

# 17 Writing Lives: The Development of Nurse Education by Using the Biographies of Older People

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## **Abstract**

The development of gerontological nurse education in North Wales is an ongoing project and is mainly centred on partnership between the School of Nursing, University of Wales, Bangor and the three local NHS Trusts that cover a substantial, and largely rural, geographical area. The *Health care and ageing* module coursework focuses on a biographical approach to understanding ageing and chronicity, underpinned by an emic viewpoint. Following preparation by the primary lecturer (SW), this requires the production of a 3,500 word assignment based on taking the life history of an older person from their work setting. The module assessment and engagement strategy utilises Johnson's (1978) framework as the basis for completing an older person's life history. The current *Health care and ageing* programme commenced in 1998 and so far five cohorts (n=46) have successfully completed the module. This chapter explores the theoretical rationale for developing and evaluating the '*Health care and ageing: integrating perspectives*' module on the DPP framework, a short 15 day course that is accessed by nurse practitioners from a range of settings within the NHS and private sectors, including acute, and community sectors, mental health and continuing care.

## **The Value of Biographies in Education**

In the field of nursing, Best (1998) advocates the adoption of biographical strategies to develop the care of older people, asserting that such an approach is 'imperative' in the assessment of individual needs. Best (1998) argues that the current shift in social gerontology has much to offer health care, and in particular nursing, in countering the negative social constructions of old age. Indeed, Clarke, Hanson and Ross (2003) state that in order to deliver 'person centred care' practitioners have to acquire knowledge that is grounded in the individual's values, extending far beyond physical and cognitive needs.

The utility of addressing the emic perspective of older people using a biographical approach has been demonstrated by Chambers (1994) in her work exploring widowhood in older women. Chambers (1994) asserts that using life histories allows the 'whole person' to emerge in a unique way. The use of biographical approaches to foster a more person-centred approach is not limited to gerontology, as Hewitt (2000) has developed a life story approach to the care of people with profound learning disabilities. Pickerel (1989) has also indicated the important contribution of life review techniques as a counselling tool in terminal care.

In the course work that underpins the Level 2 *Health care and ageing* module Johnson (1978) was selected as the key framework for commencing biographical activity based on its clarity and simplicity. Johnson (1978) proposed 'intersecting careers' that an individual experiences during their life course and that people will ascribe degrees of significance to such 'careers' and life events. In our opinion, the concept of 'careers' as part of life history and their relationships with significant biographical events provided a platform for understanding the emic experience of old age (see also: Gearing and Dant, 1991, p.142). It also emphasised the importance of narrative, the complex nexus of relationships at the heart of 'personhood' and the value of temporal and existential components to chronicity, as emphasised by Corbin and Strauss (1987).

In addition to Johnson (1978), a number of additional key papers were drawn from the contemporary literature to augment the preparatory lecturers and to indicate the potential scope for the integration of biography into teaching, research and practice. Of particular importance were two papers. First, Best (1998) provided a 'road map' through biography and a starting point for examining narrative and personhood. Secondly, Gearing and Dant (1991) provided further expansion on the usage of biographical approaches and identified the interactionist theory underpinning its application. This approach clearly brought together the exploration of the two key themes of 'meaning' and 'self' as part of the biographical endeavour. Gearing and Dant (1991) also provided a useful operational tenet to Johnson's work by mapping out a framework for 'doing biographical research', as follows:

- 1) based on the foundations of interactionism the biographical approach is focused on subjective reality and as such the 'interpretive self' is "central to our conception of the biographical approach" (p.145);
- 2) the 'interpretive self' is continually developing and is the "product of any individual's biography at a given point in time, what we might more usually refer to as her identity" (p.145);

- 3) a biographical interview therefore has to be a “discursive process in which the subject is enabled to reconstruct his or her past life” (p.146).

Such operational advice has proved useful in moving from a classroom to an active phase of biographical learning.

### **Precepts for Affective Learning**

Affective learning lies at the heart of the *Health care and ageing* module and this approach is succinctly described by Postle (1994) as “learning from experience generates knowledge” (p.33). In the area of nurse education the field of reflective practice has established a rich vein of thought regarding the benefits for practitioners of a reflexive approach to learning through practice (Johns, 1995).

To conduct affective learning, Postle (1994) highlights the utility of Heron’s ‘multi modal learning’ as a prelude to ‘putting the heart back into learning’ (p.33). For Postle (1994) the work of Heron describes the processes underpinning learning from experience, essentially involving four types, entitled *practical*, *conceptual*, *imaginal* and *affective* modes of learning:

- 1) *practical mode* learning is embedded in ‘learning through doing’; primarily, this is focused on attaining competencies in practice skills.
- 2) *conceptual mode* learning is centred on learning ‘about’ a subject based on the use of language, either spoken, symbolic or mathematical and leading to statements or propositions regarding the subject.
- 3) *imaginal mode* learning is focused on “an intuitive grasp of sequences, processes and situations as a whole” (Postle, 1994, p.33). Also, such use of imagination in learning facilitates the ‘envisioning’ of ‘possible futures’.
- 4) *affective mode* learning describes learning by encounter and total immersion in the direct experience and ‘being there’. Affective mode learning sits at the base of the other three approaches which is conceptualised as an ‘up hierarchy’ (4 →1).

An inherent part of ‘multi modal learning’ is the reciprocity that exists between these differing modes and pyramids of learning from experience. Burnard (1991) noted in a review of experiential learning the importance of subjective and affective nature of experience that contributes to ‘practical’ as opposed to ‘propositional’ knowledge. Furthermore, it is suggested by Burnard (1991) that “experiential knowledge is knowledge through relationship” (p.21)

gained through direct encounter in order to effect self concept. The ‘up hierarchy’ proposes a reciprocal relationship between each respective level and as Postle (1994) suggests :

All three of these modes of learning grow out of and depend in turn for their nourishment on the affective mode, the capacity to learn at an emotional level.  
(p.34)

The assertion made by Heron (cited in Postle, 1994) that ‘valid knowledge’ resulted from an ‘openness to feeling’ emphasises the importance for Heron of the characteristics described as *affective mode* learning in shaping and driving forward meaningful experiential learning. The ‘up hierarchy’ depends upon recognising and valuing engagement with the emotional dimensions of experiences and experiential learning.

Postle (1994) identifies a cultural bias towards ‘supremacy of intellect’ and the ‘idealisation of practicality’ (p.35) as factors that limited the focus on what Heron termed *affective mode* learning. Furthermore, Postle (1994) argues that ‘with the intensity of addiction’ (p.35) we remain with our preferred mode. Interestingly, he suggests that this may be grounded in previous negative biographical experiences resulting in resistance to alternative modes of learning. Postle (1994) developed a model highlighting how individuals may not be able to progress through Heron’s modes of learning because of the interaction between past and present. The purpose of the model is to focus on the influence of the two domains of personal experience. These are described as ‘archaic’ (historical) and the ‘existential’ (present) which are represented as an ‘overlap’ between two concentric circles. It is here that Postle (1994) describes the interface between biographical past and present: “I see it through the eyes, feel it through the skin, hear it through the ears, of my history” (p.37).

The authors found Postle’s (1994) focus on the possible linkage between past and present influencing experiential learning both interesting and congruent with Johnson’s (1978) framework.

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### Reflections on Using This Approach

The initial aim *Health care and ageing* module is to immerse students in the lived experience of older people and uncover aspects of ‘personhood’ (Kitwood, 1997; Department of Health, 2001) and thereby challenge professional constructions of the ‘older patient’. From the first cohort the written accounts of the interaction between the nurse and the older person volunteering to share their life history has indicated that *affective mode* learning was present but rather complex in its construction. For example, in classroom discussion, students report high levels of satisfaction from the older person in being involved in taking a life history, and that the majority of older people had disclosed surprisingly rich and intimate narratives. Such disclosures facilitated a sense of discovering ‘personhood’ and an increased depth to the relationship between nurse and ‘patient’.

Moreover, during the life review process, *affective mode* learning has been instrumental in shaping the nurse’s constructions of old age based on points of recognition between their life story and that of the older person. These points of recognition include marriage, the birth of children, experience of illness, bereavements and so on. We have tentatively described this phenomenon as ‘the epiphany of joint narratives’.

So far in our thinking, ‘the epiphany of joint narratives’ is dependant upon the interplay between the student’s ‘individual history’ (archaic personal experience) and the ‘present time events’ (existential personal experience) during the narrative. It seems that the taking of the life history resulted in an awareness and then an interrelationship between the ‘archaic’ and ‘existential’ (Postle, 1994) dimensions in the case of the student and the older person. For the nurse engaged in this process learning was focused on both the altered ‘mental construction’ (Guba and Lincoln, 1989) of ageing and the shared ‘personhood’ (Kitwood, 1997) that existed between themselves and the older person. These early thoughts utilise and build upon Postle’s (1994) framework and highlight the importance of relationships in shaping narrative based learning and the resultant ‘joint narratives’.

In some cases the ‘joint narratives’ between the nurse and the older person have been focused on a particular intersection between their ‘careers’ (Johnson, 1978), such as the experience of a miscarriage earlier in life. This resulted in an intense experience that was reported at times as distressing both during and after the taking of the life history. We propose that these experiences can lead to the initiation of a ‘co-counselling’ relationship (Heron, 1979 cited in Mulligan, 1994) between the student and the older person. Mulligan (1994) describes this process as “the ungluing of my thoughts and feelings” and “regressing to earlier periods of one’s life” (p.53). As noted by Mulligan (1994), such a process results in a re-evaluation of life decisions, beliefs and the ‘script’ associated with the original event.

### **A New Direction: Towards ‘Transformative Unlearning’**

From our immersion in the coursework over the last five years and contact with the nursing students, we would suggest that ‘the epiphany of joint narratives’ and (some) student’s engagement in ‘co-counselling’ (Heron, 1979 cited in Mulligan, 1994) has implications for nurse education. This is primarily based on a realisation that it is important to understand the demands and dynamics of *affective mode* learning and that nurse education needs to change from the ‘empty vessel’ approach to a more interactive way of being, mirroring the interpersonal component that is central to nursing care.

Interestingly, Macdonald (2002) has recently highlighted the value of ‘transformative unlearning’ as part of nurse education and emphasises the importance of providing a “safe place for dialogue to promote transformative learning” (p.170). Macdonald (2002) also identifies the core elements of a transformative paradigm of learning, mapping out how important ‘unlearning’ established practices is as a prelude to engaging with new patterns of working; for students, this operates at both an intellectual and emotional level. As Macdonald (2002) succinctly describes this process as follows:

its primary orientation is discernment, a personal growth process involving the activities of receptivity, recognition and grieving. (p.171)

Moreover, discernment requires an ‘active dialogue’ with the self and with colleagues that are informed, engaged and trusted. Such a ‘community of learners’ is important as the process is characterised by vulnerability and challenges to the nurses’ sense of professional identity.

The parallels between this critique and with the students’ experiences on the *Health Care and Ageing* module are striking. In our experience, *Affective mode* learning embraces experiential learning that establishes the basis for a dialogue with the self and provides ‘the key mode’ (Heron cited in Postle, 1994) for other modes of learning that then contribute towards what Macdonald (2002) describes as ‘learning new practices’. The development of ‘joint narratives’ from taking the life history of the older person is the catalyst for ‘unlearning’ (Macdonald, 2002) and emerges from a dialogue between the older person and the nurse to a dialogue with the nurses’ sense of self. Hypothetically, the ‘epiphany of joint narrative’ then links the ‘archaic’ and ‘existential’ ways of understanding personal knowledge.

It could also be argued that the ‘joint narrative’ starts a process of unlearning of constructions that were previously held by nurses and underpinned their practice. An important consideration in the evolution of such ‘unlearning’ is indeed a ‘community of learners’ (Macdonald, 2002) that

importantly includes not only other students, but also the tutor; it is a shared communal journey during time spent on the module and module assignment. The relevance of a 'community of learners' is emphasised by the students in their account of exchanging home phone numbers and informal contacts outside the study days to support and inform each other regarding the life history exercise. The accounts so far provided to us by nurses on the course has highlighted the sense of 'vulnerability' as noted by Macdonald (2002) that is necessary as part of a 'unlearning' process, as well as the outcomes of personal growth and a new sense of learning.

Based on the experience of the *Health care and ageing* module we would argue that 'vulnerability' as described by Macdonald (2002) requires refinement and is best seen as operating on a continuum ranging from a high to low degree of personal costs. It would seem that some students experience higher costs due to the intersection of their 'careers' (Johnson, 1978) with those of the older person. What Heron (1978) described as 'co-counselling' seemed to occur in those incidences where the student and older person shared a similar intersection in their 'careers' (Johnson, 1978). The authors propose that *affective mode* learning must be understood as also varying in terms of the intensity of the emotional engagement of the student. It would appear that students experiencing intersecting 'careers' and 'co-counselling' are located at the high extremity of a 'cost' or 'vulnerability' continuum. However, associated with such costs or vulnerability, is a deeper level of *affective mode* learning where students located at a lower end of the continuum engage in *surface affective mode* learning. We would suggest that *affective mode* learning is indeed a complex phenomenon and the development of a transformative learning framework (Macdonald, 2002) is required to further its use in educational practice in order to account for vulnerability and personal growth.

## Conclusion

This chapter has attempted to outline the processes and outcomes as part of the *Health care and ageing* module and the application of an approach to learning through affective experience. In a broader context, we suggest that the conclusions drawn from this reflective account have some relevance in developing 'person centred care' from a philosophy to a practice reality. We would also hope that a focus on biographies and life-story work would be a vital starting point in building relationships between practice and person-centeredness. This will be the starting point of a new phase of our work which will produce a more structured evaluation of biography within nurse education, the integration of co-counselling within this process and refinement of 'the epiphany of joint narratives'.

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