EXPERIENTIAL TEACHING/LEARNING
IN TRAINING VOLUNTEERS FOR PALLIATIVE CARE

by

M. Maureen McIntosh

A Practicum Report
submitted to the Faculty of Graduate Studies
in partial fulfilment of the
requirements for the degree of
Master of Social Work

School of Social Work
University of Manitoba

January, 1988

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ABSTRACT

The focus of this practicum is on the educational function of the social worker. Since there is little literature on this aspect of social work, this practicum attempts to bring together adult education and social work principles. The practicum was designed to explore the use of experiential teaching/learning within feminist social work practice. The context for the practicum was the training of volunteers -- who were all women -- in a new palliative care setting, Jocelyn House, in Winnipeg, Manitoba.

The experiential teaching/learning methods which were used and and which are described in the practicum report include: lecturette, some reading, written tasks, guided imagery, role play, body movement, and group interaction through discussion, personal sharing and process observation. The sessions for the volunteer training program at Jocelyn House are outlined and critiqued. Experiential teaching/learning methods were used on the premise that their use would be congruent with the principles of adult education and with feminist social work.

The literature reviewed was selected from social work, adult education, women's issues, palliative care, and

volunteering. Such literature supports the premise that experiential teaching/learning is congruent with adult characteristics, adult learning, and adult growth and development. Experiential teaching/learning appears to be compatible with the ecological model of social work practice. Also the adult education model of experiential teaching/learning with applied feminist principles appears to meet women's needs as learners and as volunteers.

There are a number of principles common to experiential teaching/learning, the person-centred counselling model, and palliative care. The processes of learning, change, and personal growth seem to have much in common. Thus it appears that some experiential methods may be suited to working with terminally ill patients, who are learners through the process of adapting to their illness. In the context of experiential teaching/learning all individuals involved are both learners and teachers.

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CHAPTER I INTRODUCTION

In this chapter I shall outline my goals and assumptions for the practicum, provide some background to the practicum, describe the setting and context for the practicum experience, list the goals for the training program, and outline the basis for evaluation.

My Goals and Assumptions for the Practicum

I have been both a learner and a teacher in traditional educational settings. I have also been both a learner and a teacher in contexts in which adult characteristics, needs and abilities informed the teaching/learning principles. Experiencing the contrast between the two approaches motivated me to explore experiential teaching/learning further. I was, at the time, coordinator of volunteers at Jocelyn House, a residential facility for the terminally ill. The above-mentioned factors led to my goals for this practicum: first, to enhance my skills in experiential teaching; second, to increase my knowledge in the areas of adult learning, experiential teaching/learning process and methods, palliative care, and how these might apply to, and affect women.

The Canadian Association of Social Workers Code of Ethics (1983) states in its philosophy

> The profession of social work is founded on humanitarian and egalitarian ideals. Social workers believe in the intrinsic worth and dignity of every human being and are committed to the values of acceptance, self-determination and respect of individuality. They believe in the obligation of all people, individually and collectively, to provide resources, services and opportunities for the overall benefit of humanity. (p. 2)

In approaching my practicum I made the following assumptions: first, that such values are shared by feminist social workers, by many palliative care personnel, and by many adult educators; second, that experiential teaching/learning is congruent with a number of adult education principles; third, that palliative care principles are compatible with such principles of adult learning; fourth, that as a teacher I am also a learner.

I have chosen to use the first person pronoun in writing this report because, as Turner (1983) says, it "represents the personal-political style of delivery by all distinguished speakers. It is also in keeping with principles and beliefs inherent in the women's movement" (p. 5). "Women need first and foremost to trust themselves and their decisions and reclaim authority over their own experiences" (David, 1980, p. 6). In addition, I believe it better reflects adult learning principles.

Background

Much of present day adult education seems to be conducted according to traditional educational principles and methods. Whether in a class of 20 or 120, adult students are often subjected to fact-laden lectures and assigned readings, rote memorizing and examinations. In my recent experience as a student there was little attempt to tap the learner's previous experience and knowledge as a resource. And there was little attempt to help students integrate current learnings with what they already knew.

Such teaching is based primarily on pedagogical principles -- pedagogy being defined as "the art and science of teaching children" (Knowles, 1980, p. 40). The focus in pedagogy is on the teacher and on the subject matter itself. The teacher is presumed to be the expert on what should be taught and when and how. The teaching process is the transmission of knowledge and skills with threat of failure or other punishment as motivation for the student to learn. Learning is for predominantly long-term goals (e.g. a place in the work force sometime in the future). Knowles (1978) suggests that pedagogical principles as we have known them evolved from the early teaching in the monastic schools of Europe. Between the seventh and twelfth centuries monks prepared girls and boys to become nuns or monks -- or at least faithful members of the church.

> As novices were received into the monasteries to prepare for a monastic life, it was necessary that they be taught to read and write if they were later to use and transcribe the sacred books. The teaching monks based their instruction on assumptions about what would be required to control the development of these children into obedient, faithful, and efficient servants of the church. (Knowles, 1978, p. 53)

The principles on which the monks based their teaching became generalized and, in the twentieth century, were supported by educational psychologists who limited their research to the reactions of children and animals to didactic teaching (Knowles, 1980). Education in such terms might be considered to be social control.

Women especially have learned well to be "obedient, faithful, and efficient servants". I have noticed that women students are often different from men in their life focus/priorities. Men seem to focus primarily on their studies towards a career goal. Their families are important but not central. I perceive by comparison, that no matter how important education may be to women, children and family life take priority. The fact that women with family responsibilities can fit studies into their lives at all, indicates just how much an education means to them. There is support for this in the literature (Reinke, Ellicott, Harris & Hancock, 1985).

Norman (1980) points out how the roles of men and women differ. "The work of adult males is supposed to largely consist of earning a living and supporting a family" -- a role which, for most, "enhances and perpetuates male power

and prestige in relation to women. The main work of adult women ... revolves around pleasing, serving, and assisting men and children -- tasks which eventuate in a state of dependency, passivity, and powerlessness.... [T]he roles of wife and mother in our society require the subjugation of self to the needs of others. This deprives a woman of her identity in a very basic way" (p. 13). Yet assumptions are made in research and the literature that women and men are the same. It is not recognized that women see the world differently, have differing values, and grow and develop differently from men (Gilligan, 1982).

From the literature and from my experience in teaching and learning I note that all adults have the capacity to grow, develop, change, and learn throughout life. They have developed preferred ways of communicating and learning. Healthy mature adults who have met their basic needs (as described by Maslow in Knowles, 1980, p.28), see themselves as normally independent, self-directing and motivated to develop increased competency to achieve their full potential in life. Adults themselves are rich reservoirs of life experience. They learn best when learning is related to that experience and to real-life problems and tasks, and when learning involves the individual in a holistic way. Immediate need to solve some puzzle or complete some task is the motivation to learn (Knowles, 1980).

These characteristics of adults as learners have some implications for teaching and learning. Since learning is a life-long process, any planned learning experience is not an end in itself but rather part of the total process. The focus shifts from the teacher and the teaching process to the learner and the learning process. The teacher's role is that of resource, helper, facilitator to create a co-operative, nonjudgmental, flexible environment and a teacher-learner relationship characterized by warmth, acceptance, understanding (Rogers, 1969) and equality (Knowles, 1980). The teacher models that which she wants students to learn. Knowles (1980) uses the term andragogy, "the art and science of helping adults learn" (p. 43).

In working with women we may also note that women need understanding of their differences from men and what Greenspan (1983) refers to as "the social roots of [their] personal pain" (p. 239).

Women need a teaching/learning process which affirms their values and empowers them to act on their own behalf for their own betterment. In such a process beginnings -- that is, the first contact of the teacher and learner both individually and within the group context -- which set the tone as well as the ground rules, will be significant times. The teacher needs to allow time for women to share and discuss their experiences and she needs to give participants constructive feedback.

In my view experiential teaching/learning methods, where learning occurs by doing, is more congruent with andragogical principles and empowerment than with traditional pedagogical principles. From my experience with experiential methods both as teacher and as student, I perceive less disparity between teacher and student, more attention to students as individuals with unique experiences. The learning process seems more integrating, more holistic, more admitting of freedom to choose that which will meet individual and group needs. I experienced such learning as often fun; sometimes painful; fulfilling; stretching of me as a person and professional; and more conducive to permanent change.

The literature confirms that experiential teaching/learning best meets the needs of adult learners because of its emphasis on learning as a continuous process grounded in experience, a holistic process of adaptation to the world, involving interaction between the learner and the environment (Kolb, 1984). Kolb (1984) defines experiential learning as "the process whereby knowledge is created through the transformation of experience" (p. 38). The Women's Self-help Network (1984) based on Paulo Freire's popular education model (Freire, 1970) successfully uses experiential methods to help women to understand their common experiences, and to learn the skills of developing helping and helpful relationships to bring about change for themselves and others.

Principles of adult education as applied to training volunteers in palliative (hospice) care have a number of implications. First, the learning climate: The trainer selects a physical environment which is as little like a school room as possible and actively develops congenial trusting relationships. Goals for training reflect the basic competencies and knowledge required in order to perform volunteer work in palliative care. The teacher works with the volunteers individually to assess their learning needs in relation to the required competencies and knowledge and develop individual personal responses to meet those needs. "A self-diagnosed [self-assessed] need for learning produces much greater motivation to learn than an externally diagnosed [assessed] need" (Knowles, 1980). In addition, volunteers often have relevant but additional personal goals for themselves. Experiential teaching/learning methods used are related as much as possible to personal as well as overall goals. Volunteers take responsibility for -- in addition to setting goals for themselves -- their own learning and self-evaluation. Since learning is an ongoing process, self-evaluation is both an affirmation of what has been learned, and an opportunity for a reassessment of future learning needs (Hutton, 1987, November).

Setting for Practicum

The setting for my practicum experience was Jocelyn House, a residential hospice for the care of terminally ill residents. I shall describe it in more detail in Chapter II in the section, Jocelyn House. Volunteers were an integral part of care-giving. Their primary role was to "provide companionship" and to be a "helpful caring presence to residents and their families" (see Appendix A). Training and orientation of these volunteers was the context in which experiential teaching/learning process and methods were used.

The overall goals of training were based on the knowledge and skills volunteers needed in order to carry out their work. They are as follows:

1. to clarify one's personal thoughts and feelings about dying, death and loss in relation to self and others.
2. to understand the specific needs of the dying person and their family.
3. to identify and use appropriate responses to these needs.
4. to improve skills of communicating with the dying and bereaved -- including empathic listening skills.
5. to understand one's own reason for undertaking this volunteer work.

6. to understand the philosophy, objectives and organization of Jocelyn House.
7. to understand the policy and job descriptions for volunteers at Jocelyn House.
8. to identify the specific role (s)he might assume as a volunteer.
9. to establish relationships necessary
   a) to work as part of the team of volunteers, staff, and board.
   b) for mutual support.
10. to understand the effects of cancer on the individual.
11. to be able to assist residents (patients) with moving about.
12. to be able to provide comfort measures to residents.

Experiential teaching/learning is particularly relevant for the purposes of this practicum in meeting goals 1 to 5, 8 and 9. Because at the time of this practicum the volunteers, staff, and residents of Jocelyn House were all women, when referring to them in this report I shall use the feminine pronoun.

Evaluation

Goals for training and the volunteers' personal goals -- that is, the degree to which they are achieved -- formed the basis for evaluation of volunteers' progress, and hence allowed the trainer/teacher to make inferences about the effectiveness of the volunteer training program consisting almost exclusively of experiential methods. The literature review also aided in evaluating the practicum experience.

In Chapter II I shall describe my practicum experience, that of teaching volunteers-in-training, using experiential process and methods, to work with the terminally ill residents of Jocelyn House. Chapter III is a review of the literature on topics related to my practicum. Chapter IV evaluates the volunteers' progress, the practicum experience, and finally, evaluates my learning.

CHAPTER II PRACTICUM EXPERIENCE

In order to place my practicum experience within a context I shall begin by describing the setting, that is, Jocelyn House, and the role of the volunteer there. I shall also describe the process of selecting volunteers, the composition of the group, the overall training program and the physical setting for training. I shall describe the beginnings of the group, the work phase, elaborating on experiential teaching/learning methods used, and the ending/transition phase.

Context for Practicum

Setting for Volunteering

Jocelyn House (see Appendix A).

Jocelyn House is a recently-opened home for the care of up to five or six adults who are terminally ill: not sick enough to require hospital care yet not well enough to live at home alone; alert and able to take some responsibility for their own care; not prone to violence or confusion. They must be cognizant of their terminal condition, that is, of having weeks or months as opposed to years to live. At the time of this practicum up to three residents could be cared for at the house.

The intent of the House is to provide a home-like atmosphere where residents can have as much freedom and self-determination, as well as support, as is possible given the legal restraints of the non-professional status of the Care Workers, the resident's physical condition and the limitations imposed by respecting the rights and freedom of other residents.

Staff assisted by volunteers maintain the home, prepare meals, do laundry and so forth, provide emotional support and companionship to both residents and close family, and give assistance with personal care as required. Residents are encouraged to take part in household and recreational activities as they are able and willing.

Role of Volunteers.

The primary role of the volunteer is to provide companionship and be a helpful caring presence to residents in whatever ways are appropriate to both: visiting, accompanying on a walk or drive or other outing, driving to the doctor's or other appointment, assisting with chosen activities like crafts, baking, gardening. Only secondarily may volunteers be called upon to assist with household and secretarial tasks. Volunteers are required to commit themselves to a training program and, following training, to make a minimum commitment of three hours per week for a six month period. (see Appendix B for Volunteer Job Description)

Formation of Training Group

Recruitment and Selection of Volunteers.

Volunteers were recruited from the community at large. Some had seen a notice in their church bulletin the previous summer; for most, word of mouth about the House and service prompted them to phone and enquire about the volunteer program. A prospective volunteer was mailed a package which contained information about the House, a volunteer information (application) form, and an "attitudes" questionnaire (see Appendix C). The latter two they brought completed to an interview with the coordinator of volunteers. In addition, the prospective volunteer indicated her educational background, work and volunteer experience, hobbies and interests, and the specific volunteer activities she was willing and able to perform.

In a sense this interview was the first step in the training program. It was an opportunity for me, as coordinator, to provide information on the training program and some of the expectations of volunteers during the training; for the two of us to begin to get to know and feel comfortable with each other; for the prospective volunteer to begin to assess the appropriateness of the program for herself and to begin to formulate goals for herself.

The sections of the mailed out forms related to goals for volunteering; the prospective volunteer's attitudes toward, and experience of, dying, death, and loss; self-appraisal of

her maturity, outlook on life, ability to work as a team member, ability to seek help when necessary; and her attitudes regarding religious faiths. All formed the basis for discussion at the screening interview.

The volunteer's role as team member and companion to residents and their families required that volunteers espouse the values of respect for individuals, self-determination, individuality, as much independence as is possible; have some basic communication skills, an openness to learn, emotional maturity and stability, warmth, empathy, tact and discretion, dependability and flexibility; and a willingness to seek help for themselves as needed. The interview provided an opportunity for the coordinator to assess an individual's suitability on the basis of these qualities. I tried to create as relaxed and informal an interview as possible.

Two major contraindications to volunteering at Jocelyn House were clearly unresolved past losses or other major stressors within the family; or an intent to promote her own religious views with residents, workers, or other volunteers. It was hoped that the interview and/or the training program would facilitate trainees themselves coming to the conclusion if training was not appropriate for them.

On the final evaluation form (see Appendix I) volunteers were asked to what extent the "attitudes" questionnaire and

initial interview contributed to their clarification of their attitudes to death, dying and loss. Responses included "lots", "a necessary and valuable exercise", "helped me crystallize feelings about and attitudes toward this subject not often in the forefront of thinking", "helped my understanding of what Jocelyn House stands for."

Composition of Training Group.

Fifteen prospective volunteers were screened to participate in training (including one board member). All were women. No men had applied. Of the fifteen applicants, four withdrew before training began, two withdrew during the sessions. Reasons given were: moving out of province, too much family responsibility at that time, personal reasons. They came to the decision that volunteering at Jocelyn House was not appropriate for them at that time. Of the four staff members invited to participate as part of their orientation/training, one completed the course, one came to two sessions, two came to none. In addition, one regular teenage volunteer who helped with supper preparation requested to join the group and was an active participant in Sessions V to VIII. Average attendance of participants at training sessions was 87%. Reasons cited for absence included: holidays, previous commitment, illness, work.

The group of ten volunteers had diverse backgrounds yet many commonalities. Education varied from Grade 8 to a

Master's degree. Age ranged from fifteen years to middle age. Three were single, two were married with no family, two were married with young family, three were married and their family had left home. Types of current work included four clerical, four mainly homemakers, one professional, one mainly student. Interests included sewing, reading, hiking and other sports, card and board games, competitive shooting, nature study, music. The group had in common that they all had suffered loss and all were desirous of being of help to others.

Overview of Training Program

Planning.

The overall goals of the training program were to facilitate the volunteer (and staff) trainee both to learn the knowledge and skills necessary to be effective as volunteer (and staff) in hospice care and also to reflect on the specific role they personally might assume as a member of the hospice care team. The third overall goal was to establish relationships necessary to work as a team member and for mutual support (mutual acceptance, encouragement, assistance) (see Appendix E).

In planning the training program to achieve these goals and objectives I considered topics and teaching methods which would first, facilitate learning to meet the

objectives; second, provide a well-rounded variety of activities and instructors; third, balance continuity with variety; fourth, balance trainees' involvement with that of the trainer, guests and with each other; fifth, provide challenge for as many trainees as possible without being perceived as too threatening to any; and sixth, provide a learning experience for me.

This was the second training program for volunteers which I had conducted at Jocelyn House. Therefore I took the evaluative comments of the first group of volunteers into consideration in the planning.

Guests were invited to present topics in which they had expertise. For example, palliative care nurses led discussion on the effects and treatment of cancer and terminal illness. The chair of Jocelyn House board spoke on Jocelyn House philosophy, goals, and organization. I tried to order topics and activities in a logical sequence for learning but had to modify my plans according to guests' availability. Appendix E outlines the training sessions, objectives, agenda and content as they occurred.

Physical Setting for Training.

Shulman (1984) comments on the importance of the physical setting to a successful fulfilment of the purpose of the group. The meeting place for the training group was the lounge in a local church hall. It was chosen for its proximity to Jocelyn House, ease of access by public and

private transportation, parking facilities, and its potential impact on the group's ability to work toward its goals. The room itself was small enough to engender closeness, and large enough to allow for enough space between members, between small working groups, between dyads, and so forth. The soft colours, moderate lighting, carpeted floor, comfortable yet moveable chairs, pictures and posters contributed to an informal atmosphere which would facilitate relaxation, encourage informal interactions and the letting down of barriers.

Beginnings

The beginning of a group is a formative phase, a time when group members are cautious and tentative, making tentative assessments of each other and their leader, searching for commonalities, testing for developing relationships, testing out the leader, searching for answers to questions; What is going to happen? What is expected of me? How is the group going to function? (Shulman, 1984). Therefore "in the beginning stage, the worker's central task is to ensure that a group develops patterns of relating and patterns of task accomplishment that facilitate functioning" (Toseland & Rivas, 1984, p. 161).

In the volunteer training group the beginning phase took the first session and the first period of the subsequent two sessions, in part because of the addition of new members at each of these sessions.

I shall discuss this phase under the headings: Initial Stage, Contracting, Introductions, Setting the Stage for Work, Ending the First Session.

Initial Stage

In preparing the room I left the chairs in a fairly large circle expecting twelve people. As people came I gave out name tags and notes on each of debriefing, journaling, communication skills (Appendix F) as well as overall goals and topics for training. Music was playing softly in the background. Tea and coffee were available for participants to help themselves. Objectives for the session were on a flip chart. I welcomed each by name as they arrived and introduced them to others. I noticed that people generally seemed awkward, holding back. They did little chatting, rather tended to focus on reading the handouts.

After time to begin there were only seven present. I invited the group to pull in the chairs to a smaller circle, eliminating the empty chairs. Immediately people seemed to loosen up and began chatting and asking questions of me. This quite naturally led into my planned introductory remarks as follows. I explained my purpose and intended use for audiotaping the sessions. I requested and received their permission to record the sessions.

Contracting

Next, in order to provide a sense of structure, I moved into what Shulman (1984) calls the Contracting Process: "... clarifying purpose, clarifying role, and reaching for client feedback" (p. 198). Together we looked over the overall objectives. I outlined how I planned to proceed with the sessions including checking in at the beginning, and debriefing and evaluation of the session at the conclusion of each session. Guests were invited to make presentations on some topics. I explained that my role was to coordinate the different aspects of the program, to teach some areas, to be a resource for group members as individuals and as a group, to answer questions, to facilitate, to be a listening ear. This role of the teacher is consistent with andragogical (Knowles, 1980) and popular education principles (Women's Self-help Network, 1984). I said I hoped that they would participate freely and fully, ask questions, give feedback and mutual support to each other, take responsibility for dealing with emotional issues, and notify me when they were unable to attend sessions.

I allowed time for questions and feedback but did not actively solicit it. Members expressed the desire to have a list of participants' names, addresses and phone numbers to facilitate contacts. I sought and received all members' permission to circulate such a list. Other issues such as parking and car pooling were discussed.

<u>**Introductions**</u>

> The advantage of introductions is that they help group members break the ice and begin to speak right from the beginning of the group. In addition, the worker conveys to them the sense that knowing each other will be important. (Shulman, 1984, p. 198)

I asked that each of us introduce herself formally to the group by stating briefly what brought her to volunteer at Jocelyn House. My purpose was to help the group find their commonalities, to give them a starting point for interaction, to begin the process of developing trust (Toseland & Rivas, 1984). I began. Members followed in turn, some telling, in addition, of their excitement and expectations of the sessions. Others listened and sometimes responded. The ensuing break provided opportunity for informal interactions. Everyone seemed to be part of a small knot in conversation.

Contracting and Introductions were repeated briefly in Sessions II and III to include new members. In session II, I asked those present the first week to introduce themselves by saying what for them was the most important learning from Session I. Responses included learnings from activities in the latter part of Session I. One said, "the warmth and sense of immediate group". In the evaluation new members stated they felt welcomed and included in the group and, to some degree, "brought up to date" on what had happened in Session I.

By Session III participants were to begin in small groups of four or five participants. I invited each small group to find their own way of including and bringing up to date new members. Both new members in evaluation said they felt welcomed and included.

As Shulman (1984) points out "it is important to recognize the entrance of the new group members and help them connect to the group, but ... a mistake to take a great deal of time to start again" (p. 205). Therefore I tried to include new members in ways that were useful also to the non-new members.

Setting the Stage for Work

My purposes in the remainder of Session I was to introduce learning experiences which would first, provide some food for thought; second, indicate the kinds of learning activities they could expect in this training program; and third, balance group process with group task. "First sessions are important because they lay a foundation, a groundwork for difficult tasks to follow" (Shulman, 1984, p. 214). Therefore I led the group in three different types of activities: guided imagery, a written task, an exercise related to space and distance.

The guided imagery related to relaxation and self-awareness. I asked participants to get as comfortable

and relaxed as possible, close their eyes, concentrate on breathing deeply and become aware of body and relax tense muscles, to be aware of thoughts and set them aside, to concentrate on how they were feeling.

Group members reported this exercise had facilitated relaxation to a greater degree than it increased their awareness of themselves. Two consciously used this technique during the subsequent week although I had not specified that I hoped they would try this method of relaxation.

Next I asked participants to respond in writing to a series of questions or statements a terminally ill person might make (see Appendix G). My intent was to help them see the need for active listening skills, to provide a base against which each of them and I could measure their progress (I intended them to complete the same task at the conclusion of training), and to raise some issues which terminally ill people might face. In discussion, members themselves raised a number of important issues: the need to understand the meaning and feelings behind a question or statement, the listener as sounding board or mirror, cultural influences affecting communication, the desire not to impose one's own beliefs.

The purpose of the "space and distance" activity was to increase awareness of the significant effects of space and distance on communication. I asked participants to carry on

a conversation while first, A is standing, B is sitting on the floor; second, while standing back to back, moving away from each other, turning, then moving uncomfortably close, and stepping back to a comfortable distance.

The discussion which followed raised the feelings related to the physical positions. Participants cited everyday situations in which these occur. They related these to Jocelyn House residents' need for communication on the same physical height, making eye contact, need for comfortable distance, respect for residents' "territory" (their room). The staff member raised the issue of confidentiality and I responded by stating my ground rules for talking about residents within the training group. Residents were not to be mentioned by name. Intimate details about residents were not be be disclosed. Four out of seven participants stated most important learning from Session I was in learnings from the exercise described above.

Ending This Session

In closing I asked for "unfinished business", final questions, and comments. I requested participants to read the handout on Communication Skills and also to think about specific individual goals for themselves.

All group members participated actively in the activities and contributed to group discussion. Two members were most

vocal, self-disclosing and expressing ideas and opinions openly, spontaneously and, in my judgment, appropriately. They seemed to stimulate others also to participate. Comments addressed to each other as well as to me, were supportive and showed a desire to understand. Three members' verbal participation was average. Two spoke voluntarily only once or twice. They seemed nevertheless involved. One moved to sit beside another in what I perceived to be a supportive gesture.

By the end of the first Session there was a sense of ourselves as a group, a willingness to share with and learn from each other, some commonalities discovered, some trust was built, some connections and tentative ties were made. The group seemed to be moving beyond the Beginning Phase.

Work Phase

During the Work Phase through a balance of task and process-oriented activities, the group as individuals get to know one another, build trust and develop ties and group cohesion. Members feel a personal commitment to each other. The group environment becomes a safe place to air differences and conflicts. The group feels good about their efforts and about each other. The bulk of the group objectives will be achieved during this phase. In the training group it included Sessions II to VIII (see Appendix E).

In discussing the Work Phase I shall discuss first, my responsibilities as group leader; second, the experiential teaching methods I used and my role in them; and third, the progress of the group through this Work Phase.

Responsibilities of Group Leader

I shall use Toseland and Rivas' (1984) classification of leader responsibilities, discussing them under the following headings: preparing for group meetings, structuring the group's work, helping members achieve their goals, monitoring and evaluating.

Preparing for Group Meetings.

As mentioned earlier, I planned the overall program to meet the overall objectives for training. Guests were invited and general plans made well before the sessions began. In preparing each week for individual sessions I took into consideration group and individual needs as I perceived them and how best to meet those needs; and, modified the upcoming session's objectives and activities accordingly. For example: since there was little time for discussion and debriefing following guests' presentation (Session II), I planned that as the focus for small group discussion at the beginning of the subsequent session. "The continuous cycle of assessment, modification, and reassessment is the method by which the leader ensures

continued progress toward ... goals" (Toseland & Rivas, 1984, p. 192).

Structuring the Group's Work.

I am here using structure to refer to "the degree to which planned, systematic, time-limited interventions are used to help clients change in desired directions" (Toseland & Rivas, 1984). Interventions, in this case, are the teaching/learning methods. Clients are the volunteers (and staff) in training. Desired directions are the goals and objectives of training.

The goals and objectives are specific and relatively circumscribed in order to prepare volunteers (and staff) for their duties. Therefore the sessions were fairly highly structured by me. I tried to allow sufficient flexibility to take into consideration unforeseen individual and group needs. Because a major goal was to develop relationships, and a sense of team and mutual support, I tried to balance knowledge and skill development activities with activities designed primarily to develop individual growth, interpersonal relationships and group process (Women's Self-help Network, 1984). Many activities met both task and socioemotional needs. For example: as participants were practicing the interpersonal communication skills with each other, they were communicating, building trust and relationships.

In structuring each session, I wrote objectives for the session on a flip chart and verbally outlined the agenda at the beginning of the session. I planned to further begin each session with a "checking in" period and to end each session with summary, evaluation of the session, debriefing, and finally, highlighting expectations for the following session.

Helping Members Achieve Their Goals.

The leadership task was focused on meeting training goals in preparing volunteers for their work at Jocelyn House. Nevertheless in recognizing the individual's goals I was acknowledging the importance of each individual's particular interests.

While I requested individual participants to formulate their individual goals for training, I did not provide a mechanism whereby I could learn what they were (so that I could help members achieve them) and where some individuals did mention some goals in the group as a whole during Sessions I and II, I did not mentally note them. Nor did I raise this issue in subsequent sessions. Little wonder that in the final evaluation five of the individuals who completed the evaluation checked that their learning goals were met only "to some degree"! Two were met "to a great degree" (see Appendix I).

Monitoring and Evaluating.

"Monitoring and evaluating provide feedback ... [which] is useful in developing, modifying, and changing plans and in maintaining the functioning ... of the group as a whole" (Toseland & Rivas, 1984, p. 213).

For each session I prepared an evaluation form (see Appendix H) which volunteers (and staff) were to complete either at the close of the session or at the beginning of the next. At the end of training I prepared an overall evaluation (see Appendix I) which I mailed along with a stamped self-addressed envelope to each volunteer. In preparing the evaluation forms I attempted to encourage completion of them by using a check-off format (rating scale of 1 to 5) with space for additional comments. There was an overall return rate of 73%, returns dropping off latterly. I realize I was relying more on them being completed at home. I further wondered if evaluations were becoming boring (I had changed the format very little). There was a 64% return on the mail-out evaluation -- fairly good considering I had left Jocelyn House by this time!

Informally I sought verbal feedback. I took all evaluative feedback into consideration in planning and/or modifying activities to meet group and individual needs from session to session. I tried to convey to participants the importance of their evaluations.

Experiential Teaching/Learning Methods

Now I shall describe and discuss the experiential teaching/learning methods (interventions) which I used in the work phase of the group. I have classified them as do Walter and Marks (1981) into three types: central, classical, and supporting methods. Central methods foster the development of other change processes. Learning is self-discovered and self-appropriated. Of these methods I used exercises, group interaction, role playing, and body movement. Classical methods are the traditionally used teaching methods which are not in and of themselves experiential, but because they provide the structure and organization for change (learning) they are indispensable to it. Of these methods I used case, lecture, reading, and written tasks. Supporting methods are those which cannot stand by themselves but which contribute much to learning when used in conjunction with other methods. Of these I used process observation, alone time, guided imagery, and audio-visual aids. Usually the activities I used involved a combination of two or more of the above methods.

Exercises (Central Method).

In teaching basic interpersonal communication skills I used a combination of teaching methods. First I gave a lecturette on the communication process which I had outlined on a flip chart (audio-visual aid). Then I asked the group

to practice in dyads sending messages by making "I" statements (sharing their individual goals as was appropriate for each) using attending behaviour and paraphrasing. Some dyads did little paraphrasing. I suspect (although I did not check it out) that this exercise occurred too early in the group process, that individuals felt too new, they did not know each other well enough. (The group feeling with which Session I closed did not carry over to Session II due to the addition of four members). Nevertheless, discussion in the total group confirmed learnings from the exercise.

In their evaluations, volunteers confirmed that the session generally facilitated well their understanding of the importance of the basic communication skills and that practice, while helpful, was insufficient for most to feel confident in their use. Two indicated they wanted more practice but at a later session. One suggested having a guest at Session II, to give background theory. This seemed appropriate to me for two reasons. One, theory would help volunteers more specifically to see the need for communication skills. Second, theory, lecture, discussion is less threatening a means to help individuals get to know one another. Communication skills would be easier to practice later.

There was insufficient time in the session to practice behaviour description and reflection of feelings specifically. I made the judgment that the lively

discussion provided more learning at that point than attempting to include practice of additional skills.

The handout on Communication Skills was a means of consolidating and clarifying the learnings from this session and providing some additional relevant information which I planned to introduce more casually as it was raised in the context of other activities (eg. barriers to communication, ethics, confidentiality). I further hoped the reading might increase volunteers' motivation to practice the skills in their daily lives. Written evaluations indicated the handout to be very useful in facilitating understanding of the communication process, active listening and the importance of allowing the speaker (at least in a helping situation) to determine the direction of the conversation.

At the following session we again practiced paraphrasing, with a few differences. First I led into the exercise with guided imagery (which I will discuss later under supporting methods), one purpose of which was to increase self-awareness and the ability to tune in to others. Second, I divided participants into triads to fill the roles of speaker, listener and observer to give feedback to the speaker and listener. Third, I asked the speaker to make an "I feel ..." statement related to the previous activity. (This had the added advantage of debriefing the guided fantasy activity.) Each member of the triad took each role in turn.

Since guests were scheduled, time did not permit discussion following this exercise. Evaluations indicated some perceived improvement in participants' ability to respond to both content and feeling by paraphrasing, some attempt to use communication skills in daily lives and, finally, together with guests' presentation on effects of cancer and terminal illness on the individual, more apparent tie between communication skills and their role at Jocelyn House.

Group Interaction (Central Method).

All training activities occurred in the context of group interaction because this was a key factor in the meeting of goals for training. Most training occurred in the group as a whole, some in two or three small groups, some in two- or three-person interaction.

At Session V following the film, "Jocelyn", I led an activity in the group as a whole on Loss. Volunteers expressed thoughts about losses which residents of Jocelyn House might experience (eg. home, independence). In "alone time" they reflected on losses and associated feelings which they had experienced, then shared this with one other person (listener to use empathic listening skills). Some dyads needed more time than I had allowed and I made the judgment that it was more important to allow them time to finish and trust them on their own to make the connection between their own and Jocelyn House residents' feelings and needs. I

closed the session in a circle with a mutual strength/support guided imagery exercise.

Evaluations indicated appreciation for sharing losses and feelings, "talking honestly", "this empathic group", listening to others with understanding. One member, and I agree with her, said she thought the group ended too abruptly -- that they needed discussion in the group as a whole.

The large group was the context for personal sharing: each making an "I feel ..." statement (Session V), each sharing a small part of her life story through some article, poem, collage, picture, or other means, in a way and at a level appropriate to her. The group invited the Jocelyn House resident who had made the presentation during the first part of session VI, to remain. "We have gotten to know you, we'd like you to get to know us." Some spoke more personally than others. Some very personal connections were made, some tears were shared. One volunteer said afterwards that she would like to have been able to express her feelings more fully instead of holding back the tears. I noticed that when tears were close for someone, some others would try to lighten the mood. I experienced a dilemma in that it seemed important to model in this group dealing with the feelings of both residents and fellow workers. On the other hand, I recognized that some members did not seem ready to deal with such feelings in the group setting. As

well, I thought it important to recognize the group objectives. This was not a therapy group. Therefore, I chose to deal with the situation by allowing and acknowledging the feeling/tears, inviting the two who seemed to have touched each other to sit together. They chose not to. I closed the session in a circle with a mutual strength/support guided imagery exercise. In retrospect I wish I had talked with the group about this experience at a subsequent session. Evaluations indicated that sharing parts of their life stories was generally a very useful activity in bringing the group closer and building a sense of team. There was strong feeling that the activity should be included in future training courses.

Group interaction incorporated other teaching/learning methods such as role play, "case" presentation, process observation, guided imagery/support, film. I will discuss these later in this section. The group was also the setting for guests' presentations (see Appendix E). Each of these involved active participation by volunteers from discussion to involvement in activities. Evaluations indicated the guests' presentations generally provided significant learning. The guests in Session VII, however, seemed to present redundant material and failed to present those aspects of terminal illness which I had hoped for. Evaluations substantiated my opinion that this was one of the less useful sessions. In retrospect I would like to have led activities related to "fear". Individuals, whether

well or terminally ill usually have a number of fears related to dying and death. (Pattison [1978] describes eight.) How individuals cope with their fears determines, at least in part, how they cope with dying and death in themselves or others. I could have built on other sessions in a way that guests could not. The Physiotherapist (Session VIII) demonstrated well some comfort measures and helping patients move, but there was insufficient time for individuals to practice the skills she was teaching.

Discussion and debriefing following other activities: exercises, role play, film, experiential lecturette, guided imagery was another form of group interaction in the group as a whole. Generally important issues were raised in these interactions and generally there was too little time, especially in latter sessions, for discussion and debriefing.

I also used small group interaction. Initially I had anticipated the training group would have up to 16 members. I therefore planned to divide the group into three small groups for purposes of "checking in" at the beginning and "debriefing" at the close of each session, and for some exercises. Some members who are reticent about speaking out in the large group may feel more freedom and opportunity to participate in a smaller group. For several reasons these small groups did not serve their purpose. Members often straggled in at the beginning leaving too often one person

alone in a small group for a period of time. Discussion in small groups was often not on topic. Irregular attendance in the early sessions contributed to members being at different stages of readiness to self-disclose. In addition, guidelines for the small group task were not clear. Because of the personal nature of the task, there was no requirement to "report back". Therefore there was lack of accountability. Furthermore, designated facilitators were not always present. One attended only two sessions. The small group which seemed to function best had a facilitator with social work training. She attended every session and often assumed the role of encourager in the large group also.

I chose facilitators from the participants before sessions started. I think the small groups would have had more chance of success if I had spent time with the facilitators reviewing facilitating skills, discussing my expectations in more detail and making a contract with them.

The total group finally consolidated to eleven members (by Session VII). My assessment was that the group of eleven interacted fairly well and felt a "group sense" in the larger group. Therefore we worked more in the larger group. In the total group I was better able to assess the needs of individuals. Some sessions triggered strong emotions for some participants. The group as a whole was able to offer support to them.

Finally I used two- and three-person interaction as already discussed under Exercises.

Role Playing (Central Method).

I used role playing only once (Session IV) leading into it with a brief lecturette on the connection between communication and empathic skills and levels of empathy. Guided imagery helped participants to focus. Role playing was interspersed and concluded with discussion. The purposes of role playing were first, to understand better the experience of the terminally ill, and second, to practice empathic responses using active listening skills. Toseland and Rivas (1984) say "role playing techniques increase members' awareness and understanding of their interpersonal skills, and produce behavior changes by providing members with corrective feedback and the opportunity to practice improved responses in the sheltered environment of the group" (p. 226). Two volunteers in turn played the listener role. They experienced some difficulty in putting into practice the skills they had been learning. Someone spoke about the phoniness of this situation. I pointed out that nevertheless the feelings of the "players" were real. Two otherwise relatively silent members each gave supportive and helpful comments to the role players. There was much significant discussion, and finally, positive feedback about the learning benefits of role playing, and requests for more. Some made an additional request to

observe a situation "modelled". I think this would have been helpful. My further assessment is that this activity would have been more pertinent following sessions on Loss, Effects of Chemotherapy, and Psychosocial Aspects of Terminal Illness.

Evaluations indicated all members saw the relevance of active listening skills in providing support to residents and their families. Increasing numbers were using these skills in their everyday lives. Reflection of feelings and behaviour description were less used. For two volunteers learnings from role play was the most significant learning of the day (a full day).

Body Movement (Central Method).

This method covers a wide variety of physical activities to develop and enhance personal awareness and reduce tension. I used deep breathing, relaxation, physical contact in conjunction with guided imagery. I shall discuss these under the use of guided imagery.

Case (Classical Method).

I did not use the case method in the classical sense of reading and discussing case studies. I used a more personal variation. I invited a Jocelyn House resident to talk informally with volunteers and staff about her experience with Chemotherapy so that they might learn in a personal way the physical, emotional and social effects of chemotherapy

on an individual, and how volunteers and staff can be most helpful to such people. The informal atmosphere already established facilitated the guest speaking more personally and invited volunteers to interject their comments and questions. Discussion flowed easily and spontaneously with a focus on the guest as a person. Two volunteers, relatively silent group members up to this session, took a more verbally active part, each speculating on how she could be involved as a volunteer with this resident and each being verbally supportive of her. Three members did not contribute to the discussion although they appeared involved.

Evaluations indicated this presentation had very positive learning outcomes in relation to the objectives. In addition, comments indicated the discussion gave relevance and purpose to learnings up to this point in training, helped make volunteering a challenge, and helped volunteers see and treat residents as "normal" human beings. Some of the anxiety about volunteering seemed to be alleviated. In my judgment this session seemed well-placed sequentially in the training program for it also set the stage for the next presentation on Psychosocial Aspects of Terminal Illness.

Experiential Lecture (Classical Method).

I used the experiential lecture or lecturette method three times during the Work Phase. The first time was in Session II, as a means of reviewing the learnings from Session I, especially for those who had been absent. While it was adequate, the purpose might have been better served by asking those present at Session I to summarize what they had learned. The second time was in Session II, as previously mentioned when I talked about the communication process. Evaluations indicated that this was perceived as clearly presented, informative, and useful in the context of this program. The third time, I gave a lecturette on active listening skills as empathic skills, and on levels of empathy. Each time, the lecturette was short, focused and used in support of experience-based methods.

Reading (Classical Method).

I provided reading material on Communication Skills (discussed earlier), Journaling, Debriefing, Jocelyn House residents' Bill of Rights (See Appendix F), and Volunteers' Job Description (Appendix B). My major intent was that volunteers have readily available some organized outline of that which they were expected to practice -- something that was sufficiently brief and easy to read as to encourage its use.

For one of the two who began writing a journal, the article was helpful in beginning. In the general evaluation, handouts were described as clear and explicit, relevant and useful to learning. Two indicated they would have liked a handout on the material the physiotherapist presented. I agree this would have been useful. One said she would have liked a bibliography of relevant readings.

Because of varying backgrounds, levels of education and experience of volunteers I think it would have been useful to have available at the sessions articles and books for participants to borrow as they chose. I could have facilitated volunteers taking more ownership for and interest in this by inviting them to share articles and books on relevant topics which they liked. I would like to have spent time discussing the reading needs with the volunteer who had limited facility in English, it being her second language.

Written Tasks (Classical Method).

I requested of volunteers three types of written tasks: to write their personal goals for training, to keep a journal, to complete evaluations of the training sessions.

Although I had given volunteers the overall objectives and session-by-session objectives of training, I wanted each individual to articulate what she wanted to gain for herself, as a motivation to work consciously to achieve them.

I asked volunteers to try keeping a journal of their experiences in training. I hoped that they might use it as a means of recording their feelings, reactions to training sessions, and progress through the sessions as a means to personal growth. In addition, having done it themselves, I hoped that they would be able to facilitate some Jocelyn House residents in journal writing. Only two indicated part way through training that they were keeping a journal. I would like to have spent more time facilitating and encouraging journal writing.

Finally, I requested volunteers and staff to complete evaluation forms of each training session and of the overall training. A number of obviously thoughtfully written responses indicated this exercise served a purpose for them as well, that of stimulating thinking and self-evaluation. I shall more fully discuss evaluations in Chapter IV.

Process Observation (Supporting Method).

In process observation some participants watch others in role play or other interactions within the actual learning setting. They are asked to give feedback. I used this method in the exercise of practicing paraphrasing and in role playing. I have discussed these earlier in the context of the total learning activity.

Alone Time (Supporting Method).

Alone time is time set aside for the express purpose of thinking or reflecting. I used this method as a means of participants reflecting on the losses and attendant feeling which they had experienced. My purpose was to facilitate volunteers identifying with residents in an activity focusing on loss. I have already discussed this in its context. I assumed that volunteers would need and take informal alone time between sessions for reflecting on learnings and relating it to their own lives. Evaluations indicated this to be true.

Guided Imagery (Supporting Method).

Guided imagery is the use of mental images and symbols that are part of an individual's mental activity, to explore one's thoughts and feelings in order to achieve greater self-awarenesss, understanding and growth (Walter & Marks, 1981). I used this with body movement for relaxation, centering on self, focusing on the "here and now", and consolidating mutual support.

On five subsequent occasions I built on the deep breathing and relaxation techniques of Session I using a variety of techniques. As a prelude to debriefing I asked members to tune in to both their present feelings and their place of caring. The purpose was to facilitate both the debriefing and the listening. As a prelude to the

paraphrasing exercise I led them on a fantasy trip to their "favorite spot" and invited them to experience with each of their senses, to facilitate relaxation and centering on feelings in order to be better able to empathize. A discussion followed on how this can be used outside sessions to help relax.

At Session IV when members expressed tiredness, low energy, difficulty paying attention, yet anticipation, I invited them to be aware of their extraneous thoughts and to pack them in a trunk in order to help focus on role playing, the activity on the agenda.

At Session V during expressions of losses some deep emotions were expressed. As a close to the session to help members feel a sense of mutual energy, caring and support, we joined in a circle and I invited them to experience the energy flowing round the circle, and to make eye contact with others. I used a similar circle at the close of Session VI to consolidate the close feeling amongst group members. On this occasion before dispersing, each of two individuals shared with the group a matter of personal concern. For one of these two it felt like her "entry" into the group.

I did not formally evaluate this method. Informal feedback indicated it generally served the intended purpose. It was generally an enjoyable experience. One individual

expressed concern that some volunteers might have reservations about the physical contact involved in Sessions V and VI.

While I had invited volunteers to think about, we did not specifically discuss, how these techniques could be used with Jocelyn House residents.

__Audiovisual Aids (Supporting Method)__.

I used flip charts, film, music tapes, recording tapes. I used flip charts to post objectives for each session; and secondly, to illustrate my lecturette on communication skills and as a reference for volunteers when they were practicing the skills. In Session V I used a flip chart in the group for "brainstorming" losses.

At Session V I showed the film, "Jocelyn" that members might connect with the origins of Jocelyn House and one person's experience of terminal illness. I provided opportunity for comments and questions. For most this was a significant and deeply moving experience. It led into activities related to "loss" later in the session.

I used music tapes playing before and after sessions and at breaks to help create mood. I invited members to bring and share their music tapes but no one did, possibly because I mentioned it only once. It would be useful to give more thought and planning to using music in the training course.

I recorded most sessions of the group as a whole for evaluation of myself especially in relation to this practicum. I obtained the permission of all involved to do so, having explained my purpose. I recorded also the two presentations, Cancer and Terminal Illness, and Palliative Care. They were available to staff and volunteers at Jocelyn House. One volunteer borrowed one taped recording because she had been absent from the presentation.

Throughout the discussion of teaching/learning methods, the growth and development of the group is touched on. In the next section I shall describe the overall group process through the Work Phase.

Group Process

In discussing the ending of the Beginning Phase I have mentioned that the group of seven who attended Session I seemed to be integrating, feeling a sense of group. The addition of two members at session II and another two at session III slowed the integration process somewhat.

As I have already mentioned, my original intent was to have most cohesion and mutual support develop in two small subgroups. By session VI I decided to use the group as a whole for checking in and debriefing for reasons which I described in the section, Group Interaction.

The suggestion and decision by members to have a pot-luck lunch at Session IV, a full day, seemed to me to indicate a sense of community in the group. Members seemed to mix easily at breaks and at lunch. During this day's activities I noted lively, animated, involvement in the group as a whole. Three members were most verbal but all made a valuable contribution: two members' comments were most supportive of another member.

The teenage volunteer joined the group to see the film (Session V) and by Session VI had by her own request become a permanent member. The group included her easily, accepting her as one of them. By Session VII she was contributing to discussions. Her evaluation of training included an appreciation for being so accepted and valued in the group of adults. She would like to have been included from the beginning.

I did not detect any conflict throughout the life of the group. Possibly the freedom with which the group interacted, my frequent checking out with them, seeking suggestions and feedback contributed to the harmony. Did I miss any signs of conflict?

In any case the group, especially after it consolidated to eleven members after Session V seemed to mature quickly. Members felt good about the group's work and about each other. There was a definite group identity. Strong emotional bonds were formed.

By Session VII all members were participating freely in discussion and sharing their feelings about an exercise about death that the guests had led us through. Throughout the training I provided activities (as discussed under Teaching Methods) which would facilitate the group process. Members were supportive of each other in the large group, in subgroups both within and outside the sessions.

Endings/Transitions

The Ending/Transition Phase is important to the life of the group in consolidating learnings, making the transfer of learnings from the group to, in this case, working with Jocelyn House residents, dealing with ending feelings, and evaluating (Shulman, 1984). It is in this phase that the lasting impressions of the group are formed. In our training group it consisted of the latter half of Session VIII, Session IX held at Jocelyn House, and a Volunteer Recognition social evening.

I shall integrate discussion of teaching/learning methods, my role, and group process as I consider the events in order. I had attempted throughout the training to facilitate transference of skills and increase self-confidence through the use of role playing, presentation by a Jocelyn House resident, encouraging volunteers to practice communication skills in their daily lives, and by including "veteran" volunteers in two of the sessions.

In the latter half of Session VIII a "veteran" volunteer from Jocelyn House spoke about her experiences as a volunteer and how training related to what she was doing. She reinforced the usefulness of training in fulfilling her role. Members asked pertinent questions. Reassuring answers seemed to allay some anxiety. This session helped provide what Shulman (1984) calls "transitions to new experiences" (p. 120).

Interspersed in the session members spoke about how they had looked forward to each week's sessions, expressed feelings of sadness at ending the sessions, and the hope that the group could continue to meet periodically.

Shulman (1984) says "it is important to convey to the client that the work will continue after the ending" (p. 117). We discussed future plans: the subsequent "orientation" to Jocelyn House, the volunteer recognition evening, monthly continuing education sessions in preparation for which I asked them to complete a list of possible topics for such meetings: What did they still need/want to learn? (See Appendix H, Session VIII.) I reassured them that I would be available when they first came to volunteer and reminded them of peer support. Volunteers (and staff) seemed reluctant to end this session, lingering even after tidying up was done.

The orientation session at Jocelyn House (Session IX) was held twice, both to accommodate volunteers' previous commitments and to disrupt life at the House as little as possible. In this session I talked and provided opportunity for questions and discussion on what was available to volunteers in the office, eg. readings, Policy and Procedure Manual; the procedure for checking in and checking out. The Hospice Care Worker gave an information tour of the house, we chatted a bit with one of the residents then returned to the office to discuss some specific needs of these residents and how volunteers might match their own interests and capabilities with them. I arranged with them days and times to volunteer (see Appendix J). There was no time to practice assisting residents to move about or comfort measures. While there was still an edge of anxiety, generally volunteers were enthusiastic, looking forward to their visits with residents. Volunteers were beginning to see how the skills they had learned could be transferred to working with Jocelyn House residents -- what Shulman (1984) calls "synthesizing the ending process" (p. 119).

The intent of the Volunteer Recognition social evening was for the Board to recognize verbally and through provision of refreshments the new volunteers' completion of training and the "veteran" volunteers' service to Jocelyn House. The occasion also provided opportunity for board, volunteers and staff to meet each other, and especially for all to meet the new manager. As it turned out, it also

provided the opportunity for volunteers to say "good bye" to me as my position had been suddenly terminated by Jocelyn House board as an economy measure. Shulman (1984) describes the "farewell party" syndrome (p. 341) as an attempt to avoid the pain of ending. In this instance it helped the transition process as volunteers met others with whom they would be working. In addition, it emphasized the pain of ending the relationship between the volunteers and me.

In the last few days of my employment at Jocelyn House I wrote a letter (Appendix K), a copy of which I mailed to each volunteer, telling of my leaving and encouraging them to continue in volunteering under the new manager and with continuing mutual support through the total volunteer group. I met with a few key volunteers to discuss ways they could continue to maintain their group. I met with the new manager to relay to her what I perceived their needs as a group to be. I ensured that each of the two volunteer training groups had name and phone lists of the other. My intent was to facilitate the continuing of the group process and support for volunteers.

In general the group seemed to work well toward its goals. Sessions included a variety of teaching methods which facilitated the learning of knowledge and skills and created a cohesive group. Guests provided their expertise toward the meeting of some specific goals. The effects of

the training were positive and generally seemed to prepare volunteers for their work at Jocelyn House. I shall provide a detailed evaluation in Chapter IV.

CHAPTER III LITERATURE REVIEW

Introduction

The focus of my practicum is experiential teaching/learning. The training of volunteers in palliative care was the context in which, for this practicum, experiential teaching/learning occurred. The philosophy and principles underlying palliative care determine the manner in which terminally ill persons are cared for. The training of volunteers to care for the terminally ill was based on three factors: the principles of palliative care, the principles of volunteering, and the principles of teaching and learning. Principles of learning were based on the characteristics of adults, including the stages of growth and development and learning styles. Women may have some characteristics and needs which are different from those of men. The context of training volunteers in palliative care, the needs of adults as learners, and the use of the experiential teaching/learning process in meeting adult learning needs also had implications for teaching and the teacher role. My supposition was that experiential teaching/learning characteristics, process, and methods were congruent with the needs of adult learners.

In this chapter I shall outline the philosophy and principles of palliative care, the application of these principles to training volunteers for work in palliative care, and the implications for the palliative care volunteer as learner. I shall review the literature on the characteristics of adults as learners: adult development, learning styles, prevalent characteristics and the implications each has for learning. I shall make special reference to women because I, the volunteers and the residents of Jocelyn House were, at the time of this practicum, women. Then I shall discuss the literature on experiential teaching/learning: characteristics, process, methods, noting congruencies with adult learning principles. Finally I shall review the literature on teaching and the teacher role.

I have relied mainly on the literature of adult education and women's studies in discussing adult learners and experiential teaching/learning. There is little literature on the social worker's role of educator. Most such literature is related to the preparatory education of professional social workers, and this I refer to occasionally. I shall begin by reviewing the literature on palliative care and volunteering.

Palliative Care

"There are only three admissible therapeutic goals: to cure, to prolong life and, when these ends are out of reach, focus on the quality of remaining life" (Mount, 1984, p. 1). Palliative care is concerned with the third goal. To palliate means, "to improve the quality of" (Mount, 1984). Palliative care often occurs in a "hospice" context. "Hospice is a health care concept that promotes whole person medical care for the terminally ill and their 'families'" (Mount & Scott, 1983, p. 732). Other writers on hospice concur with this concept (Corr & Corr, 1983; Doyle, 1984; Lamerton, 1980; Saunders, 1978). The Vancouver Hospice Project expresses hospice philosophy as

> one that affirms life. It exists to provide support and care for persons in the last phases of incurable disease so that they might live as fully and comfortably as possible. The Hospice concept espouses the hope and belief that, through appropriate care and the promotion of a caring community sensitive to their needs, patients and families may be free to attain a degree of mental and spiritual preparation for death that is satisfactory to them. (cited in Manning, 1984, p. 46)

Death is neither hastened nor postponed.

The Hospice concept is based on several principles. The primary concern is with quality, as opposed to quantity, of life. Care is for the total person: physical, emotional, intellectual, and spiritual. The patient and their family may form the unit of care. For this a home-like community is seen as important and maintained. In order that all

aspects are considered in the planning of individual care, an interdisciplinary team approach is frequently used. Such a team may consist of some or all of the following: doctor, nurse, chaplain, social worker, physiotherapist, occupational therapist, volunteer, and dietitian. Professional as well as nonprofessional caregivers require specialized training (Corr & Corr, 1983; Doyle, 1984; Lamerton, 1980; Manning, 1984; Mount, 1978; Mount & Scott, 1983; Munley, 1983; Saunders, 1978). I shall discuss this training later on.

There are several different forms of "hospice". Some provide care in the patient's home. Some are within a hospital setting. Some are separate facilities. Jocelyn House is a separate facility providing residential care. The team of care-givers consists of "hospice care workers" (see Appendix A), the patient's doctor, volunteers, and, as required, a public health nurse, physiotherapist, occupational therapist, dietitian. Volunteers play a significant role as members of the team.

The terminally ill person and their family are central in the concept of hospice/palliative care. What (s)he is experiencing and how (s)he is coping will determine what care is planned. When an individual is faced with a terminal illness a number of factors will affect how (s)he copes. The phase of development is one such factor. The "concrete experience" (Kolb, 1984) of learning that their illness is terminal may precipitate a crisis. The

transition process of seeking new insights and new meanings is begun in an attempt to restore equilibrium. I shall discuss these concepts further in the sections, Adult Growth and Development and The Learning Cycle.

Writers cite a number of feelings and needs which individuals experience in varying degrees. Kubler-Ross (1969) describes the feelings of shock and denial, anger, bargaining, depression which patients may experience before reaching a stage of acceptance of their situation. Other feelings may include guilt and shame, helplessness and worthlessness because they are no longer able to carry on the social roles they have been used to.

Pattison (1978) describes eight fears which an individual may experience as (s)he realizes the terminal nature of her/his illness: fear of the unknown; fear of abandonment by family or friends, and loneliness; fear of sorrow at loss of job, future plans, strength and ability, relationships, life; fear of loss of body parts or of disfigurement which might lead to shame, inadequacy, ugliness, or unacceptability; fear of loss of control over one's mind and body which would place her/him in a position of dependency; fear of suffering and pain; fear of loss of identity through loss of contact with family and friends and loss of structure and function; fear of regression.

Understanding such feelings and fears may serve as a guide to the needs of terminally ill people. The terminally ill need, if at all possible, to finish their life's business -- both the life tasks, and the resolution of conflicts with people who are important to them. Keeping a diary and/or life review may help patients integrate their life experiences (DeRamon, 1983; Ellison, 1981; Munley, 1983). They may want to arrange for their funeral and/or help plan for their family: for example, who will fill the role in the family that the patient once used to fill? Clinebell states four "'religious/existential' needs for all people in our society: 1. The need for meaning and purpose in life. 2. The need to give love. 3. The need to receive love. 4. The need for hope and creativity" (cited in Taylor, 1987). These needs come into even clearer focus for the terminally ill.

In order for the patient and family to be able to pay attention to these higher needs (in Maslow's hierarchy), the patient must first have physiological and safety needs met, specifically, relief from distressing symptoms.

Saunders (1978) sets as first priority the alleviation of pain, nausea and vomiting, constipation, breathlessness. Pain is the most common distressor. Lamerton (1980) and Saunders (1978) describe the physical, psychological, social and spiritual factors involved in the experience of pain. Pain is treated primarily with analgesics. Other techniques

such as deep breathing (Wernick, 1983), relaxation (Benson, 1975; Meichenbaum, 1985), guided imagery (Bresler, 1984; McCaffery, 1979; Meichenbaum, 1985), autogenic training (McCaffery, 1979; Wernick, 1983), hypnosis (Meichenbaum, 1985), and music therapy (Ajemian, 1982; Howarth, 1984) have been shown to be helpful. Trained volunteers, staff, and family can carry through many of these techniques with the patient. Such pain control can help the patient feel (s)he has some control over her/his pain.

In palliative care the patient makes decisions for her/his own comfort and well-being in collaboration with other members of the interdisciplinary team (patient and family are considered members of the team). In order for the patient and family to be a part of the decision-making process, they need to know the "truth" about the patient's condition. The question is not whether to tell the patient about the terminal nature of their illness, but rather how or when (Kubler-Ross, 1969). Only then can the patient plan how (s)he wants to live her/his remaining days.

Hospice emphasizes holistic and loving emotional, spiritual and psychological care (Manning, 1984). Mount (1984) defines palliative care in terms of "attention to detail" and "active listening". The environment is as home-like as possible. Patients participate in household tasks and in their own care as they are able and willing. The hospice team tries to be sensitive to the family's needs

both during anticipatory grief and during bereavement (ie. after the death).

Staff and volunteers who make up the interdisciplinary team require some specialized training to learn the concepts and master the skills which are most useful in palliative care. They need a context which facilitates their dealing with their own unresolved grief from past losses. They need ongoing periodic meetings to build relationships necessary for ongoing mutual support, to reduce stress through sharing and feedback and to plan the best approaches to treating patients. The needs of volunteers will be elaborated upon in the following section.

Volunteers as Learners and Helpers

Many writers acknowledge a valuable role for volunteers in hospice care (Ajemian, 1982; Hamilton & Reid, 1980; Kavanagh, 1983; Kohut & Kohut, 1984; Lamerton, 1980; Manning, 1984; Munley, 1983; Saunders in Mount, 1978). The role may vary between settings but the basic essentials of providing emotional and spiritual support to the terminally ill and their families (both before and after the death) are common to all.

Because of the nature of the volunteer work in hospice care, careful selection and training of volunteers is most important for the sake of both the volunteer herself and the patients and family members with whom she will be working.

A screening interview may help identify those for whom volunteering is not appropriate because of unresolved losses, desire to proselytize (Ajemian, 1982; Howarth, 1984) or a morbid curiosity. These people may need help in finding resources to meet their needs. Volunteers as self-determining adults need to understand what they are experiencing and why they are perceived to be unsuitable for working in palliative care. They need to know that they are no less valued because of this. Rather, the emphasis is on providing some additional self-understanding and helping the individual find that which meets her needs in other than the palliative care context. When there is any question about the suitability of a volunteer, the needs and safety of patients and their families take priority over the needs of the volunteer.

Qualities described generally as those desirable in hospice volunteers are summarized by Howarth (1984): "motivation; emotional warmth; maturity; empathy; tact; discretion; respect for confidentiality; good listening skills; nonjudgmental and a sense of humour" (p. 22). Ajemian (1982) includes flexibility and dependability. Kavanagh (1983) spells out willingness to learn, ability to define personal time limits and commitments, ability to bear strong emotions in self and others, ability to be honest, ability to work with others in a team situation. Howarth (1984) suggests that prospective volunteers who lack social support, who are experiencing concurrent family

difficulties, or who have a depressive personality need not necessarily be ruled out but these facts should be noted.

Amenta (1984) in a study of hospice volunteers found that those who stayed in the hospice program longer had higher scores on the Purpose in Life scale and lower scores on the Death Anxiety scale than those who dropped out earlier. Her conclusion is that those with purpose in their life and low anxiety about death -- two aspects for which, she says, prospective volunteers are not often tested -- are better suited to hospice work than those who lack purpose in their lives and are anxious about death.

Because of the internal holistic nature of adult learning and the fact that learning "goes hand-in-hand with the often painful process of un-learning" (both of which concepts I shall discuss later in the section, Prevalent Characteristics), volunteers need support and reassurance as they participate in the learning process (Naylor, 1973). Because of the nature of the role of the volunteer and the subject matter and hence the training, personal issues about unresolved loss and high death anxiety may arise. The low value placed by society on volunteering may lead a prospective volunteer to withdraw from the training program rather than deal with such painful issues. The teacher/trainer can be sensitive to these aspects of the situation and provide opportunity for volunteers to share and resolve such struggles within the group, in a one-to-one

relationship with the teacher, or in a community resource as is appropriate.

Dying and death are of universal concern. Volunteers are apt to have a wide variety of backgrounds of both education and experience. Differences are to be affirmed and celebrated. The more diversity there is amongst volunteers the more possible it may be to provide for the potential diversity of needs of patients and their families. "Patients frequently relate most easily to those who share many of the same life experiences" (Ajemian, 1982, p. 15).

Writers agree that training should include at minimum, the meaning of "hospice"; the dynamics of dying and grief; helping the prospective volunteer to examine her own attitudes toward and feelings about her own and others dying, death, and loss; interpersonal communication skills; role of the volunteer (Ajemian, 1982; Hamilton & Reid, 1980; Howarth, 1984; Kavanagh, 1983; Tamlyn & Caty, 1985). Tamlyn and Caty (1985) in a research project, noted that participants in such a training program show significant changes in their attitude toward death. Other topics frequently included in the training by at least two of the above-mentioned authors are: cancer and its treatment; family dynamics; rituals and beliefs of different cultures and religious faiths; ethical issues; community resources; procedures for responding to expected events like death. Few writers indicate methods by which these topics can be

taught. Ajemian (1982) and Howarth (1984) note the possibility of training volunteers in the use of music tapes and relaxation therapy with patients.

Volunteering is generally undervalued in our society, partly because it is unpaid work; partly because it is done mostly by women; partly because it is "supportive" as opposed to "real" work (Cummings, 1980). Because volunteers make a valuable contribution to the hospice team, they deserve feedback, words of thanks, recognition. Moreover, adults benefit more from, and are motivated more by positive reinforcement than by negative criticism. Kavanagh (1983) says our attitude toward volunteers should be to respect them, to get to know them, to have confidence in them. Volunteers can have their abilities, contributions, and progress recognized by assessing their progress in collaboration with the teacher; by being invited to evaluate the training program; by having input in future training programs. The Volunteer Centre of Winnipeg lists 101 pertinent ways to give recognition to volunteers such as providing babysitting, planning informal volunteer get-togethers, planning special occasions for volunteers, providing new challenges (McClellan, 1981).

The training of volunteers in palliative/hospice care is the context in which to consider the adult as learner and experiential teaching/learning. The principles underlying

adult learning are based on the characteristics of adults: their growth and development, learning styles, and other prevalent characteristics. I discuss these in the following section.

Characteristics of Adults/Implications for Learning

Adult Growth and Development

Growth and development does not end when adulthood is reached. The process is marked more by non-physical changes and therefore is less obvious than in children.

Up until very recently adult development has been studied by men with predominantly male subjects. Where women have been included no differentiation has been made in findings (Gould, 1975; Kohlberg, 1973). Results were generalized to women. Recently women researchers studying women from different underlying assumptions and values have arrived at different findings and conclusions. I shall discuss women's development with reference to researchers who specifically studied women and women's experience. I shall indicate some contrasts with traditional studies.

Frequently male researchers have assumed that it is the norm for adults to be in the paid work force. Male researchers divided development into ego, cognition, morality. By so doing they noted that development occurs in a linear, sequential, invariable, irreversible process of

characteristic age-related and cultural stages marked by alternating periods of transition and stability (Gould, 1975; Kimmel, 1980; Kohlberg, 1973; Levinson, 1978). Developmental tasks are accomplished by individual interaction with others, the environment and within the self (Kimmel, 1980). Completion signifies passage to the next stage. Social role acquisition (eg. by entering the work force, marriage, parenthood) are seen as merely "marker events" (Levinson, 1978) or "milestones" (Kimmel, 1980) which vary in terms of the developmental stage at which they occur.

The women's studies assume that women are homemakers even if, in addition, they work for pay outside the home. Reinke, Ellicott, Harris, and Hancock (1985) found that a greater number of systematic changes in women are related to family cycle phase than to chronological age. They and others (Gilligan, 1982; Miller, 1986) studied ego, cognitive, and moral development _in the context_ of women's social roles.

Six normal family cycle phases were defined. First, the "no children" phase which includes both married and unmarried women. Second, the "starting a family-preschool" phase which begins with the birth of the first child and ends when the youngest child starts school. The "school-age" phase follows, ending when the oldest child turns 13. Fourth, the "adolescent" phase which ends when

the first child leaves home. Fifth, the "launching" phase which lasts throughout the children's leaving home. Lastly, the "postparental" phase which begins when the last child has left home (Reinke et al., 1985).

But not all families pass through the "normal family cycle phases". Family life may be disrupted by separation, divorce, or death of spouse. The mother working in the paid labour force also affects relationships in the home. Eichler (1983) describes two major changes which have affected families over the last one or two decades. They are "the rapid increase in the participation of wives in the labour force, and the rapid increase in the divorce rate" (p.113). In 1985 almost 56% of all Manitoba women were in the labour force (Women in the Manitoba Labour market, 1986). "The number of employed female household heads in Manitoba more than doubled from 1975 to 1985" (Women in the Manitoba Labour Market, 1986). The rough estimate in 1983 was that one marriage in three was likely to end in divorce (Eichler, 1983). That divorce is easier to obtain in latter years has an effect on the marriage relationship, the parent-child relationship, and the parent-child relationship in the event of remarriage.

Major psychosocial transitions are most often experienced in the preschool, launching and postparental family cycle phases. During the "no children" phase women, single and married, set life goals for themselves. Some set goals

related to further education and occupation. Most goals were relationship oriented revolving around marriage and family. Women who never become mothers may remain in this phase (Reinke et al., 1985, p.270).

With the start of a family women reported some marital dissatisfaction and both satisfaction and dissatisfaction with childrearing. When children were in school women were more likely to become involved in more activities outside the home related to children's activities, or activities for their own self-fulfilment in either paid work or volunteering.

Very few women in the study by Reinke et al. (1985) described the children's leaving home as being "difficult and traumatic." Most reported a "more mellow outlook." Some women experienced increased burdens due to caring for elderly relatives.

In the postparental phase most women reported increased life satisfaction, personal stability, increased mellowing, patience, self-confidence, assertiveness and expressiveness of opinions (Reinke et al., 1985). The last three are consistent with Carl Jung's notion of women attaining more "male" characteristics in the second half of life (in Campbell, 1971). Transition in this phase seems to involve "internal change and increased satisfaction" (Reinke et al., 1985) -- a sense of time left to live (vs. time since birth)

(Neugarten in Chickering, 1975). Women in this phase frequently suffered loss of parents.

Reinke et al. (1985) studied women only up to age 60 years. Retirement of self or spouse is another transition. Women are less likely than men to experience discontinuity at retirement because whether or not women have been in the labour force, bonds/relationships with family and friends have been, and continue to be, an important aspect of their lives. Further, women continue to be homemakers. Retirement may offer freedom to do things for which there had previously been no time, such as travel, second career, and volunteering. On the other hand, retirement may bring depleted financial resources, waning health or death of spouse and/or friends, feelings of despair, uselessness, loneliness, loss of physical ability, and loss of independence.

Sales (1978) points out how women's lives are characterized by adaptiveness to the changing roles they are required to assume: wife, mother, breadwinner, caregiver. At each phase of the family cycle "women attempt to fulfill the external expectations placed on them while building additional roles that may enrich their personal satisfactions", exploring "various options -- a job, volunteer activities, continued education, social groups.... As their needs change, the process of achieving a balanced life must begin again." The continuing adaptation process

may, however, impede long-range planning, thus "depriving most women of the pleasure of attaining goals that require extended time commitments" (p. 189).

Hancock (in Reinke et al., 1985) "took as a given that women themselves are the experts at understanding their lives and that they need to take the description and analysis of their experiences into their own hands" (p. 275). Her findings indicate that women "began to define [emphasis mine] themselves as adults when they made choices of their own and affirmed commitments to others, steps that often took the form of marriage and motherhood" -- that is, related to family cycle phases (p. 275). Women reported that they felt grown up only after they had been through a developmental process precipitated by a crisis in a significant relationship, which crisis led to discovery of "her ability to seize autonomy and wield initiative on her own behalf" (p. 278). This last process was most likely to occur in the 20s, 30s, and 40s. It involved continuing to care for significant others and "including herself as the object of her care" (p. 277). For some women the crisis led to defeat and despair. Gilligan (1982) speaks of a crisis as being an opportunity for growth and the possibility of defeat and despair -- "a turning point for better or worse" (p. 108).

To Levinson (1978) and to Erikson and Vaillant relationships "play a relatively subordinate role in the individual drama of adult development." But Gilligan

(1982), like Reinke et al. (1985) found that women's standards of maturity are relationship-oriented.

Gilligan (1982) points out that moral development, as described by Freud, Piaget, and Kohlberg, which conceives of morality as justice, "ties moral development to the understanding of rights and rules". The female concept of morality which is concerned with caring "centres moral development around the understanding of responsibility and relationships" (p. 19). In this context women will be more willing than men to hear and to "include in their judgment other points of view", to assess what is caring and responsible in each individual situation. Such values are an asset in individuals working with the terminally ill. While women "try to change the rules in order to preserve relationships, men, in abiding by the rules, depict relationships as easily replaced" (p. 44). The male system not only devalues caring and responsibility in relationships but further labels these qualities as immature, inferior (Gilligan, 1982).

Males value separateness as strength; autonomy, individuation and competence as maturity; the need for relationship as weakness, immaturity and dangerous. Male identity is achieved through work. Power is equated with assertion, aggression, control <u>over</u> other people and the environment (Gilligan, 1982).

The female system values interdependence. Women see "a world that coheres through human connection rather than through systems of rules" (Gilligan, 1982, p. 29). They see separateness as dangerous. Female identity is "defined in the context of relationship and judged by a standard of care". Females equate power with acts of nurturance. "Power ideally is used to foster the development that removes the initial disparity" between, for example, parent and child, teacher and student (Miller in Gilligan, 1982, p. 168). Parents and teachers, in facilitating the growth and development of children and students, also empower them.

Miller (1986) says about women's development, "women stay with, build on, and develop in a context of connections with others" (p. 83). The process of development, however, may become stagnant, bogged down in loss of sense of self as an individual, as discussed earlier with reference to the work of Hancock (in Reinke et al., 1985). Women have been well-socialized to sacrifice self for others, to subordinate themselves to those who are competent, powerful, successful -- that is, mature by male standards (Miller, 1986).

But, as Gilligan (1982) points out, "women's deference is rooted not only in societal subordination but also in the substance of their moral concern" (p. 16). Women's apparent deference stems from the willingness to take into account another's point of view. Apparent confusion and indecision stem from their concern to act responsibly and caringly to

others involved, rather than from lack of understanding of the rules. Nevertheless such deference, confusion, indecision are labelled morally weak and immature by traditional male standards (Gilligan, 1982). Women therefore need affirmation of their caring and concern.

Gilligan (1982) thus describes women's moral development. "The sequence of women's moral judgment proceeds from an initial concern with survival to a focus on goodness and finally to a reflective understanding of care as the most adequate guide to the resolution of conflicts in human relationships" (p. 105). That is to say, the mature woman is one who has reached a state of healthy interdependence born of an ethic of caring and responsibility.

The shift from thinking in terms of men's to thinking in terms of women's concepts of development implies, as Gilligan (1982) points out, a corresponding shift "from the Greek ideal of knowledge as a correspondence between mind and form to the Biblical conception of knowing as a process of human relationship" (p. 173).

Women as learners need to understand themselves and be understood in order to experience their own personal power. They need to build relationships in the context of awareness of self as a whole and the interrelatedness of cognitive, moral, physical, intellectual, and emotional aspects of self. Women need to share their experiences with other

women in an environment which is not only non-threatening but also one which values, affirms, confirms, and validates their feelings and experiences and their maturity. Each woman is the expert on herself. This implies relationships between teacher and learner as egalitarian as is possible to create. The learner needs to see her teacher as someone with whom she can identify: imperfect, fallible and vulnerable as well as strong, competent, wise and integrated. As she sees the two poles in someone else she can see the possibility of both in herself.

As a woman better understands the differences between the male and female perspectives -- what Greenspan (1983) calls "the social roots of her personal pain" (p. 239) -- she is better able to trust her own intuition, insights, competencies and hence to form supportive interdependent relationships both as a volunteer within the group and with her family and friends.

The woman as learner needs to understand the needs and motives that bring her to a particular learning experience, in this case volunteering in palliative care. Is this a short-term "adaptiveness" to enrich personal satisfaction? Perhaps the volunteer is entering a transition period in her development in which she is exploring a possible career, or seeking direction for her life. When the motive springs from a need which the volunteer program cannot appropriately meet, the woman needs not to feel devalued or rejected but

rather affirmed for her strength in seeking help and in looking for alternative resources.

Individuals can be confronted by a life-threatening illness at any time during the life cycle. Some elderly feel "the satisfaction of completion" (Sourkes, 1982), integrity (vs. despair) (Erikson, 1950). Others fear isolation and abandonment. The young or middle-aged adult may experience being "stopped short." In terms of the Reinke et al. (1985) life cycle phases, women in the "launching" or "postparental" phases may be planning and fulfilling life goals for themselves outside the family or looking forward to spending more time with a soon-to-retire husband. The woman with younger children faces the loss of not seeing her children grow up and the concern for who will raise them. For the single mother this is an added worry. There is major impact on immediate family and caregivers -- including volunteers -- of an age close to that of the patient. Caregivers may identify with the terminally ill person. "It could happen to _me_!"

Women need to take part in the process of planning their own learning. They need support in the struggles and challenges of transitions of their developmental process. The terminally ill person needs, in addition to the above, help in coming to terms with their experience.

I have shown that different individuals are at different stages of growth and development as adults, and that this affects their learning needs. Another characteristic which affects adults' learning needs is their learning styles. I shall discuss these next.

Learning Styles

Adults differ in their learning styles. Price (1983) defines learning style as a person's "characteristic ways of processing information, feeling and behaving in learning situations" (p. 49). James and Galbraith (1985) and Kolb (1984) include the notion of means by which information is received. James and Galbraith (1985) suggest that learning style is composed of a number of different modalities -- including cognitive, emotional, social, and perceptual -- which together make up a person's unique learning style.

> The perceptual modality relates to the means through which information is extracted from the environment by the senses. The cognitive modality refers to the mental processing of that information, while the emotional modality includes the personal feelings, attitudes, and personality states which influence information gathering, knowledge building, and the application of knowledge. Finally, the social modality reflects social sets which could inhibit or enhance the learning process for each individual. (Cherry cited in James & Galbraith, 1985, p. 20)

I shall discuss cognitive, perceptual, and conceptual levels.

Kolb (1984) notes striking similarities between his description of learning styles and Carl Jung's personality types. Jung, as described by Kolb (1984), classified personality types according to four different modes. The individual's mode of relating to the world tends toward either Extraversion, an orientation toward the outer world of people and things, or Introversion, an orientation toward the inner world of ideas and feelings. One's mode of decision-making tends toward either Judging, a preference for attaining order through reaching decisions and resolving issues, or Perceiving, a preference for gathering information, being flexible and spontaneous. One's mode of perceiving tends toward either Sensing, with emphasis on sense perception, on facts, details and concrete events, or Intuition, with emphasis on possibilities, imagination, meaning, and seeing things as a whole. The individual's mode of judging tends toward either Thinking, with emphasis on analysis, using logic and rationality, or Feeling, with emphasis on human values. In the process of learning/growth/development, however, the individual is required to use the nondominant as well as the dominant mode (Kolb, 1984).

Kolb (1984) describes four learning styles: divergent, assimilative, convergent and accommodative. The divergent learning style is most like Jung's introvert-feeling personality type. Strengths lie in imaginative ability,

awareness of meaning and values, view of situations from many perspectives. The emphasis is on adaptation by observation rather than action. Such individuals are imaginative, feeling oriented, interested in people and good at "brainstorming" ideas.

The assimilative learning style is most like Jung's introvert-intuitive personality type. Strength lies in inductive reasoning and the ability to create theoretical models. Such individuals focus less on people and more on ideas and abstract concepts. Sound theory is more important than practical value.

The convergent learning style is most like the extrovert-thinking personality type. Strength lies in problem solving, decision making and practical application of ideas. Knowledge is organized. Such individuals focus on specific problems and prefer technical tasks and problems. They are controlled in expression of emotion.

The accommodative learning style is most like Jung's extrovert-sensing personality type. The strength of such individuals lies in doing things, carrying out plans and tasks, getting involved in new experiences, solving problems in an intuitive, trial-and-error way, relying on others' analytic ability for information. They are willing to seek out opportunities and take risks.

As Kolb (1984) points out, there is danger of stereotyping and "trivializing human complexity", and ending up "denying human individuality rather than characterizing it". There is danger, too, in seeing personality types and learning styles as "fixed traits," rather than as "stable states". The latter implies the possibility of change (p. 63).

Generally writers agree that a preferred learning style is more a product of learning than of heredity (Conti & Welborn, 1986; Power, 1986; Price, 1983). Kolb (1984) points out that learning styles are shaped by such forces as "basic past experiences and habits of thought and action, our basic personality orientation and education, that exert a moderate but pervasive influence on our behaviour" and "those increasingly specific environmental demands stemming from our career choice, our current job, and the specific tasks that face us. These forces exert a somewhat stronger but more situation-specific influence on the learning style we adopt" (p. 98). Learning style will be both effected and affected by such factors as environment, emotions, social factors, physical factors (Conti & Welborn, 1986); by levels of ego, moral, and intellectual development (Chickering, 1975); and by culture (Cunningham, 1983; Ramirez & Castaneda in Price, 1983). Individuals can change their learning style and do, in fact, on occasion, use other styles (Brundage & MacKeracher, 1980).

Brundage and MacKeracher (1980), Coleman (1976), Ramirez and Castaneda (in Price, 1983), and Witkin (1975) polarized learning styles into field independent and field dependent. The field independent individual prefers symbolic or information assimilation methods of learning: that is, prefers to learn general theoretical knowledge (an analytic style). The field dependent individual prefers experiential learning from which to determine a general principle (a global style).

Brundage and MacKeracher (1980) summarized that the field independent learner is more likely to be a self-directed and independent learner than the field dependent individual. But the best teachers for self-directed learners are those who are "warm, caring, supportive, friendly and nonjudgmental" -- characteristics more often found in field dependent adults. Brundage and MacKeracher (1980) suggest this may be a "mismatch in cognitive styles" (p. 47). I suggest, on the other hand, the implication may be that any adult, no matter what her learning style, learns best when her teachers possess the above-mentioned characteristics. Conti and Welborn (1986) in their study, support the notion of the importance of the teacher in learning. They also found that learning strategies, -- "immediate tactics that a learner uses to deal with a specific learning situation" (p. 22) -- will ultimately determine the learner's success.

The perceptual modality of learning styles is related to "the means through which information is extracted from the environment by the senses" (James and Galbraith, 1985, p. 20). Bandler and Grinder (1979) noticed that many individuals used words related to one of the five senses (sight, hearing, touch, taste, or smell) more than to the other four, and that they could better understand concepts expressed in predicates (that is, verbs, adverbs, or adjectives) related to the preferred sense or "preferred representational system" than concepts expressed in predicates related to the other representational systems -- especially when problem solving or under stress.

James and Galbraith (1985) relate Bandler and Grinder's communication preferences to perceptual modality preferences. They divide perceptual modality into seven elements: Print, Aural, Interactive, Visual, Haptic, Kinesthetic, Olfactory. A person who is print-oriented usually learns best by reading and writing. One who is aurally oriented learns best by listening to lectures or audio-tapes. Interactive learners learn best through verbalizing, discussing ideas with others. The visually-oriented person learns best by observing, watching pictures, films, demonstrations. Haptic learners are those who learn best through touch -- a "hands on" approach. The kinesthetically-oriented person learns best while moving, involving at least some parts of the body. The

olfactory-oriented person learns best through smell and taste.

A study conducted by Galbraith and James to determine the favored perceptual styles in two age groups demonstrated the following. "The 20 through 49 years age group ranked Visual first; Haptic, second; Interactive, third; and Aural, fourth. Visual was also ranked first for the 50 years and over age group with Interactive, second; Aural, third; Haptic, fourth.... Print, Kinesthetic, and Olfactory were ranked fifth, sixth, and seventh for both age groups" (James & Galbraith, 1985, p. 21).

I wonder if Kinesthetic ranks so low because in North America we tend to separate the self into mind, emotions, body, and spirit. Learning is generally thought of as an act of the mind, not of the body. The interconnectedness and inevitable interactions of all aspects of the self tend not to be considered by the average individual. Further, the questionnaires on which the above findings were based, were perceptions of the respondents to whom the role of the body in learning might be less obvious.

Dunn, Dunn and Price (1979) say that research indicates that students who have "strong perceptual strengths in several areas" prove almost without exception to be the high achievers (p. 53).

Hunt (1974) describes learning style in terms of conceptual development and the consequential amount of structure that the student needs in order to learn best.

Conceptual level refers to the degree of complexity of information that the individual is capable of processing and integrating. At the lowest conceptual level the learner is unsocialized, can process only concrete information, and requires high structure to learn best. At the second level the individual is dependent on authority, can cope with categorical thinking, and requires moderate structure. At the highest conceptual level the learner is independent, inquiring, self-reliant, able to integrate complex ideas, and requires low structure in order to learn best (Hunt, 1974).

Hunt (1974), performed experiments designed to test the matching of teaching style with learner conceptual level. He found that a "discovery learning approach" (low structure) differentiated between low and high conceptual level students: that is, high conceptual level students did better than low conceptual level students. Low conceptual level students learned significantly better with a lecture (high structure). High conceptual level students performed well in both situations.

That conceptual level affects learning suggests that teachers would increase their effectiveness by finding out

the conceptual level of their students and attempting to match structure in teaching to that level. Teachers might use a slightly lower degree of structure in order to challenge students to develop a higher conceptual level, that is, improve their general capacity for handling information (Joyce & Weil, 1972). It would be advantageous to students to group them according to conceptual level in order better to match teaching style to learner level. Findings suggest that where the teacher is faced with teaching students of differing conceptual levels, most students will learn most by matching to the lowest conceptual level. The teacher might provide some low structure in order to match high conceptual level students and to challenge the lower conceptual level students.

The foregoing discussion on learning styles confirms Brundage and MacKeracher's (1980) review of the literature that there is no one best way to learn. There usually is a "best way" for each individual. The learner needs to understand her own personality type, learning style, preferred perceptual mode, and conceptual level so that she can both use her preferred/best ways of learning and expand the styles by which she learns and raise her conceptual level. As she recognizes her own preferred representational system she can learn how to look for clues in others that indicate their preferred system. She will do this best in an environment which is warm, supportive, helpful,

nonjudgmental and she will require a teacher who understands her own preferred styles of learning, and personality type.

Growth and development and learning styles are two factors which influence how adults learn. There are other more general characteristics of adults which affect adults' learning. These I shall discuss next.

Prevalent Characteristics

Knowles (1980) made popular the term "andragogy" from the Greek words "andros" meaning "man" and "agogos" meaning "leader." Andragogy is defined as "the art and science of helping adults learn" as opposed to pedagogy, "the art and science of teaching children" (pp. 42-3). Because adults are at different stages of development from children they have some characteristics different from children (Knowles, 1980). The characteristics of adults have implications for how they best learn, and therefore for how best to help them learn. Knowles (1980) provides a structure for discussion of prevalent adult characteristics and their implications for learning.

Knowles (1980) outlines six assumptions related to adult learners. First adults can learn. Second, adults are self-determining and self-directing. Third, adults are a rich resource of experience. Fourth, adults are motivated

by a need to cope more satisfyingly with real-life tasks or problems. Fifth, adults have a pragmatic orientation to learning. Sixth, the adult's learning process is internal.

Knowles (1980) says, "the research to date of adult learning clearly indicates that the basic ability to learn remains essentially unimpaired throughout the life span" (p. 55). If adults appear not to learn as much or as quickly or do not seek out learning in traditional settings, it may be due to what Cross (1981) calls "perceived barriers to learning". She cites a national study conducted in the United States in 1974 which reported cost, not enough time, home or job responsibilities, not wanting to attend school full time, amount of time required to complete a program, scheduling of courses, as major barriers to adults learning what they want to learn.

Physiological changes which occur with aging, -- most commonly, decline in auditory and visual acuity, decrease in reaction time, lower energy levels -- will be barriers to learning unless the environment compensates. Brundage and MacKeracher (1980) and Larson (1970), remind the reader that in addition, chronic physical conditions such as diabetes, heart condition, hypertension may slow down the learning process. Older adults especially need speaking to be clearly articulated, larger printing, slower pace, a comfortable environment free of extraneous noise, and information provided through a variety of sensory modes and formats.

If adults can learn, they can be challenged. Shulman (1984) affirms the individual's ability and strength to change in his "demand for work" of his clients.

> Clients will be of two minds about proceding with their work. A part of them, representing their strength, will move toward understanding and growth. The other part of them, representing the resistance, will pull back from what is perceived as a difficult process. (p. 77)

Helping a client deal with her ambivalence and resistance is part of the work. Demand for work pervades all aspects of work with clients. For example, it is present in the processes of contracting, of helping the client break complex problems down into manageable components, of helping the client remain focused on the "tougher feelings and concerns", of checking out the client's underlying ambivalence, of challenging the "illusion of work". Shulman (1984) emphasizes that "the consistent use of demand skills can only be effective when they are accompanied by ... empathic skills .... Only when clients perceive that their worker does understand and is not judging them harshly, are they able to respond to the demands" (p. 79-80).

The individual's self-concept changes as adulthood is realized. Adults see themselves as independent, self-directing, self-determining producers or doers, striving toward their full potential and self-fulfilment (Knowles, 1980). Adults do not see themselves fitting into the pedagogical model of a more or less passive dependent student who may be "failed" or be treated with disrespect.

Therefore, when adults find themselves in a conventional classroom situation their self-confidence in their ability to learn may be replaced by insecurity and anxiety -- an anxiety far beyond that which might motivate the learner to put forth maximum effort (Larson, 1970). Rather, these factors may prevent adults from applying themselves fully to a learning experience (Brundage & MacKeracher, 1980; Knowles, 1980; Larson, 1970).

The self-concept of adults has widespread implications for adult learning. Adults need a learning climate in which the qualities by which they characterize themselves are valued, affirmed, and nourished (Brundage & MacKeracher, 1980). Such a climate is as little like a school room as possible both physically and psychologically: noncompetitive, nonjudgmental, supportive. The teacher is genuine, accepting and understanding -- Rogers (1969) core conditions for building a trusting relationship as well as for facilitating learning. Such a climate is consistent with the needs of women entering a transition period, with the characteristics of a "field dependent" teacher mentioned earlier, with values of acceptance, self-determination, and respect. These are all values espoused by the social work profession, for example, see CASW Code of Ethics, 1983. Learners need to have opportunity to talk through their anxieties (Brundage & MacKeracher, 1980).

Focus is shifted from teaching and the teacher to learning and the learner. The teacher as a resource person, co-inquirer, and facilitator, collaborates with the learner in the process of assessing learning needs by first providing a model of the required competencies. Goals for the program are identified and legitimized by the context and purpose of the agency. The learner assesses her present level of competencies, and measures the gaps between the two. This may not always be a conscious nor clear-cut process. The learner does usually need help in identifying her learning goals. The goals and behavioural objectives which the learner sets for herself are a meshing of program goals and individual goals. The active role of the learner in self-assessment provides a sense of direction and motivation to learn (Knowles, 1980). As learners take an active part in planning and conducting learning activities they experience their own abilities and strengths. Brundage and MacKeracher (1980) emphasize the need for adults actively to use the skills and strategies they are learning in a "safe" environment. Shell & Abrams (1975) demonstrate the effectiveness of "laboratory training" in the teaching and learning of interpersonal skills. Learners are capable of assessing the planned learning activities in terms of how they facilitated or inhibited learning. Active participation in all aspects of one's learning process is empowering (Freire, 1970).

Finally learners are capable of evaluating their progress toward their goals, that is, their current level of competencies and knowledge. In this way evaluation is a reassessment of learning needs. The meeting of needs leads to feelings of satisfaction. The meeting of goals leads to feelings of success. Ongoing opportunities for success and personal satisfaction are better motivation than punishment or competition (Brundage & MacKeracher, 1980; Larson, 1970).

Conversely, however, as Hutton (1987, June) points out, lack of achievement of stated goals may result in "loss of confidence which may engender puzzlement, anger, or a sense of failure. The more attached one is to the expected goal or outcome, the greater the likelihood that one will have some sense of failure, or disbelief, or anger" (p. 5). Hutton (1987, November) rejects problem-solving models with their goal orientation, especially when the situation is complex and/or new. Many life experiences involve uncertainty about the future, especially for the chronically or terminally ill. Hutton (1987, June) argues in favour of "a stable process rather than a fixed outcome" (p. 8). Present knowledge is the basis for generating "a range of alternatives" with the "possible and probable outcomes" of each. A course of action is decided upon. Learning occurs during the process of acting, adapting, and modifying, of evaluating outcomes, and where necessary, exploring alternative courses of action (Hutton, 1987, June, p. 9).

Hutton (1987, November) further suggests that "learning is the best antidote to burnout and failure. By understanding what is or has happened one depersonalizes the impact of failure or unexpected outcomes and the stress of not knowing what may happen tomorrow." Hutton's theory is congruent with Knowles' concept of the self-determining, self-directing, independent, responsible adult. It is more congruent than goal-oriented learning with the concept of life-long learning and development, a process of "becoming" rather than a point of achievement.

A third characteristic of adults is that they are rich reservoirs of life experiences. As a result, adult learners have much to contribute to the learning of others, and they have a background to which to relate new learnings. Adults may, however, be less open-minded than children (Knowles, 1980). Therefore, teaching/learning methods which involve the adults' experiences, that is, activities in which they can participate, will not only make learning easier for the adults themselves but also enable them to contribute to the learning of others. When people cooperate and interact they stimulate each other to more creativity. This is consistent with the social work concept of interdependence, a mutual essential interest in, and "social responsibility for the welfare of each other" (Shulman, 1984). Freire (1970) speaks of the teacher-student in dialogue with students-teachers.

"Therefore, each individual influences the training design by continuously evaluating his [sic] learning, testing and reinforcing it through free discussion, and contributing to the body of knowledge of the group from his own unique wealth of experience" (Naylor, 1973, p. 110). The job of the teacher is to tap the expertise within the group without allowing any one to dominate (Naylor, 1973).

Brundage and MacKeracher (1980) suggest that adults need planned time for reflection and integration of new learnings with past experiences. Knowles (1980) goes a step further in suggesting that time be allowed for learners to plan, and possibly rehearse, how new learnings are going to be applied in everyday life.

Brundage and MacKeracher (1980), Cross (1978), and Knowles (1980) agree that adult learners, in addition, need to have time to unlearn old learnings which are not compatible with new learnings. Learning is sometimes a painful process. Giving up old ways of thinking is often very uncomfortable, as is opening oneself to other's scrutiny or to past hurt. New learning has "the potential for changing the meaning, values, skills and strategies of past experience and the self-concept". The resulting "lack of stability" may lead to loss of confidence and to possible withdrawal from the learning situation (Brundage & MacKeracher, 1980, p. 101). Learning will be facilitated when uncertainty, inconsistency and diversity are acknowledged, tolerated and discussed, and clarified in the

learning group or at least in two-way communication with the instructor (Brundage & MacKeracher, 1980). Tough (1967), in his study of independent learners, found that "self-teachers" are likely to have some contact with a large number of people during their daily lives. From these they "select particular individuals from whom to obtain advice, information, or other specific assistance" (p. 30). Larson (1970) also emphasizes learners' need for support in the learning process.

A fourth characteristic of adults is related to readiness to learn. "Adults are highly motivated to learn in areas relevant to their current developmental tasks, social roles, and life crises and transition periods" (Brundage & MacKeracher, 1980). Larson (1970) found that adults "with more than 12 years of formal education are primarily motivated by the drive toward self-actualization -- the need for fulfilment of personal capacities and talents, and the need to develop better understanding of themselves, other people, and society" (p. 67). Kidd (1973) classifies motivation as intrinsic or extrinsic. The urges to meet any needs on Maslow's hierarchy (see Knowles, 1980, p. 28) originate internally while the need to learn specific skills or knowledge in order to fill a social role is external. The adult, then, needs help in understanding her developmental process and needs arising from it. The learner needs a response to her motivation in the form of

learning experiences relevant to her needs and goals -- the social work principle of starting where the client is at. This concept is congruent with the social work value of "self-realization of human beings" (CASW Code, 1983, p. 2).

A fifth characteristic follows. The adult's approach to learning is pragmatic (Brundage & MacKeracher, 1980; Cross, 1978; Knowles, 1980; Larson, 1970; Tough, 1979). It is problem and performance centered for immediate practical application. Adults will learn best when learning is organized into problem areas rather than subjects (Knowles, 1980). Experiential teaching/learning methods facilitate the learning of practical things and rehearsing their application in a "safe" environment.

Finally, adult learning is an internal process of the total being: physiological, emotional, intellectual (Knowles, 1980). Reynolds (1942) adds social aspects and Houston (1982) adds spiritual aspects. Knowles (1980) expresses the implications for learning this way: "those methods and techniques which involve the individual most deeply in self-directed inquiry will produce the greatest learning" (p. 56). Each individual is unique. Social work affirms and respects the "intrinsic worth and dignity of every human being" (CASW Code, 1983, p. 2) and recognizes individual similarities and differences and the uniqueness of each individual.

The principles of palliative and hospice care are compatible with the needs of adults as learners. We are all learners in one way or another, learning about life and its meaning. The learning needs of the terminally ill are similar to other adults' learning needs "except that the nature of the transition is often much more powerful and demanding. And the pace may be either relentlessly rapid or painfully slow. The potential to modify the course of the change usually seems to be very limited" (Hutton, 1987, November). As the terminally ill face a series of changes in their lives, they may need to learn new ways of coping. Thus patients as adult learners can be seen to be self-determining, and be approached with respect and dignity. They need to be able to give from their rich reservoir of life experiences as well as to receive. The transition that they are experiencing may be a powerful motivation to learn. The learning/coping process will involve all aspects of their being. Each individual will learn/cope in ways unique to the individual. The individual is likely to deal with this major loss as (s)he has dealt with lesser losses throughout her/his life (Keleman, 1974).

In focusing in this practicum on experiential teaching/learning I have made the assumption that it is congruent with adult learner characteristics. Now that I have discussed the characteristics of adults, I shall next

review the literature on experiential teaching/learning and determine whether or not my assumption is confirmed.

Experiential Teaching/Learning

I shall review the literature on experiential teaching/learning according to characteristics of experiential learning, the process or cycle of learning, and experiential teaching/learning methods. I shall show in what ways experiential teaching/learning fits with adult characteristics and needs.

Characteristics of Experiential Learning

Kolb (1984) describes six characteristics of experiential learning which are shared by the three major traditions of experiential learning: Dewey, Lewin, and Piaget. First, learning is best conceived of in terms of process, not in terms of outcomes. Bruner makes the point that "the purpose of education is to stimulate inquiry and skill in the process of knowledge getting, not to memorize a body of knowledge" (Bruner cited in Kolb, 1984, p. 27). Freire (1970) says, "knowledge emerges only through invention and reinvention, through the restless, impatient, continuing, hopeful inquiry men [and women] pursue in the world, and with each other" (p. 58). The learner is not an empty vessel to be filled with knowledge as in the "banking" concept of education (Freire, 1970). In this case learning

would be measured by the amount of accumulated fixed ideas. But as Kolb (1984) says, learning is a process "whereby concepts are derived from and continuously modified by experience" (p. 26). These concepts are consistent with the adult characteristics of ongoing learning throughout life and the learner as a creative, adapting, interdependent human being with a unique personality and learning style.

The ongoing, life-long nature of the learning process leads into Kolb's (1984) second point. Learning is a continuous process grounded in experience. All learning is relearning of old as well as learning of new concepts in the light of new experiences. The learner's concepts are modified by integration of new experiences or thrown out and new ones substituted. This concept is consistent with adult development being a continuous process motivated by need in the real-life situation and with the fact that adults learn best by experience.

Third, the process of learning requires the resolution of conflicts between dialectically opposed modes of adaption to the world.

> Learners, if they are to be effective, need four different kinds of abilities -- concrete experience abilities (CE), reflective observation abilities (RO), abstract conceptualization abilities (AC), and active experimentation (AE) abilities. That is, they must be able to involve themselves fully, openly, and without bias in new experiences (CE). They must be able to reflect on and observe their experiences from many perspectives (RO). They must be able to create concepts that integrate their observations into logically sound theories (AC), and they must be

> able to use these theories to make decisions and solve problems (AE). (Kolb, 1984, p. 30)

Freire (1970) expresses the dialectic nature of learning and adaptation in his concept of "praxis" which he defines as "reflection and action upon the world in order to transform it" (p. 36). The learner must continuously choose which set of learning abilities to bring to any specific learning situation: concrete experiencing or abstract conceptualization; active experimentation or reflective observation. This concept is reflective of tensions within different personality types: for example, the introvert being asked to share something personal in a group setting. The most creative learning occurs when the four modes of learning are integrated (Kolb, 1984); and when one learns to adopt characteristics of another personality type or to learn in other than the preferred learning style or perceptual modality. The foregoing characteristic is reinforced by Kolb's fourth characteristic of experiential learning.

Learning is an holistic process of adaption to the world. "To learn is not a special province of a single specialized realm of human functioning such as cognition or perception. It involves the integrated functioning of the total organism -- thinking, feeling, perceiving, and behaving" (Kolb, 1984, p. 31).

Learning, then, includes performance as an immediate reaction to a situation, learning as the generalization of specific experiences to other situations, and development as life-long adaptations to the individual's total life situation. Freire (1970) would add, learning is empowerment to act in order to change.

Fifth, experiential learning involves transactions between the person and the environment, including other people. Learning is more than an internal process which requires only the limited environment of books, teacher and a classroom. Rather, this characteristic of experiential learning has implications for the real world of everyday life in which environment shapes an individual's behaviour and an individual's behaviour shapes the environment. The above learning principle is echoed in social work through the life model of practice which has an ecological perspective:

> The ecological perspective provides an adaptive, evolutionary view of human beings in constant interchange with all elements of their environment. Human beings change their physical and social environments and are changed by them through processes of continuous reciprocal adaptation. When it goes well, reciprocal adaptation supports the growth and development of people and elaborates the life supporting qualities of the environment. When reciprocal adaptation falters, however, physical and social environments may be polluted. (Germain & Gitterman, 1980, p.5)

Kolb's learning principle is similarly echoed by Compton and Galaway's (1979) discussion on systems theory. Systems

theory is "an holistic orientation to the problem of complex organization, in which the individual and the social and physical environment are seen as an interacting whole" (p. 78). When one part of the whole (or system) changes then other parts of the system change also.

The reciprocal nature of experiential learning and change validates women's (and men's) need for relationship and interdependence: women's need to share their experiences, to give and receive understanding, help, support, affirmation and to experience strength and power with other women. This is in keeping with the precept of networking used in social work. Such learning also affirms the pragmatic nature of the adult's orientation to learning.

Kolb's final characteristic of experiential learning is that learning is a process of creating knowledge. The individual integrates what "is known" with her own experience.

From these six characteristics Kolb (1984) formulates the following definition: Experiential "learning is the process whereby knowledge is created through the transformation of experience" (p. 38).

The Women's Self-help Network (1984) and Freire (1970) emphasize the empowering nature of experiential teaching/learning. Using experiential teaching/learning methods, based on Freire's Popular Education model, the Women's self-help groups "identify and analyze common

concerns and issues, create solutions and then identify and learn the skills needed to make changes that lead to solutions" (p. 2). By participating in creating the conditions and the content of their learning women are empowered as a group actively to participate in change for themselves as individuals and on behalf of and with other women.

Walter and Marks (1981) assume a formal teaching/learning situation. They define experiential learning as

> a sequence of events with one or more identified learning objectives, requiring active involvement by participants at one or more points in the sequence. That is, lessons are presented, illustrated, highlighted and supported through the involvement of the participants. The central tenet of experiential learning is that one learns best by doing. (p. 1)

Implicit in this definition are four characteristics: involvement, relevance, responsibility, flexibility. Involvement means learning by doing, that is, in skill development or attitude change. "Active learning can be motivating and self-reinforcing" (Walter & Marks, 1981). Relevance of topics can be demonstrated through experiential techniques. Participants take responsibility for determining goals and their degree of investment in learning activities and hence for the "success" of the learning experience -- congruent with adults' self-determining nature. Experiential learning is flexible in its uses in various settings, numbers of participants, type and objectives of learning experiences. That is, it can be adapted to meet the learner's individual needs.

Rogers (1969) also writes about the elements involved in experiential learning. Like Walter and Marks (1981) and Kolb (1984) he identifies the quality of personal involvement, "the whole person in both his [her] feeling and cognitive aspects being in the learning event" (p. 5). He describes learning as self-initiated whether stimulation comes from internal or external sources. Experiential learning is pervasive as it makes a difference in the learner. Learning is evaluated by the learner because only she knows whether or not the learning meets her needs. Experiential learning is meaningful to the learner. These elements that Rogers (1969) describes are congruent with the adult's self-concept, ability to learn, internal motivation, pragmatic orientation to learning, and involvement of total self. Such learning is self-affirming.

The "properties" of experiential learning that Coleman (1976) describes are more pragmatic. Motivation is intrinsic. Learning does not require language. Because it is necessary for the learner to be able to make generalizations from several specific learning experiences, learning will be more time consuming than what he calls "information assimilation". Such learning does, however, provide a direct guide to future action, is less easily forgotten than "information assimilation", and provides the learner with a sense of self-mastery, self-esteem, and self-assurance.

The Learning Cycle

Researchers describe learning as a process or cycle. The four different kinds of abilities necessary to learning as described by Kolb (1984) and mentioned earlier in this chapter form the process/cycle by which learning occurs -- that is, by which experience is transformed into knowledge. Brundage and MacKeracher (1980), Coleman (1976) and Johnson (1981) describe the learning process in a similar four-stage cycle.

First, the learner is involved in an action or experience (planned or unplanned) and experiences the effect or consequences. The emphasis is on feeling (vs thinking), present reality, intuitive (vs scientific) approach to problems: an affective orientation to the environment.

Second, the individual examines and reflects on the effects of the experience and the consequences of action in the particular instance. The emphasis is on understanding how things happen. Reflection occurs in the light of past experience: a perceptual orientation.

Third, the learner formulates concepts, principles, generalizations, hypotheses. The emphasis is on thinking (vs feeling), a scientific approach to problems: a symbolic orientation.

Fourth, the learner actively tests her hypothesis in new situations. The emphasis is on doing (vs thinking) and a pragmatic concern with what works: a behavioural orientation.

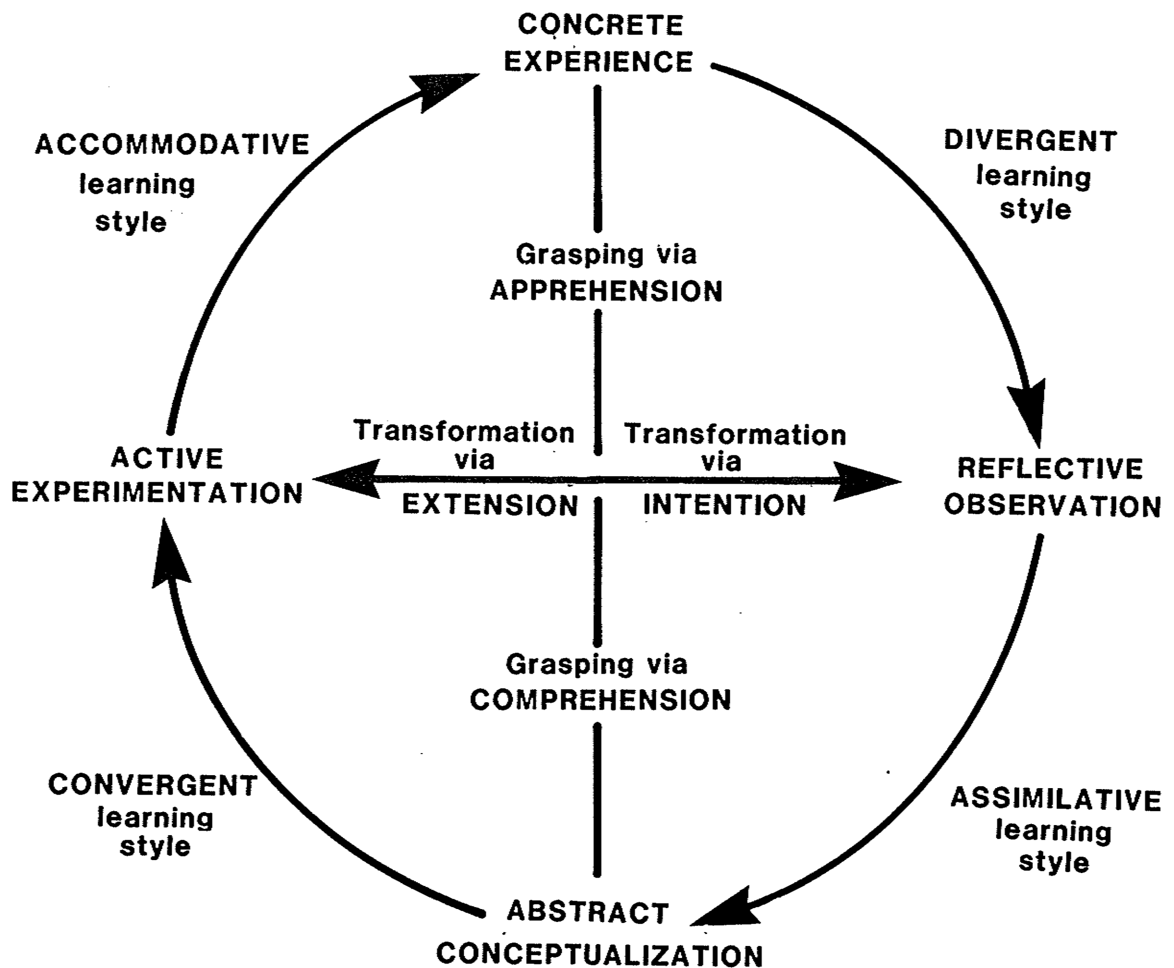

Figure 1: Structural Dimensions Underlying the Process of Experiential Learning, and Learning Styles (adapted from Kolb)

As new action/experience occurs the consequences/effects are anticipated and verified. The cycle is repeated (Kolb, 1984). As Brundage and MacKeracher (1980) express it, "overall change occurs when the cycles become spirals and the individual moves toward a desired goal" (p. 48).

Kolb (1984) refers to two dimensions of the learning process/cycle: the "grasping" of the experience and the "transformation" of the experience into knowledge, that is, the creation of meaning from the experience. Experience can be grasped by "apprehension" (concrete experience) or "comprehension" (abstract conceptualization) or anywhere on the continuum between the two. Experience can be transformed into knowledge via "intention" (reflective observation) or via "extension" (active experimentation) or anywhere on the continuum between the two. These dimensions divide the cycle into four quadrants each of which represents a learning style discussed earlier in this chapter.

The learning cycle as described by Kolb (1984) and others is the process of adjustment individuals go through at transition points in the life cycle phases. "Adults are motivated to learn when their self-sufficiency is shaken. An unexpected event upsets the individual's equilibrium and launches them into a state of transition. In the course of that transition, the opening to learning is greatest.... People find themselves seeking new insights, new responses

to life, to restore their equilibrium" (Taylor, 1987, p. 25). For example, learning about a diagnosis of incurable cancer is an upsetting event, the concrete experience by which "self-sufficiency is shaken". During the transition period the individual reflects on the experience. "In asking 'Why me?' and 'What does it mean?' they begin conceptualizing. The experience may confirm their previous ideas; it may lead them to entirely new insights. Either way, the conclusions they reach will shape the rest of their lives" (Taylor, 1987, pp. 40-41).

Adults learn best by doing, especially in skill development. Reynolds (1942) describes five stages in the "use of conscious intelligence as learning progresses" -- what Brundage and MacKeracher (1980) and Joyce and Weil (1972) call the information processing model of learning combined with programmed learning. Reynolds (1942) was referring to social work students' learning, but the process appears to be applicable to other kinds of learning.

Reynold's first stage is that of acute consciousness of self characterized by feelings of insecurity, fear, and anxiety. The second stage is the stage of sink-or-swim. The learner is preoccupied with herself and her "doing" -- thinking through each step "barely keeping up with what the situation demands from moment to moment" (p.77). The third stage is the stage of understanding the situation without power to control one's own activity in it. The learner is

uneven in her ability to carry out the activity even though she understands what to do. The fourth stage is one of relative mastery in which the learner can both understand and control her activity. "Conscious intelligence and unconscious responses are working together in an integrated wholeness of functioning" (p. 81). The fifth stage is the stage of learning to teach what one has mastered. The learner is free from preoccupation with the skill and can thus focus on the individual(s) they are teaching and discover how they learn best. Reynolds (1942) points out that the stages are "never well marked and absolute.... There are no distinct boundaries and reversions are frequent" (p. 74).

Experiential Teaching/Learning Methods

Brundage and MacKeracher (1980) and Joyce and Weil (1972) outline three basic types of models for teaching adults: information-processing, programmed learning or operant learning, and person-centred or humanistic.

Information-processing models are concerned with developing cognitive skills and concepts, acquiring knowledge, and understanding rationale. They assume intellectual capacities of the learner.

Programmed learning or operant learning models focus on skill acquisition and mastery. Behavioural goals are set,

learning activities (based on goals) are carried out by the learner, feedback is given to the learner to correct undesirable behaviour and to reinforce desired behaviour.

Humanistic or person-centred models focus on internal change based on the individual's own perceived needs and wants. These models assume the individual's "natural potential for learning". And they assume "that learning which involves the whole person -- feelings, values, strategies, concepts and skills -- is the most pervasive and lasting" (Brundage & MacKeracher, 1980, p. 65). As Houston (1982) points out, to fail to involve all aspects (physical, intellectual, emotional, spiritual) of the individual is to engage too little of her "being".

Brundage and MacKeracher (1980) note that the models tend to overlap and, they can be used in combination.

Information processing might be the specific type of teaching model of choice for the assimilative learner and to facilitate the abstract conceptualization phase of the learning cycle. Programmed learning might be the specific type of teaching model of choice for the convergent learner, and facilitate the active experimentation phase of the learning cycle (Kolb, 1984). But taking adult characteristics in general into consideration, the humanistic, person-centred teaching/learning model will more generally meet the needs of adult learners (Knowles, 1980).

The holistic concept meets needs through all four phases of the learning cycle. In addition, use of all of the above models may facilitate learners to expand their learning styles.

Experiential teaching/learning methods as described by Walter and Marks (1981) involve the individual as a whole person and touch all phases of the learning cycle. They involve the use of all learning styles and perceptual modalities. Walter and Marks (1981) classify methods as central, classical, or supporting.

Central Methods.

Central methods are those which are complete learning experiences in themselves, and they may lead to other change processes. Learning is self-discovered, self-appropriated. The methods include simulations, exercises, group interaction, role playing, body movement.

Simulations are "models or representations of some facet of the human experience," characterized by sets of rules, guidelines, goals, and use of materials to provide structure. Competitive games and simulation games are varieties of this concept. Other simulation-type activities include psychodrama, sociodrama, and pantomime.

Exercises are activities used to engage participants directly with the content of the experience or with each

other. They consist of step-by-step procedures designed to involve participants in action to become familiar with and practice skills, and to generate feelings and reactions.

Group interaction may itself be the experience (as in T-groups) or may also incorporate discussion, tasks, simulations, role play, body movement, guided imagery, or audiovisual techniques. Groups may vary in size from two-, three-, four-person interaction to larger numbers in group-as-a-whole interaction, depending upon the purposes.

Role playing is "a method of human interaction that involves realistic behaviour in imaginary situations.... [P]articipants act freely rather than from a script" (Corsini, Shaw & Blake cited in Walter & Marks, 1981, p. 193).

Body movement includes a wide variety of activities including breathing exercises, relaxation techniques, massage, and physical exercise. This method is usually used to increase self-awareness, to energize, to mobilize feelings or to reduce tension, with the end result of facilitating personal growth and change. Breathing and relaxation exercises may help reduce pain in terminally ill people (Benson, 1975; Kohut & Kohut, 1984; McCaffery, 1979; Meichenbaum, 1985). Therapeutic massage also may reduce pain by inducing relaxation (Krieger, 1979; Miller, 1975).

Central methods, then, are primarily linked to the person-centred model. They have high affective implications and associated behavioural and cognitive components.

Classical Methods.

Classical methods are the traditional widely-used teaching methods used in experiential teaching. They are not central to the learning experience but are important in providing the structure and organization for change. Methods include lecture, reading, written tasks, and the use of case studies.

The lecture "engages participants in a creative listening and thinking process by stating problems and guidelines for their resolution". Questions and controversial illustrations stimulate listeners to "grapple with the content" (Walter & Marks, 1981, p. 207). In experiential learning the lecture is used in support of the experience-based methods.

Reading relevant material either before or after experiential activities may be used as a supplement.

Conceptual material, presented in either lecture or reading material is

> often very important to provide a framework for ordering experience -- 'concepts' and 'precepts' (rules of thumb) which others have developed may provide access for learners to the thinking and learning of others which reduces the time and effort required to do it all experientially.... When combined with ... experience it is more

> meaningful and more useful -- and it lasts longer!". (Hutton, 1987, November)

Written tasks may take the form of notes, logs or diaries, assignments, evaluations and examinations. They can be used to document or reflect on learnings, integrate experiences, or evaluate an experience. Writing a diary is, for some individuals, a means of expressing feelings and thoughts.

The case study method involves the reading and discussion of case studies. The process leads to knowledge about how one might act in similar situations.

Classical methods, then, are generally information-processing, that is, reflective and cognitive aspects of the learning cycle: the "grasping by comprehension" or "abstract conceptualization" of the learning cycle as described by Kolb (1984).

Supportive Methods.

Supportive methods cannot stand by themselves but contribute much to a learning situation when used in conjunction with other experiential methods. Methods as described by Walter and Marks (1981) include process observation, alone time, fantasy (guided imagery), audiovisual methods, instrumentation, projects and field experience. I am adding art and music.

Process observation is a method of learning in which some participants watch and give feedback (observation, impressions, reactions) to other participants in simulation, role play or other small group interaction. Rating scales and audiovisual methods can be combined with process observation. This method builds on the concepts of learner as resource and responsible for her own learning.

Alone time refers to provision of time for the learner to reflect on some aspect of the learning experience. It is useful to the learner to organize, consolidate, and summarize learnings: -- "grasping via comprehension" or "transformation via intention" (Kolb, 1984).

Fantasy or guided imagery is the use of "images and symbols that form the substance of much of an individual's mental activity" to achieve greater self-awareness, understanding, and growth (Walter & Marks, 1981, p. 217). Bresler (1984), McCaffery (1979), and Meichenbaum (1985) document use of this technique to reduce pain and promote healing. Simonton and Simonton (1978) use guided imagery combined with expression through art to promote healing.

Audiovisual methods include five categories: first, graphic presentation using blackboard, flip charts, wall diagrams, photographs; second, models and life demonstrations; third, projected aids such as film, overhead projectors, slides; fourth, audio systems such as record

player and audiotape recorders; fifth, video systems such as closed circuit television and video recording and playback.

Instrumentation refers to standardized paper and pencil procedures (such as rating scales) for assessing aspects of personal, interpersonal, and group functioning which may heighten participants' awareness of issues and provide feedback: for example, The Interpersonal Communication Inventory, The Personal Orientation Inventory, The Purpose in Life Scale, and The Death Anxiety Scale.

Projects are the activities in which participants are required to be involved as part of their learning experience either within or outside of the learning context.

Field experience is observing or becoming part of ongoing events in specifically chosen settings to meet specific learning needs: for example, travel, providing service, internship, in-service training. The experience may range from several hours to several years in length.

Art and music are expressive modalities. They are not included in Walter & Marks (1981) but are nevertheless useful media for self-expression, self-awareness, learning, both in an organized teaching/learning setting (for example with volunteers) and with the terminally ill (Kohut & Kohut, 1984). Supportive methods, then, may involve one or more of the cognitive, behavioural and affective components of learning.

Which specific experiential method will be most facilitative in each specific learning situation will depend on many factors. Objectives and goals for learning is a major factor (Knowles, 1980; Knox, 1980; Walter & Marks, 1981). From the foregoing discussion one can conclude that the type of learning desired, for example, knowledge acquisition, skill mastery, or changes in attitude, feeling, values, will have a bearing on the teaching/learning method of choice. Other factors include the characteristics of the learners (Brundage & MacKeracher, 1980; Walter & Marks, 1981). In addition to differing phases of development, learning styles, and perceptual modalities, the individual's background, experience and consequent expectations of a learning experience must be considered. Whether learners are voluntarily or involuntarily involved will affect their readiness to engage in activities which are unfamiliar to them. What is valued in the teaching/learning transaction -- for example whether or not interaction amongst participants is desirable -- will determine choice of type of methods (Brundage & Mackeracher, 1980; Knowles, 1980; Walter & Marks, 1981). Walter and Marks (1981) add such factors as size of learner group, available physical resources, and location. Finally, the characteristics of the teacher: her phase of development as an individual and as a teacher (Williams, 1980); the teacher's teaching/learning style, favored perceptual modality and her philosophy of teaching/learning will play a large part in

determining what teaching/learning methods she chooses and the process by which she chooses them.

It is often difficult to make conscious and to articulate much of what a person is experiencing. It is therefore necessary that some structure be provided to facilitate that process. In the use of those experiential teaching/learning activities which may be new and perhaps anxiety producing for the learner, it may be useful to begin with activities which are simpler and more easily understood. It may be helpful initially to introduce, discuss, debrief, and explain activities. The significant point is to try to provide the amount of structure which meshes with learners' needs of the moment. Flexibility is important to allow for the unexpected. Teaching/learning methods/activities do not in and of themselves provide the desired teaching/learning. Much learning occurs even without a teacher (Tough, 1979). It is important that activities be used in ways which guide and facilitate the learning process.

Variety in use of experiential methods helps learners at least to identify their preferred learning style and representational mode and to begin to develop additional styles and modalities by which to learn and to communicate. As helpers themselves, volunteers will find it useful to be able to communicate in the patient's preferred representational system. Many of the activities planned as learning experiences for volunteers can be used with patients. Guided imagery, self-expression through art,

music, movement, and writing help unlock the creative dimensions of the mind (Harrison & Musial, 1978). Individuals who have difficulty expressing themselves verbally may be better able to do so through the art forms. Moreover, some things cannot be put into words. There is no one best experiential teaching/learning method. The use of some variety will aid in meeting the needs of learners.

In the context of training volunteers in palliative care a variety of topics facilitates learning. Variety may help participants experience strength, hope, fun as well as sadness, anger and other feelings related to dying and grieving, so that dying may be perceived as not all serious and hopeless, but that it can be inspiring, peaceful, normal -- a final stage of growth. It is important to select the most appropriate method for a particular situation based on the criteria mentioned above (Knowles, 1980; Watson, 1980).

Just as the characteristics of adults have implications for how adults learn, so learning principles have implications for teaching and the role of the teacher. I shall discuss this in the following section.

Implications for Teaching and Teachers

"Teaching ... is a vastly over-rated function" in the opinion of Carl Rogers (1969, p. 103). As Cooper puts it "Learning can be done only be the learner" (cited in Tarnow, 1979, p. 35). Knowles (1980) says "the urge for growth is an especially strong motivation for learning since education is, by definition, growth -- in knowledge, skills, attitudes, interests, and appreciation. The mere act of learning something new gives one a sense of growth" (p. 85). Rogers (1951) again --

> You can trust the student ... to desire to learn in every way which will maintain or enhance the self; you can trust him [sic] to make use of resources which will serve this end; you can trust him to evaluate himself in ways which will make for self progress; you can trust him to grow, provided the atmosphere for growth is available to him. (p. 427)

These characteristics are congruent with Knowles (1980) description of adult learners as self-directing, motivated, pragmatic.

Teaching then, is as Joyce & Weil (1972) define it "the implementation of the interpersonal situations which facilitate learning" (p. 211). Rogers (1969) emphasizes the importance of the teacher in setting the climate and providing the resources for learning and for self-evaluation. Brundage and MacKeracher (1980) add, the removal or at least the reduction of obstacles to learning.

The importance of the learning environment is generally agreed upon by writers on adult education (see also Knowles, 1980; and Knox, 1980). The teacher can prepare the environment. A bright room, comfortable seating, posters or pictures on the wall, plants, the teacher being a "hostess", a pot of coffee ready -- all contribute to the physical and emotional climate. Good lighting, large print, good acoustics, lack of extraneous noise may help compensate for any loss of sensory acuity as a result of aging when adults are past middle age (Brundage & MacKeracher, 1980).

Rogers (1951, 1969) speaks of the emotional climate of warmth, acceptance, understanding. An egalitarian climate can be facilitated by a relaxed atmosphere, chairs in a circle, use of first names, teacher self-disclosure. As the teacher affirms and validates learners' feelings, perceptions, intuitions and demonstrates caring and support she is using what Rollo May (1972) calls "nutrient" power and what Anne Schaef (1981) calls "personal power" to nurture and empower students. Interdependence is fostered by such a climate because power is used "to foster the development that removes the initial disparity" between teacher and student (Gilligan, 1982, p. 168). Active participation of the learner in all aspects of the teaching/learning process, and awareness/knowledge also contribute to the empowerment of learners, as already noted.

Brundage and Mackeracher (1980) write about the teacher being sensitive and responsive to each individual's life cycle transitions and to individual pacing in learning. To reduce stress and threat the teacher can encourage students to talk about their anxieties about reentry into a learning situation and she can demonstrate tolerance for their apparent uncertainty, diversity, and inconsistency, affirming these feelings as part of the learning process.

The teacher provides the resources for learning. First, she sees herself as "a flexible resource to be utilized by the group." She makes herself available as "counselor, lecturer, and advisor, a person with experience in the field", a resource for individuals and the group (Rogers, 1969). Second, the teacher provides material resources such as reading material, tapes, films and the means by which information can be processed.

Volunteers are required to have some level of knowledge and competence, and certain attitudes in order to carry out their work. Teaching therefore involves facilitating the learner in assessing her learning needs by presenting to the volunteer a model of the required expectations; providing the means whereby the volunteer can assess her present level of competency (or knowledge). Congruent with Hutton's (1987, June) theory, the learner's present knowledge is the basis from which to plan alternative courses of action for learning. Evaluation is ongoing. Unexpected outcomes are as significant as expected outcomes. The teacher and

learner need to be flexible in order to modify plans according to ongoing evaluation. This teaching/learning process is congruent with Kolb's (1984) learning cycle and with the life-long nature of adult learning as described earlier in this chapter.

Knox (1980) suggests that having adult learners involved in the total learning process serves an additional function: that of facilitating adult learners in becoming more self-directing, in learning how to learn.

Conti and Welborn (1986) point out that "situational factors influence the degree to which the collaborative mode can be advantageously applied in adult education" and that the "strongest finding" from their study of styles of adult learners and teachers is that "teaching style makes a significant difference in student achievement" (p. 23). Finally, they emphasize, "the greatest amount of academic success was achieved when the students were treated as adults during this [the learning] process" (p. 24).

Brundage and MacKeracher (1980) say that the characteristics that are important for adult learners are both applicable to, and important for, the teacher as well -- not excluding the characteristic of being a learner. The teacher as student learns about her students as teachers and from them (Freire, 1970; Knowles, 1980). The teacher must have a positive self-concept and self-esteem and be able to be "flexible and responsive in situations which might

involve anxiety and stress" (Brundage & MacKeracher, 1980; Knox, 1980; Tough, 1979). The ability of the teacher to be open, warm, genuine, accountable, responsive, valuing and respecting both herself and the learner in interaction with learners is essential (Brundage & MacKeracher, 1980; Knox, 1980; Tough, 1979). Brundage & MacKeracher (1980) and Knox (1980) agree on the importance of teacher expertise on both subject matter and teaching functions. Knox (1976) says

> Successful facilitators of learning seem to have three types of understandings. They understand what is to be learned, they understand the learners, and they understand useful procedures to help the learners build on their present competencies to achieve their educational objectives. (p. 79)

Knowles (1980) and Knox (1980) emphasize teacher qualities of enthusiasm, sense of humour and creativity.

Tough (1979) speaks of the adult learner's resource person as a "helper" rather than teacher. Tough is referring to the informal learning context. Nevertheless this concept of the teacher as resource/helper appears to be applicable to the more formal teaching/learning situation especially where learner conceptual level is high and therefore a lower level of structure is required. The qualities that make for the best emotional climate for teaching/learning appear to be the same as those which facilitate the "helping" process (Rogers, 1951, 1969). The teacher is a "helper" to the learner in precisely the way the helper is to the client in Rogers' (1951) and Shulman's

(1984) model of client-centred practice and Greenspan's (1983) concept of the therapist being helpful to women. Shulman (1984) says of social workers "we are at our best in our work when we are able to ... integrate our personal self into our professional role" (p. 14). The helper's most essential tool is herself as a person (Greenspan, 1983). In that teachers are helpers/resources, this concept applies to them also.

Howard Williams sees the teacher as a growing, developing human being and professional. He describes four stages in a teacher's "passages" to maturity: Stage I, the Instructor-Centered stage (comparable to Gilligan's [1982] "concern with survival" stage); Stage II, Program-Centered Stage; Stage III, Organization/Student Development Stage; Stage IV, Integration/Perspective Stage (comparable to Gilligan's (1982) mature stage of "healthy interdependence").

Each of the helper and the teacher needs to come to terms with who she is; to know her strengths and weaknesses; to understand what triggers defensive reactions in herself; to come to terms with her own problems. It is important for the teacher to possess helping skills. Greenspan (1983) sums these up in concepts that seem particularly helpful to women. Major skills are

> an ability to listen to, intuit, empathize with and understand another person's experience -- and to communicate that understanding to her; an ability to use one's own feelings toward the client as a tool of help; and an ability to

> educate the client toward a greater understanding of the social roots of her personal pain.... The goal is to help a woman see how her own power as an individual is inextricably bound to the collective power of women as a group. (pp. 239, 247)

Concluding Summary

The literature as I have reviewed it here supports the use of experiential teaching/learning principles and methods as an appropriate means of teaching and learning for adults. Such methods appear to be congruent with the identified characteristics of adults, including the potential for growth and development and learning styles. Experiential methods allow for consideration of women's developmental process, the meeting of women's needs as learners and as volunteers. From the principles underlying transitions in the adult developmental process and the common principles underlying the helping and teaching/learning processes one can conclude that many experiential teaching/learning techniques may be useful in helping terminally ill patients. The teacher of volunteers models that which she wants the volunteers to learn. The volunteers as learners, in turn learn how to teach/be helpful to patients.

CHAPTER IV EVALUATION AND CONCLUSIONS

In this chapter I shall provide the rationale for the evaluation process which I will use, describe the evaluation of volunteers, critique my practicum in the light of the literature, and outline the conclusions which can be drawn from my practicum.

Rationale for the Evaluation Process

The literature on evaluation describes traditional scientific methods of evaluation. But Klein (1976), in her study, demonstrated that many traditional measures have an "inherently sexist bias".

> Maslow is quoted as having commented that the value-free, value-neutral, value-avoiding model of science that we inherited from physics, chemistry and astronomy, where it was necessary and desirable to keep the data clean is quite unsuitable for the scientific study of life. (Mount & Scott, 1983, p. 735)

Benston (1982) rejects the scientific methodology in the study of human beings as an "impoverishment of reality" (p. 55). Knowles (1980) and Rogers (1969) maintain that many human learnings, especially in the realms of sensitivity, creativity, judgment, and confidence are too complex to be reduced to observable, measurable terminal bahaviours. In human learning there is more concern with sensitizing than with measuring specifically. Change and direction of growth

as an ongoing process is more important than specific outcome behaviour (Knowles, 1980). Learning, in my view, is more a process of "becoming" than "having become". Moreover, "since we are all human we are all involved in what we are studying when we try to study any aspect of social relations" (Stacey in Oakley, 1981, p. 55).

The literature review in the previous chapter has several implications for the evaluation process. The emphasis in andragogy is on the participation of the learner in all aspects of the learning process, including self-assessment. Social work values the client's ability to be responsible and self-determining. Feminism espouses the empowering process through egalitarian relationships and the teacher learning from students as well as the reverse. The client is the expert on herself (Greenspan, 1983).

Clearly it is important to find a way of evaluating -- both the volunteers' learnings and my learnings from this practicum -- that fits with the experiential learning process and andragogical principles -- a way that values women's wholeness and strengths -- a way that fosters social relations. As Thau (1987) says,

> as feminist therapy incorporates a revolutionary ideology focussing on the cultural and social oppression of women so it seems logical that new alternative tools for evaluating this system are in order. The development of feminist evaluation tools must recognize the difficulties women face in attaining [their] goals. (p. 159)

"It is the client's goal that feminist therapy seeks to serve" (Sturdivant, 1980, p. 172). Roberts (1981) says the subjective component in evaluation is legitimate. As in therapy, so it is in teaching/learning which incorporates a feminist perspective.

Taking the foregoing into account one can conclude that, for this practicum, the means of collecting data for evaluative purposes need to be based on andragogical and feminist principles. The evaluation of process is as important as the evaluation of outcome. Client/student self-satisfaction/self-evaluation is as important as teacher evaluations. Measures are more subjective, less formal, themselves part of the learning process, and inherently more reactive.

There are two levels in the evaluation process in this practicum report: first, evaluation of the volunteers' learnings in preparing themselves to work with the terminally ill; second, evaluation of my learnings in completing this practicum.

Evaluation of Volunteers

The evaluation of volunteers' learnings is based on informal verbal feedback of volunteers and staff; volunteers' written evaluations, both session by session and the final overall written evaluation (Appendix I); feedback

from my practicum advisor; my perceptions of the group's dynamics; and my perceptions of the volunteers' learnings, both intended and unintended. I have included session-by-session feedback within discussion of the group's phases in chapter II. This session-by-session evaluation provided primarily an evaluation of the process of the training. Feedback so obtained was one factor in determining the use of nonstructured time within the sessions in order to meet ongoing individual and group needs.

Now I shall summarize comments from the final evaluation. Open-ended questions on the overall evaluation gave volunteers an opportunity to comment on unintended as well as intended learnings. After summarizing the evaluative comments I shall summarize strengths and areas for change in the training.

Seven of the eleven participants in training completed and returned the overall evaluation (see Appendix I). Fortunately, three of the four who did not, had faithfully completed and returned evaluation forms for each individual session -- and they were present at every session.

In response to the question "Did the training course meet your expectations?" five checked "surpassed them", two, "met them". In general, responses indicated that the course had contributed to a great degree to their learning about

cancer, terminal illness, communicating with the dying and bereaved; and also to a great degree in establishing relationships necessary for team work and mutual support; to a lesser degree, to understanding the specific needs of the dying person and their family, to developing skills of communicating as a volunteer, to their ability to provide "stand-by" assistance and comfort measures, to understanding their reasons for undertaking volunteering at Jocelyn House and the role they might assume as a volunteer, and to meeting their own learning goals for the course. In response to the question about the demands of the course, two said "necessarily high", four said "just right", one left it blank.

One of the delights of the practicum for me was watching participants grow in self-esteem and self-confidence. For one participant especially, the training program seemed to be the right experience at the right time in her personal life journey.

The following is a summary of comments made about the course.

1. Liked most: Three said "guest speakers"; three said "group discussions"; others said "sharing part of their life story", "relaxation exercises", "role playing", "the film", "background music", "learning to communicate", "soul searching". Some responses listed more than one of the above.

2. Disliked: Two said "nothing"; others said "small groups", "role playing but I know it's important", "completing evaluations one week after the session"; one left it blank.

3. Needed changes: a guest speaker earlier -- as early as Session II; more evaluative feedback from the trainer, for example, in role playing; more modelling of role play; allow more time for discussion of feelings and point of view; increase number of sessions; more role play; three left it blank.

All those who completed the evaluation perceived me as always organized and prepared for sessions, and often challenging them to learn and to grow. In their opinion I facilitated their involvement and demonstrated and taught communication skills well to very well. Four made extra comments, expressing appreciation for what could be called my "sensitive" leadership.

Overall the training program was perceived as very positive. I share that perception. Overall goals and objectives were well met. Some aspects of the program were strong, some needed improvement.

Strong aspects of the program, that is, teaching/learning based on volunteers' responses and my perceptions were:

1. beginnings/introductions to the training program, each session, and of individual members to each other.

2. group activities for building sense of team and mutual support.
3. raising and discussing of generally taboo topics, that is, death and dying.
4. appropriate use of experiential teaching methods to achieve specific objectives and goals of the training program.
5. overall facilitative leadership.
6. generally appropriate inclusion of guest presenters.
7. I generally modelled what I wanted to teach, for example, communication skills, self-disclosure, caring/support, inclusion of all individuals.

Areas which require change/improvement were:

1. maintain/increase contact with prospective volunteers between the initial interview and the training sessions, for example, by letter or phone call.
2. re-order the sessions to include more guest presentations earlier (beginning with Session II), place communication skill development and role playing later and allow more time for it.
3. allocate time to include more discussion, debriefing, and evaluation at the close of each session.
4. intervene and give more feedback in role play and at points discussed in chapter II.
5. give a "post-test" (same as "pre-test", see Appendix G) so that both I and the volunteers could see their progress in active listening responses.

6. to include more activities for volunteers to practice journaling and guided imagery, and to include more discussion of the use of these activities with residents.
7. provide activities for participants to identify and make connections between their motivation for volunteering at Jocelyn House, their individual goals for training, their unique interests, capabilities, and the roles they might assume at Jocelyn House.
8. closely related to the above, find ways of making connections between individual needs and the training program.

Evaluation of Practicum

I shall now evaluate the practicum in the light of the literature review. As a teacher, I am also a learner (Brundage & MacKeracher, 1980; Freire, 1970). I have examined my adult learner characteristics and my qualities as a teacher. As an adult I see myself as self-directing, responsible, and as a resource. I am motivated to learn for pragmatic reasons, (Knowles, 1980) that is, I need to learn in order to be able to teach. I demonstrated the qualities of enthusiasm, fun, creativity in the training sessions (Knowles, 1980; Knox, 1980). I generally have a positive self-concept and self-esteem -- especially when I am teaching. I was flexible and responsive to both individual

and group needs in specific situations within the training program. I learned much from the volunteers as well as from the "guests".

I determined my own learning styles. I tend to feel most comfortable and make best use of my time and energy when there is some degree of structure in a teaching/learning situation. I tend toward Kolb's (1984) accommodative cognitive learning style, but I also reflect and conceptualize as is evidenced in my analysis of this practicum. My preferred perceptual modality is visual but I also learn well in interactive, haptic, aural, and print modalities.

Utilizing all of the data available to me I further assess myself. One of my major strengths is that I demonstrated the qualities that Rogers (1969) describes as necessary to setting an emotional climate: genuineness, warmth and acceptance, and empathic understanding. I began to know volunteers as individuals beginning with my initial interview with them. I reduced barriers to learning by encouraging volunteers to express their anxieties and feelings and thoughts about the training sessions, issues raised, and topics being discussed. I affirmed them and their reactions as being part of their learning process.

I saw my role to be very much the facilitator in an egalitarian relationship with volunteers. Any inequality I

perceived as that which Miller (1986) calls "temporary inequality ... based in service to the lesser party". The purpose was to decrease the disparity between teacher and student (p. 4). I promoted equality in ways described in chapter II: using first names, seating in a circle, self-disclosure, and an informal manner. I participated in the exercises where possible. I made myself available to the volunteers, encouraging them to phone me if they wished or needed to talk about anything either personal or training related. I shared my experiences, my expertise, my knowledge as seemed appropriate. I modelled the attitudes and skills that I wanted volunteers to learn.

I provided resources for learning. The setting in which sessions were held as described in chapter II matched that described as most conducive to adult learning as described in chapter III. I invited guests with expertise in specific areas. I provided a film, music, and some reading material. I provided variety in learning experiences.

I facilitated the prospective volunteers' self-assessment of learning needs in several informal ways. First, I requested volunteers to complete the "volunteer information form" (Appendix C). Volunteers needed to think about their strengths and themselves as resources in order to respond to the questions about their training, experiences, special skills, hobbies, and to check those activities in which they would be willing to be involved as volunteers. They had to

think about what they wanted to get out of volunteering as they responded to the question, "your goals and reasons for applying to volunteer". Discussion of their responses at their initial interview with me helped them more clearly identify their special gifts, capabilities. It also affirmed them in their desire to give. Responding to the "questionnaire for volunteers" (Appendix C) helped prospective volunteers to see to what extent they had faced the reality of terminal illness and death, and their attitudes toward those who are terminally ill. They were encouraged to look at their own inner qualities in relation to those qualities desirable for working with the terminally ill. I used a paper and pencil exercise (Appendix G) early in the program to help volunteers to see the need for communication skills in working with the terminally ill. In discussion following this exercise, volunteers also saw the need for understanding what the terminally ill person is experiencing. Such informal means of self-assessment are congruent with the andragogical principle of direction of change being more important than having reached a specific level, of "becoming" rather than "having become".

I had intended using the same paper and pencil test and having an individual interview with each volunteer at the conclusion of training. The sudden termination of my position prevented this. These measures would have helped volunteers to see and express their progress and to reset learning goals.

In retrospect, I could have helped volunteers to be more self-directing by paying more attention to their individual personal learning goals. I chose not to have them hand in these goals because I did not want to be perceived in any way as a "school teacher" taking in "homework" to be "marked" -- especially in the early sessions. I might, however, have explained that I use such goals to begin to know volunteers and to plan my teaching. I might have invited volunteers to share these goals and their learnings with me -- either in written form or in individual interview -- part way through the program. My time being a factor, I might, as an alternative, have spent some training time having participants share this information in triads. I could have obtained feedback on this and suggestions from participants on the session-by-session evaluation forms.

Overall program goals formed the basis for planning the program. The learning objectives of the individual session, volunteer feedback, and my perception of volunteers' needs formed the basis for planning learning activities within each session. Learning activities included a variety of experiential teaching/learning methods. Volunteers were not directly involved in designing and conducting these learning experiences because I had done the planning in advance. I did, however, modify plans according to immediate perceived need. My having structured the program is congruent with my need for some structure and with the premise that both high

and low conceptual level students learn from higher structure (Joyce & Weil, 1972).

I have described in some detail in chapter II of this report the experiential teaching/learning methods which I used in training sessions. Suffice it to say here that the variety provided for engaging learners at different points of the learning cycle (Kolb, 1984) and provided for engaging those with differing cognitive learning styles (Kolb, 1984). Learners were engaged via each of the four most favoured perceptual modalities (as described by Galbraith & James in James & Galbraith, 1985). Use of film, flip charts, guided imagery, and observing role play engaged the visual. One guided imagery exercise, that which invited participants to go to their "favorite place", involved all five senses. Role play, skills practice, deep breathing and relaxation was the haptic or "hands on" experience. Practicing comfort measures and assisting patients to be mobile would also have come under this heading. As I pointed out in chapter II, all training activities occurred in the context of "group interaction", one of Walter & Marks (1981) "central methods" of experiential teaching/learning. I used such group interaction methods as sharing, discussion, role play, and practicing communication skills. Listening to discussion, role play, music tapes, and guests' presentations involved the aural perceptual mode. Since print is ranked fifth-favoured (Galbraith & James in James & Galbraith, 1985), that so little reading material was provided was less

significant than that most activities did use the four most-favoured modalities. I did not test for the volunteers' favoured perceptual modalities. I nevertheless could have provided reading material as a method of helping consolidate learnings.

Participants' feedback concurred with my perception that insufficient time was spent in role play practicing communicating with the terminally ill. My assessment is that most volunteers reached Reynolds' (1942) third stage of skill development, that of understanding "what should be done, but [were] very uneven in [the] ability to do it" (p. 79). Some reached the fourth stage of "conscious intelligence and unconscious responses ... working together in an integrated wholeness of functioning" (p. 81). The significant learning was that they understood the importance of active listening, of not giving advice. That is to say, learning was in the desired goal-oriented direction. I could have had volunteers begin their visits with Jocelyn House residents as a means of further learning and of testing their skills.

Conclusions

From the foregoing description of the practicum experience and the review of the literature two sets of conclusions emerge: those which confirm my assumptions, and those which were new learnings for me. Conclusions which confirmed my assumptions were:

1. There are commonalities of values amongst experiential teaching/learning, the social work profession, the feminist approach to working with women, and palliative care.
2. Experiential teaching/learning is congruent with andragogical principles.
3. The principles implicit in palliative care appear to be compatible with andragogical principles. Therefore the experiential teaching/learning methods in the volunteer training context serve as a model for volunteers to work with Jocelyn House residents.

Conclusions which were new learnings for me were:

1. Many of the same principles underlie the andragogical model in experiential teaching/learning and the person-centered counselling model.
2. The ecological model of social work practice (Germain & Gitterman, 1980; Shulman, 1984) appears to be compatible with experiential teaching/learning principles.
3. Learning, change, and personal growth as processes appear to have much in common.
4. The andragogical model of experiential teaching/learning with applied feminist principles appears to meet adult women's learning needs.
5. There are three "layers" of teaching/learning occurring in the context of this practicum: first,

my practicum advisory committee as teachers/learners, and myself as learner/teacher; second, myself as teacher/learner, and volunteers as learners/teachers; third, volunteers as teachers/learners and residents of Jocelyn House as learners/teachers.

In conclusion I believe I have Knox's (1976) three types of understandings necessary to being a successful facilitator. This practicum demonstrates that I understand first, what is to be learned; second, adult learners; and third, experiential methods to help learners build on present competencies to achieve their educational objectives.

In the process of this practicum I have advanced in my "passages" as a teacher to Williams' (1980) stage IV, the Integration/Perspective stage in which the emphasis is on "sharing of power and perspective". In the past I tended to focus on teaching skills and methods. Through this practicum I understand better the use of myself as a thinking, feeling, physical, and spiritual being in the teaching/learning relationship with learners -- that is, an interdependent relationship. I have a better understanding at an experiential level of the life-long nature of adult learning and the resulting emphasis on the process of learning rather than the point of achievement of goals. These were unanticipated learnings for me.

Through this practicum I have enhanced my skills in experiential teaching. I have increased my knowledge about adult learning, experiential teaching/learning methods, palliative care, and how these apply to and affect women. In that I have increased skills and knowledge in these areas, I have met my goals for this practicum. In that learning is a life-long process of "becoming" I expect to continue to enhance my teaching skills and to increase my knowledge and skills in areas relevant to the learners with whom I am working. This is congruent with my being an adult learner and teacher and a professional social worker.

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Appendix A

JOCELYN HOUSE

177 Egerton Road, Winnipeg, Manitoba

Jocelyn House, situated on a peaceful bend of the Seine River in St. Vital, is Manitoba's first home-care hospice. It is named in memory of Jocelyn Hutton who died of bone cancer in 1980 at age 17. Her warmth, caring, courage and spiritual stamina inspired the making of a television documentary which has been aired on Man Alive and distributed internationally as well as in Canada. Jocelyn's parents, Bill and Miriam Hutton, have donated the family home where Jocelyn died, for use as a hospice. Jocelyn's family and friends have founded Jocelyn House Incorporated, a non-profit non-sectarian organization.

A Hospice is a group home where people who are dying receive care and support to live as fully as possible, neither hastening nor postponing death, but rather preparing for a death that is satisfactory. Family members receive support and bereavement counselling following the death as well.

The goal of service is to enable the terminally ill to live as normal a life as possible.

OBJECTIVES

1. To provide a home-like atmosphere.
2. To provide support services through trained volunteers and care workers.
3. To provide counselling and support for families and significant others.
4. To demonstrate a respect for the dignity of life, maximize independence and self-worth.
5. To facilitate residents retaining their place as a contributing member of a home and a community.
6. To involve and gain the co-operation of family, friends and other community resources to meet the needs of residents.
7. To provide opportunities for residents to pursue their religious affiliation and participation in accordance with their personal preferences.

PERSONS TO BE SERVED:

Those who have been diagnosed as terminally ill, but are presently in a stabilized state requiring minimal nursing care (ie. that provided by V.O.N. visits). Residents would be alert and able to take some responsibility for their own care, ie. medications. They would not be sick enough to require hospital care, yet not well enough to be at home alone; and the prognosis would not be long enough for the processing of an application for a personal care home.

Jocelyn House would serve those desirous of living in a home setting, and those comfortable with the concept of hospice care. We plan to serve those of any age, sex, race, creed. It will be necessary for prior arrangements to have been made for the possibility of hospitalization if a greater degree of care than Jocelyn House can provide becomes necessary.

<u>LEVELS OF CARE</u>

(Per ORC Manual):

Levels which appear appropriate for our facility at this time are: Level I, II, III, and possibly some IV's.

<u>LIMITATION</u>:

Our program is not able to deal with people requiring the administration of medications (other than could be handled through V.O.N. visits); with bedridden or wheelchair dependent patients; with those who are moderately to severely confused; with those who are violent. Anyone requiring a greater degree of nursing care than could be provided through regular Home Care Services would not be a suitable candidate for this facility.

<u>SERVICE</u>:

Jocelyn House provides a home atmosphere for three residents. Resident and day hospice care workers maintain the home, prepare meals and give assistance with personal care as necessary. Volunteers provide companionship and are

a helpful caring presence to residents and their families, assist residents with activities and help staff with tasks about the house. A pastoral care worker is available to residents, volunteers, and staff. The Coordinator of Volunteers facilitates volunteers' involvement. Overall responsibility is taken by the General Manager who is directly responsible to the Board of Directors. Board, staff and volunteers work as a team to provide physical, emotional, social and spiritual care to residents and their families and mutual support and care to each other.

REFERRALS:

May be made by care givers, physicians, relatives or patients themselves.

FEE:

Residents will be charged a fee of $15.00 per day payable monthly in advance on the day of arrival and subsequently on the first day of each month.

PROPOSED FUTURE SERVICES:

Outreach

- visiting the terminally ill in their homes.
- visiting the bereaved.
- educating the community about death and dying.

Appendix B

JOCELYN HOUSE

JOB DESCRIPTION

IN-HOUSE VOLUNTEERS

PURPOSE:

1. To provide emotional, physical and spiritual support for Jocelyn House residents and their families.

2. To assist housekeepers with household tasks.

DUTIES AND RESPONSIBILITIES:

1. To attend orientation and regular training sessions organized for the volunteer program.
2. First responsibility: To provide companionship and be a helpful caring presence to residents and their families.
3. To assist residents as necessary, with personal care such as hygiene and skin care, toileting, dressing, moving about the house, and meals.
4. To facilitate resident's involvement in activities of their choice such as hobbies, crafts, music,

household tasks, reading, letter-writing, going for a walk, cooking.

5. To ensure that residents take their medication.
6. To assist the housekeeper with household tasks such as preparing and serving meals, serving snacks, laundry, light house cleaning.
7. To be a member of the Hospice care team.
8. To report to the staff on duty any pertinent information regarding residents and their families.
9. To record hours and activities on the "Volunteer Activity Sheet".
10. To attend continuing education sessions.
11. To attend volunteer group meetings.
12. To evaluate her/his contribution on the Hospice care team and to receive an evaluation from the Volunteer Coordinator at the completion of training, at the end of one month of assignment, six months of assignment, on termination with the Jocelyn House volunteer program.
13. To evaluate the volunteer program.

QUALIFICATIONS:

- interest in the terminally ill and hospice care
- good communication skills
- emotional maturity and stability

- warmth, empathy, tact, discretion
- dependability and flexibility
- sense of humour
- capability of identifying and coping with her/his own feelings and seeking help when necessary

TIME COMMITMENT:

- 3 to 8 hours per week for a period of six months

TRAINING:

- a minimum of 18 hours of training will be provided before the volunteer begins assignment. Continuing education sessions are planned for approximately once a month.

ACCOUNTABILITY:

- the volunteer is accountable to the Volunteer Coordinator for statistical information, time commitment, as well as overall volunteer responsibilities
- the volunteer will receive supervision from the Volunteer Coordinator

M. McIntosh

June, 1985

Appendix C

Jocelyn House
177 Egerton Road
Winnipeg, Manitoba
R2M 2W7

Dear

Thank you for your interest in volunteering at Jocelyn House. I am writing to give you some information on Jocelyn House and to ask you to complete the attached questions and bring them with you when we get together. At that time we can talk about any concerns as well as your involvement as a volunteer.

Jocelyn House, situated on a peaceful bend of the Seine River in St. Vital, is Manitoba's first home-care hospice. It is named in memory of Jocelyn Hutton who died of bone cancer in 1980 at age 17. Her warmth, caring, courage and spiritual stamina inspired the making of a television documentary which has been aired on Man Alive and distributed internationally as well as in Canada. Jocelyn's parents, Bill and Miriam Hutton, have donated the family home where Jocelyn died, for use as a hospice. Jocelyn's family and friends have founded Jocelyn House Incorporated, a non-profit non-sectarian organization.

A Hospice is a group home where people who are dying receive care and support to live as fully as possible, neither hastening nor postponing death, but rather preparing for a death that is satisfactory. Family members receive support and bereavement counselling following the death as well.

Jocelyn House provides a home atmosphere for three residents whose condition has been stabilized and who are relatively mobile and able to be in control of their own affairs but who are not strong enough to live on their own. Resident and day hospice care workers maintain the home, prepare meals and give assistance with personal care as necessary. Volunteers provide companionship and are a helpful caring presence to residents and their families, assist residents with activities and help staff with tasks about the house. A pastoral care worker is available to residents, volunteers, and staff. The Coordinator of Volunteers facilitates volunteers' involvement. Overall responsibility is taken by the General Manager who is directly responsible to the Board of Directors. Board, staff and volunteers work as a team to provide physical, emotional, social and spiritual care to residents and their families and mutual support and care for each other.

Training and orientation is planned to provide relevant knowledge, to assist us in examining our own attitudes to

dying, death and loss, to improve skills in communicating with the dying and bereaved, and to establish relationships necessary for team work and mutual support.

I look forward to meeting and talking with you on _____________________ at ______o'clock, and hope that your time at Jocelyn House will be rewarding and satisfying.

Sincerely

M. Maureen McIntosh

Coordinator of Volunteers

JOCELYN HOUSE

VOLUNTEER INFORMATION FORM

DATE ____________________

NAME ______________________ PHONE ____________

ADDRESS _________________________ POSTAL CODE _____

EDUCATION - ADDITIONAL TRAINING ______________________

____

LANGUAGES SPOKEN ___________________________________

SPECIAL SKILLS _____________________________________

PREVIOUS AND PRESENT WORK EXPERIENCE __________________

____

PREVIOUS VOLUNTEER WORK ______________________________

HOBBIES ____

YOUR GOALS AND REASONS FOR APPLYING TO VOLUNTEER HERE NOW __

____

IN WHICH OF THE FOLLOWING ACTIVITIES ARE YOU WILLING

TO BE INVOLVED (check)

telephoning __________________
typing _______________________
other clerical ________________
help with meals _______________
activities with residents ______________
talking, listening to residents and families _________
transportation of residents to doctor's, shopping _____

tasks related to housekeeping, eg. laundry ____________
maintenance of house and grounds ______________________
visiting with "residents" in their own home or hospital ____
visiting family after death _________
other, please specify _____________

HOURS AVAILABLE FOR
VOLUNTEER WORK (please check):
morning ___ afternoon ___ evening ___

WHICH DAYS ARE YOU AVAILABLE? ______________________________

HOW MANY HOURS PER WEEK
CAN YOU COMMIT TO VOLUNTEER WORK HERE? ___________________

CAR AVAILABLE FOR JOCELYN HOUSE WORK? YES _____ NO _____

M. McIntosh
May, 1985

JOCELYN HOUSE

QUESTIONNAIRE FOR VOLUNTEERS

A) YOUR PERSPECTIVE ON DEATH:

1. Do you have any specific feelings with regard to death? What do you fear most about dying? Where would you like to die? What do you think will happen to you when you die?

2. Have you made a will? Have you thought about a funeral?

B) EXPERIENCES WITH DEATH, LOSS AND CHANGE:

1. Describe the losses you have experienced (not only deaths) and when they occurred.

2. Can you describe the bereavement process as you experienced it? (again, you can grieve over losses other than death). How do these feelings affect you now?

C) ASSESSMENT OF SELF AND RELATIONSHIP WITH OTHERS:

1. Describe yourself briefly in relation to the following:

   Maturity -

   Outlook on life -

   Dependability and commitment -

Communication -

Team work -

Touching -

2. Do you have the ability to seek help if required? How would you go about this?

3. In relating with others can you describe your experiences when you related with people who had differing beliefs. For example, you encounter someone who does not believe in God and this is contrary to your beliefs (or vice versa). How do you handle that?

Appendix D

Jocelyn House
177 Egerton Road
Winnipeg, Manitoba
R2M 2W7
January 6, 1986

Dear

I hope you each feel rested, refreshed and renewed following the holiday season and ready to participate in the orientation and training sessions for volunteers and staff (and hopefully a board member or two) of Jocelyn House. We now have two residents and prospects for a third, so volunteers are becoming increasingly needed.

Since no one day of the week suits everyone, I am scheduling alternate Thursday evenings and Saturday mornings to try to accommodate as many of you as possible. I hope you can set aside most of these times:

Thursday January 16: 7 - 10 P.M.
Saturday January 25: 9:30 A.M. - 12:30 P.M.
Thursday January 30: 7 - 10 P.M.
Saturday February 8: 9:30 A.M. - 3:30 P.M.
Thursday February 13: 7 - 10 P.M.
Saturday February 22: 9:30 A.M. - 12:30 P.M.
Thursday February 27: 7 - 10 P.M.

Thursday March 6: 7 - 10 P.M.

Sessions will be held at Regents Park United Church, 613 St. Mary's Road (at St. Anne's Road and next door to C.K.N.D.).

General Goals of training are:

1. to gain knowledge in topics related to cancer, dying, death, and bereavement.
2. to practice skills both of giving physical assistance to residents and of communicating with the terminally ill and their families.
3. to get to know each other so we can work as a team of staff, volunteers and board and offer mutual support to each other.

I look forward to seeing you next Thursday.

Sincerely

Maureen McIntosh

Coordinator of Volunteers

Appendix E

JOCELYN HOUSE

TRAINING PROGRAM FOR VOLUNTEERS

January to March, 1986

OVERALL OBJECTIVES:

1. To clarify one's personal thoughts and feelings about dying, death and loss in relation to self and others.
2. To understand the specific needs of the dying person and their family.
3. To identify and use appropriate responses to these needs.
4. To improve skills of communicating with the dying and bereaved, including empathic listening.
5. To understand one's own reason for undertaking this volunteer work.
6. To understand the philosophy, objectives, and organization of Jocelyn House.
7. To understand the policy and job descriptions for volunteers at Jocelyn House.
8. To identify the specific role (s)he might assume as a volunteer.

9. To establish relationships necessary

   a) to work as part of the team of volunteers, staff and board.

   b) For mutual support.

10. To understand the effects of cancer on the individual.

11. To be able to assist residents with moving about.

12. To be able to provide comfort measures to residents.

SESSION I (January 16)	Introductions Introduction to Communication Skills
SESSION II (January 25)	Interpersonal Communication Skills
SESSION III (January 30)	Cancer and the Individual
SESSION IV (February 8)	Jocelyn House Organization Meaning and Philosophy of Palliative Care
SESSION V (February 13)	History of Jocelyn House Loss
SESSION VI (February 22)	Chemotherapy and the Individual
SESSION VII (February 27)	Psychosocial Aspects of Terminal Illness
SESSION VIII (March 6)	"Stand By" Assistance and Comfort Measures Role of the Volunteer
SESSION IX (March 13 or 22)	Orientation to Jocelyn House

SESSION I

INTRODUCTIONS AND INTRODUCTION TO COMMUNICATION SKILLS

OBJECTIVES:

1. To become familiar with the objectives of the Volunteer Training Program.
2. To begin to think about what we would like to get out of the training sessions.
3. To share something of who we are as individuals - what brings us to hospice care.
4. To begin to get to know each other in order to be able to work and learn together.
5. To practice deep breathing as a means of becoming more self-aware.
6. To begin to learn more about basic communication and to experience the effects of space and distance on communication.
7. To begin to practice debriefing.

AGENDA AND CONTENT:

Introduction to Volunteer Training: Overall Objectives
Outline of Sessions

Introductions to Each Other: Each person introduce self and say in a sentence what brings you to volunteer here

Deep Breathing Exercise

Communication Skills: practice/assessment: write responses to statements or questions residents might say

Discussion

Satir's exercise on the effects of space and distance on communication (see Peoplemaking pp. 41-7) Discussion

Debriefing and Conclusion

SESSION II

INTERPERSONAL COMMUNICATION SKILLS

OBJECTIVES:

1. To include new members in the group.
2. To evaluate Session I.
3. To understand better the components of the communication process.
4. To practice sending messages which will facilitate building trust and developing caring relationships.
5. To become more aware of what is appropriate self-disclosure.
6. To practice communication skills: attending behaviour, behaviour description, reflection of feelings, paraphrasing.
7. To practice deep breathing as a means of becoming more self-aware.
8. To formulate personal goals for self in these training sessions.

AGENDA AND CONTENT:

Evaluation of Session I: written

Introductions to each other: each person here for the first time say in a sentence what brings you to volunteer at Jocelyn House

Each person who was here last week state one important learning from last week

Lecturette: Communication Skills - definition, purpose, process

Sending messages - appropriate self-disclosure

- type of message: "I", in the here and now, feeling

Receiving messages - attending, paraphrasing

Practice in dyads: sharing personal objectives for training, attending, paraphrasing

Reflection: deep breathing, centering

In small groups: debrief, evaluation of session

SESSION III

CANCER AND THE INDIVIDUAL

OBJECTIVES:

1. To welcome/include new members.
2. To practice relaxation and centering to increase self-awareness and the ability to tune in to others.
3. To make a clear complete "I feel ..." statement.
4. To practice paraphrasing both content and feelings.
5. To learn how Journaling and Guided Imagery can be helpful to residents of Jocelyn House.
6. To understand the effects of cancer, its treatment, and terminal illness on the individual.
7. To understand how individuals cope with cancer.

AGENDA AND CONTENT:

In small groups: include new members

debrief the week

use attending, paraphrasing in listening to each other

Reflection: deep breathing, centering, fantasy trip to a favorite place

In triads: Person A: make an "I feel ..." statement

Person B: paraphrase content and feeling

Person C: observe and give feedback

Discussion: use of Guided Imagery and Journaling with residents

Talk and Discussion: The Effects of Cancer, its Treatment, and Terminal Illness on the Individual - two palliative care nurses ("veteran" volunteers were invited to attend this part of the session)

Debriefing and Conclusion

SESSION IV

JOCELYN HOUSE - ORGANIZATION

THE MEANING AND PHILOSOPHY OF PALLIATIVE CARE

OBJECTIVES:

1. Through role play to understand better the experience of the terminally ill.
2. Through role play to practice empathic responses using active listening skills.
3. To understand the philosophy, goals, objectives and organization of Jocelyn House Inc..
4. To understand the role of the volunteer in meeting the above goals.
5. To understand the meaning of Palliative Care.
6. To understand the importance of emotional and spiritual aspects of care to both the terminally ill and their families.
7. To understand more specifically the needs of residents of Jocelyn House.

AGENDA AND CONTENT:

In small groups: evaluation of Session III
(both verbal and written)

Brief Lecturette: active listening skills as empathic skills

Role play: listener using empathic skills

Talk and Discussion: Jocelyn House Philosophy, Goals, Objectives, Organization: Chair of Jocelyn House Board

Pot luck lunch

Talk and Discussion: Meaning and Philosophy of Palliative Care - Dr. Paul Henteleff
Relief of symptoms
Importance of emotional and spiritual aspects of care to both individual and family
Specific needs of residents of Jocelyn House

Debrief and Conclude

SESSION V

HISTORY OF JOCELYN HOUSE - LOSS

OBJECTIVES:

1. To evaluate Session IV.
2. To watch the film, "Jocelyn".
3. To learn how Jocelyn House came to be.
4. To understand the losses residents of Jocelyn House may experience.
5. To experience our own feelings in relation to loss.
6. To use empathic skills in listening to each other.

AGENDA AND CONTENT:

Evaluation of Session IV

Film: "Jocelyn"

Informal discussion with Rev. Bill Hutton on how Jocelyn House came to be

Experience of Loss: - "brainstorm" losses which residents of Jocelyn House may experience

- reflect on losses we as individuals have experienced, how we feel
- share with one other (listener use empathic skills)

In total group: reflection on collective strength/energy/ mutual support

Conclusion

SESSION VI

CHEMOTHERAPY AND THE INDIVIDUAL

OBJECTIVES:

1. To hear one resident's experience of the effects of chemotherapy.
2. To learn how we can be helpful to residents who are receiving chemotherapy.
3. To share with the group something of our individual life stories.

AGENDA AND CONTENT:

Sharing and discussion: Effects of Chemotherapy
- resident of Jocelyn House

Sharing part of our life story with each other: -
snaps, a "treasure", poem, drawing

Debriefing and Conclusion

SESSION VII

PSYCHOSOCIAL ASPECTS OF TERMINAL ILLNESS

OBJECTIVES:

1. To evaluate Session VI.
2. To understand the issues terminally ill persons face.
3. To reflect on our thoughts and feelings (especially fear) about dying, death, and loss.
4. To consider the terminally ill persons' rights.

AGENDA AND CONTENT:

Evaluation of Session VI

Exercises and Discussion: Psychosocial Aspects of Terminal Illness - two hospital chaplains

Debriefing and Conclusion

SESSION VIII

"STAND BY" ASSISTANCE AND COMFORT MEASURES

ROLE OF THE VOLUNTEER

OBJECTIVES:

1. To learn how to assist residents
   a) walking with or without cane, walker and on stairs.
   b) getting in and out of chair, bed, bathtub, car.
2. To learn how to provide comfort measures.
3. To discuss the role of the volunteer at Jocelyn House.
4. To assess what we yet need to learn in order to fulfill the volunteer role at Jocelyn House.

AGENDA AND CONTENT:

Demonstration and Practice: "stand-by" assistance

comfort measures -- physiotherapist

Discussion: Role of the Volunteer

-- a "veteran" volunteer

Handouts to complete at home re Objective 4

Debrief and Conclusion

SESSION IX

ORIENTATION TO JOCELYN HOUSE

OBJECTIVES:

1. To become familiar with the policy and procedures of Jocelyn House.
2. To understand the procedure for volunteers to follow at the House.
3. To learn some housekeeping essentials.

AGENDA AND CONTENT:

Walk around the office: policy and procedures

Discussion of volunteer role and procedure.

Walk around the House with hospice care worker.

Conclusion.

Appendix F

JOCELYN HOUSE

JOURNAL/LOG/DIARY WRITING

PURPOSE - To help you to clarify, explore, deal with your experiences, thoughts, feelings as a means of personal growth and to be more understanding of those you wish to be helpful to.

TIPS - Remember you are writing for no one but yourself. You can share some or none of what you write with someone else.

- this is not intended to be a factual report of what happened but rather your thoughts, feelings, experiences in response to what you heard, said and took part in. Keep it personal.

- write in the first person as you write a diary. The following phrases might be useful to you for beginnings of sentences and/or paragraph:

I learned that I ...

I expected that I ...

I like that I ...

I dislike that I ...

I felt ... when ...

I am concerned that ...

I thought about ...

I felt ... about ...

- your journal/diary/log does not have to be perfect. It may even take some time before you can be honest with yourself.

- some questions/entries which might make useful "starters": How did I feel about the evening: as a whole? specific incidents? Where was I touched tonight? What out of all I heard/learned got most reaction from me? What is living in me tonight that is drawing my attention? "I don't have to do this. It feels really dumb." "I'm not sure I should be volunteering at Jocelyn House. I might be afraid of dying." "my life started when ..." "this phase of my life started when ..."

If we are willing to befriend the negative/scary in us, a lot of positive can come of it.

M. McIntosh

July, 1985

JOCELYN HOUSE

GUIDE FOR DEBRIEFING

- Be aware of your thoughts. - any thoughts/ideas from this evening which "struck a chord" or keep recurring?
- Be aware of your body. - any tightness, tension, or pain? - knots, lump in stomach?
- How do you feel? good? great? excited? satisfied? content? at peace? and/or sad? heavy? troubled? anxious? angry? lonely? vulnerable? withdrawn?
- What do you need?
- Share with someone. Can you share with your small group?
- If unsure, share your dilemma.
- If there is still carry over after you get home, phone someone who will understand - Maureen, another group member, small group facilitator, friend, pastoral care worker.
- record your thoughts, feelings, experiences in your diary/journal/log.

M. McIntosh

July, 1985

COMMUNICATING/COUNSELLING FOR VOLUNTEER HELPERS

Maureen McIntosh

Ethics

As volunteer helpers, our communication and actions with clients grow out of what we value both for ourselves and others. As we value each person's uniqueness, worth and dignity, we believe that the individuals we wish to serve have a right to:

- privacy when talking to the volunteer.
- know that what they say will be kept confidential.
- make their own decisions.
- know from which agencies and individuals they can get the help they need.

The volunteer helper then has a responsibility to:

- respect the rights of others no matter what race, sex, religion, or age.
- listen with understanding (rather than judgment).
- think, speak, act in ways that promote the well-being of others.
- help clients see the choices available to them, and possible consequences.
- know their own abilities and when they need to refer clients to other sources of help.

- consult with the volunteer coordinator and co-volunteers when they judge that information they receive might lead to harm someone.
- work at their own personal growth, deal with their own problems, take care of themselves. Only if volunteers take care of themselves can they care for others.

Communication Skills

Communication Process

Communication is the process of sending and receiving both verbal and non-verbal messages from person to person. Every part of our lives from birth to death, is dependent on, and affected by, interpersonal communication.

Communication is important to us as volunteer helpers because it is basic to:

- understanding ourselves and others.
- building relationships.
- examining and changing attitudes and behaviours.

Communication skills are a large part of counselling. Messages can be sent in one or more of the following ways:

- verbally: the use of words to convey thoughts, ideas, feelings, information.

- paralinguistically (ie. beyond language): tone of voice, pitch of voice, rate of speaking, accent.
- non-verbally: body posture, gesture, facial expression, general appearance, touch, odour.
- symbolically: eg. where we live, the jewelry and clothing we wear, the car we drive.

It is impossible not to communicate.

When the message sent verbally is the same as that sent in other ways, the sender is said to show congruence. When the message sent verbally differs from that sent in other ways, the sender is said to show incongruence for example, when with a smile on her face, she says in a soft voice, "I am angry". The listener becomes confused as to the true message. The sender is usually unaware of the incongruence.

Verbal and non-verbal messages may have different meanings to the receiver. Therefore, it is important for the receiver (listener) to check if what they heard is in fact the message sent (see "Listening Skills").

The following are basic to good communication: awareness of myself -- my inner feelings, my attitudes, values, beliefs, how I appear to others (ie. messages I send in other than words); and my willingness to deal with my feelings (especially anger) and with my problems.
As a result of such attention to myself
- I will feel better/stronger about myself;

- I can better send clear, congruent messages:
- I have the freedom within myself to be able to focus on the other person;
- I can better hear and understand the other person;
- I can better share of myself in appropriate ways;
- I can trust (where appropriate) and be trustworthy.

These factors are important to building relationships necessary to being of help.

In summary, communication involves:

- being able to deal with one's own feelings and problems.
- feeling at least reasonably good about oneself.
- willingness to share oneself appropriately.
- being able to express oneself clearly and directly.
- being able to listen in an active way.

Sending Messages

Sending messages involves awareness of the other person in order to judge their ability to fully hear one's message.

The way in which messages are sent can help the receiver to hear. Simple, direct language, expressing one idea at a time and showing congruence leaves less room for misinterpretation.

The content of the message affects the relationship. The content which most effectively builds relationships involves appropriate sharing of attitudes, opinions, and especially feelings, in the here and now, using "I" messages, eg. "I am glad you are here." At times, in counselling, though, it is necessary simply to give information, for example about resources. This is alright as long as communication with the client is not predominantly information or advice.

Barriers to Communication

Barriers to communication are whatever hinders the listener from receiving the meaning of a message. A barrier might be communication which is not direct, simple, specific, or congruent. The receiver may have expectations, stereotypes, habits, defenses which block hearing of the intended message. Physical barriers include desk, ringing telephone, noise in the background, inability to see the other person. As the volunteer is aware of barriers they themselves erect, and those of the client, they can attempt to eliminate, or at least lessen them.

Receiving Messages

Receiving messages, that is, listening, is an active process. The active listener is alert and listening with as many senses as possible: hearing, seeing, smelling and touching. Active listening means listening for the meaning

behind the words as well as for the content of the words spoken, plus letting the other person know what you have heard. Active listening involves the skills of Attending, Behaviour Description, Reflection of Feelings, Paraphrasing, and Summarizing.

Attending Behaviour -- is the physical act by which the helper in some way communicates to the other person an interest in them as a person. An example of good attending behaviour in a counselling session is to provide as quiet, private, and comfortable a room as possible; to offer coffee and other symbols of physical comfort; then to sit squarely facing the client at a distance comfortable to them, in relaxed, open posture (arms and legs not crossed), leaning slightly forward, making eye contact. Natural gestures such as a head nod communicate that you are listening. Attending behaviour may be practiced and developed so that it is natural to you and therefore both comfortable and comforting for the one you are helping.

Behaviour Description -- is describing to the other person their specific actions without placing judgment on them. Your sentence could begin with "I notice that ...", or "I heard you say ...". This skill is used when helping the person become aware of their behaviour and may help in self-understanding.

Reflection of Feelings -- is describing what you perceive to be the other person's inner feelings. Ask yourself, "If I were (s)he, behaving as (s)he is, saying what (s)he is saying, what would I likely be feeling?" A response could begin with "I sense you feel ...", or "I get the impression you are feeling ...". This skill helps the person clarify and accept their feelings.

Paraphrasing -- is saying in your own words what you think the other person is saying, that is, both content and feelings. A response might be worded, "I hear you saying that ... and that makes you feel ...", or "I sense that you feel ... because ...". This skill is used to check that you hear correctly. It lets the person know that you wish to hear their message.

Summarizing -- is tying together several ideas and feelings into one statement either during a conversation and/or at the end of the conversation. It includes content and feelings, and helps in clarifying progress and meaning during the conversation.

Responding

As a volunteer having heard what the person is communicating, there are times when it is appropriate to respond by giving feedback, confronting or sharing something of yourself. There may be times when it is appropriate to ask questions, to use touch, or allow silence.

<u>Feedback</u> -- is a verbal and/or non-verbal process by which you let another know your perceptions and feelings about their behaviour. To ensure that feedback will be helpful, you can follow the following guidelines:

- Check your motive for wanting to give feedback (be in touch with how you are feeling toward the person!).
- Judge timing and readiness of the person to hear.
- Ask permission of the person (this may be assumed by the circumstances, eg. they are with you for counselling, and honest feedback is part of the process, or, it may be clearly requested).
- Use "I" statements. Own your own feelings, perceptions, opinions, and/or describe behaviour.
- Be specific.
- Be immediate, that is, keep it to the here and now.
- Encourage the person to whom you are giving feedback to react to what you have said and work at it until you reach a resolution.
- Give both positive as well as negative feedback.

Guidelines for receiving feedback:

- Be specific in stating on what you want feedback.
- Check what you hear, that is, paraphrase what you hear.
- Share your reactions. How do you feel? Was the feedback helpful? In what way?

Confrontation -- is a deliberate attempt to help another person examine the consequences of some aspect of their behaviour and often, as well, involves a request to change the behaviour.

Guidelines for confronting;

- Wait until a trust relationship has been built.
- Be prepared to involve yourself more deeply with the person.
- Confront only as you perceive the person to be presently able to change.
- Suggest rather than demand change.
- Be direct, simple, specific.
- Ask for feedback from the one you have confronted.

Confrontation can be either growth-facilitating or harmful. Use with caution as it tends to set up power relationships. Therefore it is more helpful and supportive to confront a person on their inner resources and strengths that you perceive, but which they may not be aware of. It is less helpful to confront on weaknesses.

Self-Disclosure -- in the helping situation is the sharing by the helper of their own feelings, attitudes, opinions, or experiences with the helpee for their benefit.

Self-disclosure is appropriate if

- you share only what you are comfortable sharing.
- the focus of attention is kept with, or quickly returned to, the other person.
- you use "I" statements.
- you share your present feelings, attitudes, opinions, and/or only those past experiences which you judge to be relevant and helpful to the other person.

Appropriate self-disclosure will have one or more of the following effects:

- The person will see you as human, genuine, open, trustworthy, and equal to them.
- The relationship between you will be facilitated.
- The other person's feelings of loneliness and isolation will be reduced, enabling the person to explore some feeling or subject more deeply.
- The person will get ideas for solving their problem.

Warning: Do not assume that your case is their case, that what worked for you will necessarily work for them. A trap of self-disclosure is to create a false sense of sameness and a comradely feeling which will prevent effective work.

Use of Questions -- Beginning helpers tend to ask questions too frequently and often for the wrong reasons. Questions are most helpful when:

- you begin by stating your thinking (with an "I" statement) which prompts you to ask the question.
- they are "open" questions, that is, beginning with "what", "where", "when", or "how", (rather than "are", "is", or "do", which could be answered with a "yes", or "no") so that the helpee is free to explore in whichever direction they choose.
- they encourage expression of feeling.
- they lead to clarification for the helpee (rather that information for the helper).
- they further the purposes and plan of the interview.
- they are not "why" questions which, to some, may imply blame or disapproval.
- you wait and listen to the answer.

Indirect questions which begin with "I" and end with ".", as well as open questions, may be used to encourage the helpee to:

- begin talking: for example, "How are you today?", "I am wondering what you would like to talk about."
- continue: for example, "Tell me more about that." or "What else would you like to discuss?"
- focus, elaborate, or clarify: for example, "I would like you to tell me more about ...." or "How do you mean, ...?" or "I am wondering how you feel about that."

Avoid asking questions merely for the sake of information, or to fill space. Ask only when you need the information. Always know how come you asked each question when you ask it. Try, as much as possible, to replace "How do you feel?" with a reflection of the feelings you are picking up from the person already.

Touching -- can be just a hand gently laid on a helpee's arm or it might mean holding them in your arms. Touch, when appropriately used, can be comforting and help the person feel loved and cared for. Touch may be used to bring the person back to the here and now in their talking.

Guidelines for use of touch:

- Use only when and to the extent you are comfortable with it.
- Use only when you sense it might be helpful.
- Move forward slowly and watch the person for signs of withdrawal. Let the helpee make the decision in this way.
- If you are uncertain, ask the person.

Silence -- Beginning helpers often feel awkward with silence in a conversation. Silence may mean any one of a number of things to the helpee. They may be putting thoughts together or thinking about what has just been said. They may be experiencing strong emotions. They might not

know how to continue, or be resisting continuing. Try not to break a silence too soon or to feel you must fill silences. Silences can be healing times. There may be cultural differences in the use of silence

The volunteer helper who is in tune with their own feelings in relation to the helpee at that moment, and who notices posture, facial expression, and other non-verbal cues, is better able to respond appropriately.

Some examples of possible responses are: silence; non-verbal expression of support, like touch; or reaching inside the silence with, "You've grown quiet in the last few minutes. I'm wondering what's going on for you right now." or "It's hard putting things into words, huh?" By so attempting to understand the silence, an awkward moment for the helper may become a helpful one for the helpee.

THE DYING PERSON'S BILL OF RIGHTS

I have the right to be treated as a living human being until I die.

I have the right to maintain a sense of hopefulness, however changing its focus may be.

I have the right to be cared for by those who can maintain a sense of hopefulness, however changing this may be.

I have the right to express my feelings and emotions about my approaching death in my own way.

I have the right to participate in decisions concerning my care.

I have the right to expect continuing medical and nursing attention even though "cure" goals must be changed to "comfort" goals.

I have the right not to die alone.

I have the right to be free from pain.

I have the right to have my questions answered honestly.

I have the right not to be deceived.

I have the right to have help from and for my family in accepting my death.

I have the right to retain my individuality and not be judged for my decisions which may be contrary to beliefs of others.

I have the right to discuss and enlarge my religious and/or spiritual experiences, whatever these may mean to others.

I have the right to be cared for by caring, sensitive, knowledgeable people who will attempt to understand my needs and will be able to gain some satisfaction in helping me face my death.

Created at a workshop on "The Terminally Ill Patient and the Helping Person", sponsored by the Southwestern Michigan Inservice Education Council, published in the American Journal of Nursing Vol. 75 (January 1975) p. 99.

Appendix G

This is an example of some of the situations you may experience while talking to Jocelyn House residents or their families. Please respond to each in a way that indicates you are trying to understand the speaker.

1. "I'm afraid to die."
2. "I don't want to die."
3. "I'm not dying am I?"
4. "I wish my wife would come and visit me."
5. "I have so much left to do."
6. "Why me?"
7. "I have so many regrets."
8. "I'll be getting stronger and should be home soon."
9. "What kind of God is this to make me suffer so?"
10. "Don't leave me."
11. "I feel content and don't like talking very much."

Appendix H

JOCELYN HOUSE

EVALUATION OF VOLUNTEER/STAFF TRAINING SESSIONS

SESSION I

Please complete and return to Maureen before leaving. Make additional comments on reverse side.

Using a scale of 1 to 5 (1 definitely not, to 5 yes absolutely), rate the following:

1. Do you have a general sense of direction/purpose of these training sessions?
2. Did this session stimulate you to think about what you personally would like to get out of these training sessions?
3. Did you learn anything new about yourself this evening? (You may want to comment on the reverse side).
4. Was the deep breathing exercise a useful means
   a) to relaxation
   b) to becoming more aware of your inner self?

5. Have you consciously used deep breathing during this past week?

6. Did the discussion on responses to statements/questions which might be made by residents of Jocelyn House help you learn more about

   a) Yourself?

   b) Your communication skills?

   c) Issues which terminally ill people may face?

7. Did the exercises on space and distance help make you more aware of

   a) other's possible feelings of inferiority, powerlessness, and feelings related to personal space and territory?

   b) the need to communicate on the same level, squarely facing and making eye contact?

8. In general, did you feel good about the session?

I welcome any comments you have. They are useful to me in planning future sessions. Thanks. Maureen.

JOCELYN HOUSE

EVALUATION OF VOLUNTEER TRAINING

SESSION II

Volunteers, staff and board: Please complete this evaluation and return it next session.

Using a scale of 1 to 5 (1 definitely not, to 5 yes absolutely), rate the following:

1. As a new member did you feel welcomed and included in the small group?

   As a new member did you feel brought up to date on what you missed in Session I?

2. Was the presentation on the Basics of the Communication Process:

   a) clearly presented by Maureen?

   b) informative?

   c) useful in the context of this volunteer training?

      Are you now better able to include in your conversations the elements of communication which build trust and develop relationships?

Are you clear about what appropriate self-disclosure means for you?

3. Did the deep breathing exercise:

   a) help you relax?

   b) help you become more aware of your feelings?

4. Do you understand the importance of Attending Behaviour?

   Can you now paraphrase reasonably accurately both the content and feeling of a simple statement?

5. Did the exercise in sending messages and in Paraphrasing allow you:

   a) sufficient practice for the time allowed?

   b) to develop a clear understanding of these components of the communication process?

6. Please comment on how you can apply the communication skills learned in Session II in your everyday life:

7. Please make comments specific to areas mentioned above, or overall comments, on the reverse side.

8. Suggestions to improve the session.

JOCELYN HOUSE

EVALUATION OF VOLUNTEER/STAFF TRAINING SESSIONS

SESSION III

Please complete and return to Maureen before leaving. Make additional comments on the reverse side.

Using a scale of 1 to 5 (1 definitely not, to 5 yes absolutely), rate the following:

1. Members here for the first time: did you feel welcomed by, and included in, your small group?
2. Did the reflection/relaxation exercise
   a) help you relax?
   b) help you become more aware of how you were feeling?
3. Do you feel capable of making a clear and complete "I feel..." statement (ie. how you are feeling in the here and now)?
4. Were you able to respond to both content and feeling in the paraphrasing exercise?
5. Are you able to pick up on whether someone else is using active listening skills?

6. Was the handout on Communication Skills useful in helping you
   a) Understand the complexity of the communication process?
   b) Understand the elements of active listening, allowing the speaker to determine the direction of conversation?
   c) Use the active listening skills?
7. Have you started a journal? If so, was the handout on journaling helpful in beginning?
8. Did the presentation by the palliative care nurses help you understand how you might expect residents of Jocelyn House to be?
9. What was the most significant learning for you today?

JOCELYN HOUSE

EVALUATION OF VOLUNTEER/STAFF TRAINING SESSIONS

SESSION IV

Please complete and return to Maureen before leaving. Make additional comments on reverse side.

Using a scale of 1 to 5 (1 definitely not, to 5 yes absolutely), rate the following:

1. Are you beginning to apply in your everyday life
   a) active listening skills in general?
   b) paraphrasing for content?
   c) paraphrasing for feelings (or perception checking)?
   d) behaviour description?
2. Were the role plays useful in helping you understand better the experiencing of a terminally ill person?
   a) Are you beginning to try to use the empathic skills in listening to others?
   b) What alternatives to asking questions are you using in conversation?

3. Did the presentation by the chair of Jocelyn House board help you understand

   a) the philosophy and goals of Jocelyn House?

   b) how you as volunteer or staff contribute to Jocelyn House?

   c) where you as volunteer or staff fit into this organization?

4. Following Dr. Paul Henteleff's presentation do you

   a) understand how the goals of palliative care differ from goals of active treatment?

   b) understand the significance of emotional and spiritual support of both Jocelyn House residents and their families?

   c) see how you, as volunteer or staff can help provide this support?

5. Do you see the importance of active listening in providing support to residents and their families at Jocelyn House?

6. Did your small group today meet your need for

   a) support and debriefing?

   b) discussion? Please comment.

7. What was the most significant learning for you today?

8. Do you right now feel ready to begin visiting residents at Jocelyn House? If not, what do you need to help you feel ready?

JOCELYN HOUSE

EVALUATION OF VOLUNTEER/STAFF TRAINING SESSIONS

SESSION V

1. What did you like about this evening's session?
2. What did you dislike?
3. What should be changed another time?
4. What was the most significant learning for you this evening?

JOCELYN HOUSE

EVALUATION OF VOLUNTEER/STAFF TRAINING SESSIONS

SESSION VI

Please complete and return to Maureen before leaving. Using a scale of 1 to 5 (1 definitely not, to 5 yes absolutely), rate the following:

1. Did the Jocelyn House resident's talk help you
   a) better understand the effects of chemotherapy on the individual?
   b) better understand how you as a volunteer or staff can be helpful to residents on chemotherapy?
2. Did talking with this resident help you see how you as a volunteer or staff can be helpful to any resident at Jocelyn House? Please comment.
3. Was the sharing time useful for you?
4. Should it be included in the next training sessions? Please comment.
5. What was the most significant aspect of today's session for you?

JOCELYN HOUSE

EVALUATION OF VOLUNTEER/STAFF TRAINING SESSIONS

SESSION VII

Please complete and return to Maureen before leaving. Make additional comments on the reverse side.

Using a scale of 1 to 5 (1 definitely not, to 5 yes absolutely), rate the following:

1. Did the chaplains' presentation help you understand
   a) the fears which dying people experience?
   b) your own fears related to dying and death?
   c) the issues dying people are dealing with?
   d) the issues re your own dying and death that you have yet to deal with?
   e) the meaning of "empathic listening" to those with terminal illness?

   Please comment.
2. Suggestions to improve the session:
3. What was the most significant learning for you this evening?

JOCELYN HOUSE

EVALUATION OF VOLUNTEER/STAFF TRAINING SESSIONS

SESSION VIII

Please complete and return to Maureen when you come for orientation next week.

Using a scale of 1 to 5 (1 definitely not, to 5 yes absolutely), rate the following:

1. After the physiotherapist's presentation do you feel able to
   a) assist residents walking?
   b) assist residents getting in and out of the bath tub, chair, bed or car?
   c) give a back massage?
   d) otherwise help residents relax?

2. After discussion with the "veteran" volunteer do you have a clearer idea of your role as a volunteer?

3. What topics would you like covered in monthly continuing education sessions? Please check below. Write additional suggestions on the reverse side.

- Coping with stress/self care.
- Using guided imagery, meditation, journaling with residents and others.
- Using art, music with residents and others.
- More practice in role playing communicating with the terminally ill and their families.
- Ethical issues including confidentiality, patient and family rights.
- Suffering.
- Cancer and nutrition.
- Bereavement.
- Family dynamics and coping mechanisms with dying and death.
- Children and loss/grieving.
- Funeral practices.
- Religions other than one's own.
- Films on Palliative Care, volunteering in a hospital palliative care unit.

Appendix I

JOCELYN HOUSE INC.

EVALUATION OF THE TRAINING PROGRAM FOR VOLUNTEERS

PLEASE COMPLETE THIS EVALUATION OF THE RECENT TRAINING PROGRAM.

I. EXPECTATIONS & OBJECTIVES

1. To what extent did the "attitudes" questionnaire and initial interview with the volunteer coordinator contribute to your clarification of your own attitudes to death, dying and loss? Please comment:

2. Did the training course meet your expectations?

   Surpassed them _____

   Met them _____

   Partly _____

   Not at all _____

   Please comment:

3. Were the handouts (check which apply)

   clear and explicit _____

   relevant _____

   useful to your learning _____

   somewhat useful _____

   unnecessary _____

too detailed _____

too simplistic _____

just right _____

other; please comment

What changes or additions in handout material would you suggest?

Using a scale of 1 to 5 (1 definitely not, to 5 yes absolutely), rate the following:

4. To what degree did the course contribute to your learning about
   a) the effects of cancer on the individual
   b) the effects of terminal illness on the individual
   c) the specific needs of the dying person and their family
   d) the appropriate responses to these needs
   e) communicating with the dying and bereaved
5. To what degree did the course contribute to
   a) your developing skills in communicating effectively as a volunteer
   b) your understanding of your reasons for undertaking volunteering at Jocelyn House
   c) your understanding of the specific role which you might assume as a volunteer
   d) establishing relationships necessary to work as a team of volunteers, staff and board

e) establishing relationships necessary for mutual support

f) your ability to give "stand by" assistance to residents

g) your ability to provide comfort measures

h) your meeting your own learning goals for this course of training

6. Were the demands of the course:

too high __, just right __, too low __,

Comments?

II. TRAINER

1. Was I organized and prepared for sessions?

Always ___, Usually ___, Sometimes ___, Never __.

2. Did I facilitate volunteers' involvement and participation?

Very well ___, Well ___, To a fair degree ___, Poorly ___.

Did I demonstrate and teach effective communication skills?

Very well ___, Well ___, To a fair degree ___, Poorly ___.

3. Did I challenge and stimulate you to learn and to grow?

Often ___, Sometimes ___, Occasionally ___,

Rarely ___, Not at all ___.

III. CONCLUSIONS AND OVERVIEW

1. What did you most like about this training course?
2. What did you dislike about this course?
3. What changes, deletions, or additions would you recommend for this course?

ADDITIONAL COMMENTS TO ANY OF THE ABOVE CAN BE WRITTEN ON THE REVERSE.

Appendix J

JOCELYN HOUSE

YOUR NAME________________________________

Please check off which of the following activities you, as a volunteer, are able and willing to be involved in -- in addition to listening and talking to residents and their families:

assist residents with hygiene, personal care _____

assist residents with recreational activities _____

accompany or take resident on outing _____

accompany or take resident shopping _____

take resident for a drive _____

take resident to doctor's appointment or for treatment _____

housekeeping tasks eg. laundry, cleaning, meals, dishes _____

maintenance of house and grounds _____

preparing casseroles and baked goods for the freezer _____

making telephone calls for staff _____

telephoning fellow volunteers _____

typing _____

other clerical _____

bookkeeping _____

assist with special events _____

grocery shopping for the House _____

errands eg. for medication _____

assist in organizing fundraising events eg. casino _____

walkathon _____

assist at fundraising events eg. casino _____

walkathon _____

respond to emergency need during the day _____

evening _____

weekend _____

Please note times you are generally available. Indicate with "P" the times you prefer to volunteer.

-- P or P_1 P_2 P_3 etc.

morning, over lunch, afternoon, over supper, evening of which days of the week

NOTE: The above is intended not to overwork you but rather to help me better to match the needs of the House with your schedule and interests.

Maureen

Appendix K

Jocelyn House
177 Egerton Road
Winnipeg, Manitoba
R2M 2W7
March 22, 1986

Dear

I have very recently learned that the position of volunteer coordinator, which I have held for the past year, will be terminated as of March 31. It is with great regret that I therefore leave the staff of Jocelyn House.

I would like to have seen each of you individually before I left but time does not permit -- it was as big a shock and surprise to me as it may be to you -- so I hope you will understand my communicating by letter.

I have truly valued your enthusiasm, dedication and commitment to Jocelyn House and your friendship and support to me personally. I have enjoyed so much my work with you. I shall miss you.

The work of the volunteer program of Jocelyn House continues and will be coordinated by the new manager beginning April 1. I hope that you continue to find

fulfilment in your interactions with residents and mutual support through the volunteer group. All the best.

I am returning your "Attitudes Questionnaire" for I think it belongs to you.

The board tells me they wish to recognize your completion of training with a social time sometime in April. You will be notified (cancel April 3).

With sincere best wishes,

Maureen