



Sculpting with people – An experiential learning technique



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ABSTRACT

At Department of Nursing, University College Lillebaelt in Denmark we use an experiential technique called sculpting in our simulation program. Sculpting is a kind of non-verbal role play in which participants are given a certain character and create a 'sculpture' by arranging family members, social circles and professionals in ways which reflect the quality of the relationships of the people involved. The aim of this study is to further describe the sculpting exercise and present a small scale evaluation study using a qualitative descriptive design. An evaluation sheet was formulated by the authors and filled out by 114 Danish third-year nursing students. The results show that sculpting is experienced as emotionally demanding, but in a good way. It is experienced as an eye-opener that helps to identify the possible complex and emotional dynamics in a family experiencing critical illness and impending death. Sculpting seems to increase nursing students' personal knowing related to palliative care. An experiential learning technique like sculpting can be introduced in other parts of nursing education to raise students' awareness of what they themselves bring into a situation and how this may affect their clinical judgments.

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Introduction

The undergraduate nursing curriculum at Department of Nursing, University College Lillebaelt in Denmark uses problem-based learning (PBL). PBL is based on a constructivist view of learning, where learning is not the transfer of information, but the individual's self-construction of knowledge based on previous experiences and understandings (Rideout, 2001; Barneveld and Strobel, 2009; Dolmans and Schmidt, 2010). Empirics, ethics, aesthetics, personal and emancipatory ways of knowing (Carper, 1978; Chinn and Kramer, 2011) are to some extent integrated with all PBL scenarios. Some scenarios are furthermore combined with exercises in our simulation center. In one of these exercises, we use the technique called sculpting with our third-year students in the context of palliative care.

What is sculpting – literature review

One of the authors learned about sculpting from Joanna M. De Souza and colleagues during a visit at the Florence Nightingale School of Nursing and Midwifery, King's College London. To further

explore the concept of sculpting a number of databases were consulted: CINAHL, PubMed, ERIC and PsycINFO using various combinations of the following search terms 'sculpting' AND 'experiential learning' AND 'nurs' AND 'family therapy'. The search in Cinahl and PubMed yielded 2 papers (De Souza, 2014; Fowler and Rigby, 1994). The search in ERIC and PsycINFO yielded 70 results including books and reports, but no studies related to nursing education was found. According to the literature the sculpting technique was developed by the American psychotherapist Veronica Satir (De Souza, 2014) as a way to enable family dynamics to be more transparent and to allow family members to explore the dynamics and experiment with changing them (Costa, 1991; Fowler and Rigby, 1994; Lesage-Higgins, 1999; Relf and Heath, 2007; De Souza, 2014).

From a nursing education perspective, it is important for students to be exposed to opportunities to identify their personal attitudes and anxiety related to critical illness and end-of-life care (Lange et al., 2008; Wasserman, 2008). But how can we as educators, help students develop insight into personal emotional states, prejudices and how these may influence the way students perform nursing and respond to patients and their relatives? As a faculty, we decided to implement the sculpting technique, since it concentrates on emotional and relational aspects and challenges students' understanding, about how they think family members, social circles, and health professionals should behave and react. Students often assume that family and social circles are helpful supporters,

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but in reality families and social circles are much more complicated than this (De Souza, 2014). The principle of sculpting is to reflect some of those complex family dynamics visually (Fowler and Rigby, 1994; Relf and Heath, 2007; De Souza, 2014). Sculpting is a kind of non-verbal role play in which participants are given a certain character and create a 'sculpture' by arranging family members, social circles and professionals in a way which reflects the quality of the relationships between the people involved (Relf and Heath, 2007; De Souza, 2014). There are two ways of using sculpting to explore a situation. The situation is either decided in advance by the facilitator and roles are allocated to participants during the exercise or the situation is generated by the participants (see Relf and Heath, 2007: 165). We decided the situation in advance because the students were undergraduates and therefore not experienced in the field of palliative care.

A very important issue in the sculpting process is to create a safe setting, where there is room for emotions including anxiety (De Souza, 2014). The facilitator must be especially aware of students who might have personal experiences with critical illness and death. The facilitator explicitly tells students that it is acceptable to decline participation in the sculpting exercise and just be an observer if they think it is too emotionally demanding. Our experience is, however, that students who have experienced critical illness and death have actually found it valuable to participate as a part of processing their feelings. We are a team of facilitators, who have been trained by one of the authors, who learned about sculpting from De Souza in London. As a team, we have also developed the characters and the content of the sculpting exercise. We have video recorded some of the sessions to evaluate and develop our role as facilitators.

Introducing the sculpting process

We practice the sculpting process with a group of 8–12 students in a 45-minute session. The facilitator explains the aims of the session and what the sculpting exercise involves. The facilitator sets the scene; For several years, 45-year-old Mona has been treated for breast cancer that has now metastasized into the bones. Mona is married to John and they have three children aged 8, 12 and 17 years. During the sculpting exercise, we meet Mona and her family in different stages of her critical illness.

Participant characters are assigned and depending on the number of students, some may have to change or have different characters during the exercise. One student is assigned the role as the observer with the task to document positions and write down own reflections. Participants receive an information sheet related to their character. Some information is disclosed to the group at the beginning of the exercise, for example; John, husband and brick-layer. He spends a lot of time at work. Mona has been the one in charge of the household. Some information the student is not allowed to disclose before the end of the exercise, for example; John is not happy in his marriage. He sees another woman. He feels unhappy and sad about Mona's critical illness.

The facilitator reads scenario 1. Mona has breast cancer. Mona and her husband John have just been told that Mona's breast cancer has spread to her bones. At home Mona's sister, Melissa looks after the two youngest children 8-year-old Sophie and 12-year-old Peter. When Mona and John get home, they gather the family and Mona's friend Lisa, to tell them what the doctors have told Mona and John. Based on known and yet unrevealed information, one of the participants is asked to move family, social circles or health professionals, as she would like them to be placed from the point of view of her assigned character as for example the husband, child, friend or nurse. The sculpting process is carried out in silence, encouraging students to engage physically when moving

participants in the sculpt. The sculptor decides who stays in the 'sculpture' and who moves out; the sculptor also decides which props such as chairs, tables and beds are to be used (De Souza, 2014).

The facilitator says 'thank you and freeze' after each positioning and when the observer is ready, the sculpting process continues. In each scenario, there are three or four rounds allowing different students to be the sculptor, who physically moves the characters into different positions.

The facilitator reads scenario 2; Mona and John have been told that curative treatment is not an option. Mona is in a lot of pain, but she is trying to be strong for John, who is completely devastated. Mona would like to plan things around her funeral, and write letters to her children. She is very tired and wants to involve the family - but her relatives do not want to be involved. Again different participants are asked to move the family, social circles or health professionals into different positions. In scenario 3 Mona is in the hospital. The family and friends have been told that Mona will die soon, so they should say goodbye. Nurse Erika is present.

After approximately 30 min the students have created several sculptures of the three scenarios and the sculpting process is followed by a debriefing where everybody expresses, what it was like to be placed in different positions during the sculpting exercise; the observer supplements with observations and own reflections. Unknown information is now disclosed regarding each character e.g. that Mona's husband and Mona's friend Lisa have a sexual relationship; the son is very angry with his mother and the 17-year-old daughter is trying to take over for her mother and does not have time to be social with her friends. The students' reflections are discussed and finally we reflect on what the students have learned about themselves (personal knowing) and how this might influence their future nursing practice.

When introducing sculpting as an experiential learning method in our curriculum the authors planned to evaluate the exercise, because it was new to us and we were concerned, whether the exercise might be too emotionally intense for nursing students used within the field of palliative care.

Methods

Study design

A qualitative descriptive design was used evaluating students perception of the sculpting exercise. Qualitative descriptive studies are particularly useful when seeking to describe people's responses to a new event or experience (Sandelowski, 2000; Polit and Beck, 2010), in this case, sculpting.

Participants

The sample consisted of 114 Danish third-year nursing students enrolled from autumn 2012 to spring 2013.

Data collection

All students received oral information about the planned evaluation study before we started the sculpting exercise. Immediately after the exercise, students were asked to fill in an evaluation sheet with three closed questions formulated by the authors; 1) Do you think the exercise was too personal? 2) To which degree has it been valuable for your future work as a nurse to 'be put in another person's shoes' during the sculpting exercise? 3) To which degree has the sculpting exercise contributed to your experience with and attention to complex emotional dynamics in a family in connection with critical illness and imminent death? At the end of the

evaluation sheet, the students had the opportunity to write their own reflections about the sculpting exercise.

Data analysis

The evaluation sheet was analyzed by calculating the number of responses from the three closed questions, and by searching the student's reflections for similarities (themes). Student reflections were read several times by both authors to ensure that the content was fully understood. Meaning units were identified and condensed into a description separately and then discussed and organized into categories and themes by both authors (Table 1).

Table 1
Analysis process of students reflections.

Categories	Themes
It gets a little close	Emotionally demanding
Emotionally hard in a good way	
Things are not always what they seem	Developing insight and personal understanding
To be put in another person's shoes	
An eye opener	
Sensing what is going on	Silence enhances reflection
Silence and reflection	

Ethical considerations

Prior to the study, all students were informed of the background of the study by one of the authors including information about anonymity and the opportunity to decline participation without having to give a reason. Permission to perform this evaluation study was not necessary from University College Lillebaelt, but in accordance with Ethical guidelines for nursing research in the Nordic countries (Northern Nurses' Federation, 2000) and University guidelines in general (Holland, 2011), ethical considerations were applied to every step of the procedure.

Findings

Findings from three closed questions are displayed in Fig. 1 and here combined with the findings from students' reflections about the sculpting exercise.

Emotionally demanding

Fig. 1A shows that 91% of the students did not think that the sculpting exercise was emotionally too intense; 5% answered they did not know and 4% thought that the exercise was too emotionally intense. One student expressed it this way.

"The exercise was emotionally very hard but in a good way. There were moments that gave me the shivers."

The sculpting exercise gives students a touching personal experience in a safe simulated context, which may be the interpretation of the phrase "in a good way."

"It gets a little close as I identify with the family but in a good way as it gives me insight into what is at stake."

The authors' concern regarding the emotional aspect of the sculpting exercise was somehow justified. The sculpting exercise is emotionally demanding but in a good way that leads to the intended experience and learning.

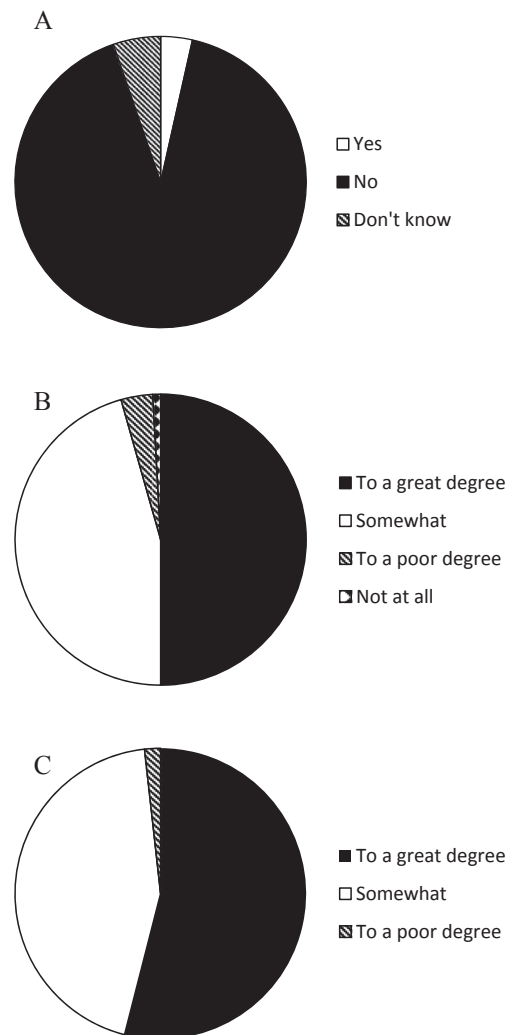


Fig. 1. A. Do you think the exercise was too personal? B. To which degree has it been valuable for your future work as a nurse to "be put in another person's shoes" during the sculpting exercise where you should observe/identify with a situation from this perspective? C. To which degree has the sculpting exercise contributed to your experience with/attention to complex emotional dynamics in a family in connection with critical illness and imminent death?

Developing insight and personal understanding

The sculpting exercise was consistently experienced as positive. Fig. 1B shows that 98% of the students thought, that the exercise contributed either a great deal or somewhat to help them identify the possible complex and emotional dynamics in a family experiencing, critical illness and impending death. Only 2% of the students thought that the exercise had poor value.

Students expressed that sculpting enhanced awareness of the complexity of relationships and challenged their prejudices.

"It was good to try to be put in another person's shoes. I have realized that family and social circles are not always what they seem."

Other students confirmed, that the sculpting exercise gave them an opportunity to get an impression of all the things going on beneath the surface in a family.

"You get a different view of the whole situation; especially the children's needs and how the diseased experience relations between the family and friend."

Reflection and debriefing help students to look both inwards and outwards at the experience they get during the sculpting exercise. It gives them insight and helps to develop understanding and meaning of the scenarios presented.

“The exercise gave me insight into the complexity of such a situation,” and “A really good exercise to create reflection, learning and connection to theory.”

Fig. 1C shows that 96% of the students, thought that the sculpting exercise was valuable either to a great extent or somewhat in their future work as nurses.

Silence enhances reflection

The sculpting exercise is carried out in silence, which was a new experience for students. They had to use non-verbal communication moving characters into a sculpt.

“It was interesting to sense all the things going on without being informed about it.”

“I think it was a really good exercise because it sheds light on exactly the things that are difficult to talk about.”

The nonverbal communication and the fact that there was some unrevealed information made students create sculptures, which led to reflections during the process of sculpting, which they could not reveal until the debriefing.

“An interesting exercise. It was good that we were not supposed to say anything as it really made you reflect during the exercise.”

Discussion

Sculpting seems to be a suitable technique, when focusing especially on developing personal knowing in nursing students. Personal knowing involves an awareness of self and others in a relationship that is subjective, concrete, and existential and does not require mediation through language (Carper, 1978; Zander, 2007). It refers to one's own personal style of being with another person (Carper, 1978; Fawcett et al., 2001; Chinn and Kramer, 2011). As stated by Carper, personal knowledge as a fundamental pattern of knowing in nursing is the most difficult to master and teach, because it is a state of being that cannot be described - it can only be actualized (Carper, 1978) and experienced (Chinn and Kramer, 2011, p. 112). An experiential learning technique like sculpting allows for actualization in a controlled, safe and unthreatening environment, where nursing students have an opportunity to perceive their feelings and prejudices within the context of palliative care.

The French phenomenological philosopher Merleau-Ponty (2002) argued that we conceptualize through our bodies, and researchers in education (Dewey, 2005 [1934]; Jarvis, 2006; Jarvis and Parker, 2007) have argued that learning is a much more holistic experience encompassing the senses as much as the brain. Being a non-verbal kind of role-play means that sculpting is carried out in silence, which allows students to use their bodies and senses in a different way. Normally students are allowed to talk or write when experiencing dilemmas, but during the sculpting process they are forced to 'see' and 'feel' the needs and vulnerability of patients and families in the context of palliative care. These perceptions including the revealing of unknown information really seem to become an 'eye opener' and lead to deeper understanding and reflections, because they go beyond recognition (Dewey, 2005

[1934]; Jarvis, 2006; Jarvis and Parker, 2007). According to Moch (1990) personal knowing is the instantaneous 'aha' experience during which one's perspective shifts, either consciously or unconsciously. It is arrived through reflection, the synthesis of perceptions, and connecting with what is known. This emphasizes the importance of the debriefing phase, where reflections help to synergize, strengthen and transfer learning (Warrick et al., 1979; Dreifuerst, 2009). Reflections encourage students first to analyze their feelings and assumptions and then move to a critical analysis of issues related to palliative care in the context of a family. Their personal knowing, where 'knowing' refers to a particular and unique awareness, that grounds and expresses the being and doing of a person, has been challenged and now has to be expressed and communicated, so that their knowing can turn into 'knowledge' which can be shared (Chinn and Kramer, 2011).

During the sculpting exercise nursing students practice their noticing competencies and become aware of what they themselves may bring into the situation; this is an important part of becoming a nurse and making good clinical judgments (Chinn and Kramer, 2011; Benner et al., 2010; Tanner, 2006; Carper, 1978). Being aware of personal values, attitudes, and any prejudices are important in the development of personal knowing. As stated by De Souza (2014), sculpting can strengthen students' personal knowledge of their patients and families and illustrates a greater awareness of the emotional competences necessary for compassionate care. This can help students perceive what is significant in specific situations.

As nursing educators, we are aware of the risk called 'patterns gone wild'; this means that knowledge within any one pattern of knowing has to be integrated within the whole of knowing (Chinn and Kramer, 2011). Thus, the sculpting exercise is only one element in the preparation for students to provide optimal palliative care for patients and families.

Study limitations

The evaluation sheet used in this study has not been validated, but it provided some insight into whether the sculpting exercise was too emotionally intense for nursing students. Furthermore, the qualitative aspects gained insights into nursing students' thoughts and feelings concerning the sculpting exercise. More research is needed on the outcome of experiential learning techniques like sculpting.

Conclusions

Sculpting is an emotionally demanding exercise, but importantly 91% of our nursing students do not find it too emotionally intense. Sculpting is experienced as an eye-opener that helps developing insight and understanding of the fact that things are not always what they seem in families and social networks. Being put in another person's shoes give nursing students a different view of the complexity of relations and an opportunity to develop more compassionate care. In our study sculpting, as an experiential learning technique, seems to develop nursing students' personal knowing related to palliative care since it increases students' awareness of what they themselves bring into a situation and how this may affect their clinical judgments.

We suggest that this kind of experiential learning could be introduced in other parts of the nursing education to develop personal knowing in nursing students in a controlled, safe and unthreatening environment.

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