.

Setting the climate is a crucial factor in experiential teaching. The participants need to be comfortable, relaxed and aware that they are in a non-judgmental, non-competitive situation if they are really going to deal with their emotions and avoid prescribed responses. They cannot be rushed through an experience, but need adequate time for reflection and response. The teacher needs to lead in a slow, quiet voice. To promote individual creativity, a variety of media should be available for individual responses or statements — paper, crayons, pencils, clay, tape recorders. The experience is a private one and is to be shared with others only if one wishes. There is a time provided at the end for such disclosure. The experience is never a requirement and the options to not participate or to withdraw are offered. Of course, such a subjective experience is not graded. Some guidelines for experiential teaching have been presented by Pothier (1971) :

One needs to consider the timing and appropriateness of the experience. Are the teacher and students ready to benefit from such an experience? Is it psychologically appropriate for the teacher and students? The teacher needs adequate preparation and experience with the technique and needs to review the lesson plan with someone else experienced in the method. Alternatives to participation must be provided, e.g. observation, writing, leaving the room. Similarly, alternatives must be provided for the student who feels she is becoming too involved to withdraw from the experience, e.g. stop until ready to continue, leave the room, stop and observe others. The teacher needs to allow appropriate resentment and any negative feedback to be expressed. This will keep the student from cancelling the experience and prevent sabotaging of the teaching. The teacher also needs an additional person in the room not involved in the experience to observe the class and be available for assistance.

The technique was modified for use in a class on trust and one on loss to help the students deal with some of their own feelings about these emotionally laden issues they are required to deal with in their nursing. The teachers working with the second year students all went

through the experiences before presenting them to the students. This way, the teachers knew what the experience was like and had tried it out before asking the student to do so. They were able to use their own knowledge of the experience while observing the students during the classes.

### *AN EXPERIENCE OF TRUST*

In the class on trust, at the beginning of the year, the students divided themselves into pairs and went on a "trust walk" (Brown, 1971, p. 37). After an introduction and instructions from the teacher, the students took their partners out for a walk where one was blindfolded and the other led the way. The students were told it was the leader's responsibility to determine how the blindfolded person would experience the world and how much of it she would experience. To utilize non-verbal communication skills, they were instructed not to speak to each other during the walk (except for safety cues from the leader). After ten minutes of walking, the partners reversed roles. After the walk the students were instructed to share what they wished in a discussion with their partners. Next there was a discussion with the whole class and teachers about the experience. Following that each person was asked to make a response to the experience that was meaningful to them. (The only medium available was pencil and paper.) This response was again private and shared only by choice.

During the discussion the group expressed a wide range of feelings: anger at the unexpectedness of the situation, frustration and helplessness at being dependent on somebody, relief as they became able to communicate, surprise at how different everything seemed, enjoyment of something familiar, delight with some sensations (e.g. smelling a flower) and relief that they were intact once the experience was over.

There were feelings expressed to the partner such as "I was glad you were so close"; "I had to feel my own way first (with foot or hand) before I was going to follow you"; or "Oh I was mad at you when I bumped into the wall." Besides discussing their own feelings, students related the experience to their nursing activities. On a concrete level, analogies were made to caring for acutely ill or severely handicapped people, including blind or eye-patched patients. On a more abstract level the discussion relevant to nursing progressed from analogies of dependence, frustration control and leadership to trust, security, vulnerability, change and motivation. These were then related to the nurse-patient relationship and the subtle and not-so-subtle factors affecting interaction and the development of trust between people.

## AN EXPERIENCE OF LOSS

For the class on loss later in the year a very different format was developed. The class was presented after many of the students had worked with chronically ill patients who were experiencing different types of loss including the losses associated with dying. The timing of this class was later in the year for several reasons. The group had more experience with patients who were dying as the year progressed. The issue of loss, including death, was more difficult to approach than the issue of trust. As the year progressed, students and teachers were more comfortable *as a group* sharing emotionally-laden learning experiences (trust was developing).

The rationale for the class was reviewed at the start. The group was well aware of the need to deal with loss in their personal as well as professional lives. In order to deal with people who are dying and people who are experiencing some form of loss, first one needs to get involved with one's own feelings about loss and death and deal with them. The class was thus introduced as "an experience about yourself." It was acknowledged that some people would be able to become more involved than others and a climate was established in which the student was free to develop the experience in a way that she chose, one that was therefore meaningful to her.

The student was asked to choose four items (qualities, people, events) which she valued and felt help make her the person she is. With carefully-timed instructions and questions for consideration, the teacher asked the students to give up one item after another and to think about what life would be like after each loss. The decisions made, the feelings experienced, and responses to the experience were recorded as each individual wished. After the students had relinquished their valued items they were asked to reflect on the experienced loss and respond to it by writing or drawing. One could see a variety of expressions. Some students were looking very pensive. Some looked sad. There were some tears visible. The room was very quiet as people wrote or reflected. People left the room for a break after they completed their responses.

Following the break the class reconvened to discuss the experience. For some it had been a powerful emotional experience because of the nature of the topic and their ability to be in touch with their feelings. For some it had been difficult to get involved "because the situation was not real". Many were able to share their "gut reactions". Some described anger at the teacher for continuing the losses. Others found that without some of the objects listed, the others became meaningless whereas certain things could be given up relatively easily. Some could not continue the experience after losing a particular item or

"after losing so much". Several talked about how surprised they were to discover some of their own values through what was most meaningful and what they kept the longest. There was discussion of how a nurse can experience powerful feelings in herself when caring for a patient who evokes those feelings and the difficulties of caring for someone when you yourself are grieving. Along with their own feelings, some students also discussed patient experiences and theoretical knowledge about grieving and dying.

### *OUTCOMES OF THE EXPERIENTIAL CLASSES*

It is difficult to measure the effectiveness of experiential learning in terms of behavioral outcomes. The classes were repeated a second year because of (a) the use students made of the classes as they referred back to the experiences during the year, (b) the favorable evaluation of the two experiences by the students and teachers at the end of the first year. Thirty-five students completed the evaluations the first year; twenty-nine the following year (total, sixty-four). In both classes of second year students the distribution of favorable to unfavorable evaluations was strikingly similar. In both groups, about three-quarters of the students found the two experiences meaningful. Some of their comments were: "made me aware of what the concept really means"; "They really get you personally involved and you discover, in a small part, what it's all about"; "learned a lot about myself and others from the class"; "these classes opened my eyes to what patient might feel like"; "good in arousing and examining one's own feelings to the situation and allowing one to empathize more with patients and understand their situations better"; "important because I could relate to other people's feelings as well as my own. . . a lot of the same emotional conflicts we are facing, some of us for the first time". Of the remaining quarter of each group, several students found it difficult to get involved in the class on loss: "I could not get into it"; "Difficult to become involved"; "Wasn't in the right frame of mind"; "I felt I already had enough insight before it"; "difficult to put oneself in a situation that logically isn't real". A few of these students did not find either class useful: "I didn't learn anything"; "Couldn't get involved"; "not covered at high enough level; leaned too much on emotional side at times." One student described the trust walk as "silly".

In the clinical areas there were indications that students were increasingly aware of their own feelings as the year progressed. It is difficult to determine how much was related to the experiential classes and how much was linked to students' maturation and to their



feeling more comfortable in a variety of clinical situations after additional learning in the cognitive as well as the emotional sphere. Behavior in the clinical area, like the comments on the student evaluations, showed that the students had developed some insight about what is required of the patient in a variety of situations. Students were more inclined to acknowledge to peers and teachers their realizations of how their feelings influenced their interpretations and sometimes their interventions in a situation. That the students have become this aware of their feelings indicates the goals of the experiential classes are being met to some extent.

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