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## Using Art to Stimulate Interactional Thinking in a Family Nursing Clinical Practicum

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*Teaching the practice skills of family nursing is a challenge. Very little has been written about educational strategies that invite students to reflect on their own personal family experiences to enhance their awareness of the impact of these life experiences on their nursing care of families. This article describes the use of art as a teaching and learning strategy that facilitates interactional thinking in family systems nursing.*

As focus traditionally has been on individuals, nurses have had difficulty shifting their focus to families and communities as targets of care. At first, nurses seemed to see the clients' families as part of their environment, keeping their focus aimed on individuals. Family nursing pioneers (Duhamel, 1995; Feetham, Meister, Bell, & Gilliss, 1993; Friedman, 1981, 1998; Hanson & Boyd, 1996; Wright & Leahey, 1984, 1994) repeatedly have invited nurses to change their perspective to place the family at the center of their care. Nurses are responding more and more to this challenge and are recognizing that they have a significant role to play with families.

Educational institutions are important actors in the development of specific knowledge, attitudes, and abilities inherent to family sys-

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tems nursing. Wright and Leahey (1990) have underlined that "family systems nursing is the integration of nursing, systems, cybernetics, and family therapy theories" (p. 149). As such, knowledge of "family dynamics, family systems theory, family assessment, family intervention, and family research" (Wright & Leahey, 1994, p. 11) is needed.

The teaching and learning of these attitudes, abilities, and knowledge bases sometimes proves to be a challenge. Few authors have suggested guidelines by which to facilitate the transmission and acquisition of family systems nursing expertise. R. J. Green and Saeger (1982) and C. P. Green (1997) have described specific written assignments, whereas others have detailed the use of family labs (Tapp, Moules, Bell, & Wright, 1997) or of live supervision (Wright, 1994), all of which are seen as ways to enhance family systems nursing competency.

Following in these authors' footsteps, this article will describe a specific experiential teaching and learning method aimed at helping students to think interactionally. The context for this learning activity will be described, and the experience of using this learning activity with more than 100 students will be shared.

## THE CONTEXT

Believing that family systems nursing should be part of a post-basic baccalaureate curriculum, faculty members at the University of Québec in Hull, Canada, devised a 45-hour family systems nursing theory course, which is followed by a 135-hour family nursing clinical practicum. For the past 9 years, this teaching and learning experience, which is held from fall to spring, has welcomed more than 300 students. The students are diploma nurses with various degrees of nursing experience, ranging from 6 months to 20 years. During the fall theory course, the nursing students are engaged in a reflective exploration of their personal family experiences through class discussion, questioning, and a self-learning booklet (de Montigny, 1995). Role playing home visits allows the practice of family systems assessment skills. The winter practicum enables nursing students to enter into a professional relationship with at least one of their family members with whom they will plan the resolution of problems identified within the families. For this purpose, 60- to 90-minute family interviews are held in the families homes. Students conduct an average of one family visit per week for 5 to 6 weeks. A variety of support struc-

tures have been conceived for this practicum. Administrative support facilitates the students' pairing with specific families. Pedagogical support is given in group seminars by faculty supervision, through formative evaluation, and by the sharing of peer expertise.

### **THE CHALLENGE OF INTERACTIONAL THINKING**

Several nursing authors (de Montigny, Dumas, Bolduc, & Blais, 1997; C. P. Green, 1997; Latourelle, 1985; Latourelle & Ducharme, 1987; St John & Rolls, 1996; Wright & Leahey, 1994) have reported the difficulties nurses encounter when first attempting family systems nursing practice. Among these, nurses experience difficulty in developing interactional thinking, which would enable them to perceive the interrelationships between family members and also between themselves and individuals in the families. From such a perspective, nurses become observant of family members' individual contributions to specific family problems or strengths as well as of the family problems' or strengths' influences on each family member's thoughts, beliefs, feelings, behaviors, and attitudes (de Montigny et al., 1997). They also are aware of the families' influences on themselves, on their thoughts, beliefs, feelings, behaviors, and attitudes, and reciprocally, of their own influences on the families.

The experience of teaching family systems nursing to more than 300 post-basic baccalaureate nursing students during the past 9 years has allowed for the opportunity to observe these difficulties firsthand. It is most difficult for nursing students to develop an awareness of their influences on the families' systems and of the systems' reciprocal influences on them. Another major hurdle for the nursing students has been to develop a circular vision of the interactions unfolding within families. They tend either to focus on one individual's needs or to envision one family member as the victim of another.

### **THE TEACHERS' BELIEFS**

Confronted over and over again with these difficulties, a learning method was designed to stimulate students to reflect on their own personal family lives, their beliefs, and their perceptions about families as well as on how these can affect the care they give. Influenced initially by Elkaïm (1980) and later on by Wright, Watson, and Bell

(1996), the faculty who taught family systems nursing believed that nurses could not be mere observers of family interviews. In fact, nurses became members of the system with which they were interacting. Thus, their behaviors and attitudes influenced the family members' behaviors and attitudes and vice versa. But more important, the particular behaviors and attitudes the nurses chose to notice in the family systems were influenced by the nurses own personal, professional, and social backgrounds. For example, noticing an extroverted 5-year-old, one nurse could see a lively, resourceful child, whereas another might see an impolite child, depending on each nurse's frame of reference. Analysis of the child's behavior would stimulate a specific response from the nurse, again influenced by his or her personal experience.

With this conception of nurse-family interactions, the faculty believed that students would benefit from being invited to reflect on their own personal family experiences. This reflection was seen as a stimulus to enhance students' grasp on the place their families held during family interviews and on the impact their experiences had on their choice of interventions with families.

### ATTEMPTED SOLUTIONS

To meet this teaching and learning challenge, a written essay was first developed for which students were asked to reflect in writing on their own families (see Table 1). This was tried for 3 years but proved to be difficult both for students and faculty. Students felt that this paper's evaluation was like an evaluation of their families' worth. Despite objective criteria, such as use of the appropriate family terminology and so forth, students resented receiving less-than-top grades. For some, the experience of revealing themselves to strangers was painful. Over the years, the usefulness of this approach was questioned. For one, it was difficult to grade life stories that contained mere descriptions, with no reflections or insight. Furthermore, it was felt that reflection was imposed on students in order for them to get marks. Uncomfortable with this situation, other ways to attain the objectives mentioned above were explored.

Students then were asked to analyze their family genograms and relationships with the social networks (see Table 2). This was attempted for 2 years, with uneven results. The analyses frequently were superficial, whereas the essays were demanding to grade.

**Table 1: Written Essay**

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Describe a situation your family has experienced together, whether in the recent past with your nuclear family or earlier with your family of origin.  
Briefly describe the event itself and the people involved.  
Analyze how your family's functioning and/or structure was affected by this event in at least two of these dimensions of family functioning and/or structure: communication, expression of feelings, rules and boundaries, power distribution, role distribution, problem resolution, engagement, behavior control, and beliefs.  
Analyze the impact this event had on you as a person, as a family member, and as a nurse working with families. Relate, if possible, your reaction to a situation in your workplace and your reaction to this event. How is your response in your workplace similar and/or different than was your response as a family member?

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**Table 2: Analysis of Genograms and Relationships Within Families and With the Environment**

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Draw a genogram of your family.  
Draw a diagram of relationships within and around your family.  
Which patterns come through intergenerationally?  
Offer hypotheses of events that could have been significant for this family.  
Offer hypotheses of rules or subsystems that could be present in this family.  
Offer hypotheses related to this family life-cycle stage.  
What three questions would be pertinent to ask this family?

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Thus, an experiential learning strategy was developed that uses art to explore the affective domain (see Table 3). The medium of art was chosen to favor the unhindered expression of feelings, beliefs, values, goals, and interests related to personal family experiences.

## **THE LEARNING STRATEGY**

Students first are informed of this activity before Christmas break. This allows time for the incubation phase inherent to the creative process. When the clinical practicum begins in January, students are given 2 weeks to discuss their projects. The objective set for this activity is to give space and time for students to reflect on their families' values and beliefs and the influence of these values and beliefs on them as individuals.

Discussing the project within a small group of 6 to 12 peers allows group members to develop feelings of kinship with the group. Fur-

**Table 3: Artistic Activity—"My Family and I"**


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Prepare an artistic presentation of your family that you will present to your group of peers for a maximum of 10 minutes.

This presentation should illustrate your family's beliefs, values, and aspirations as well as your own beliefs, values, and aspirations.

You can choose to present your family of origin or your nuclear family.

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**Table 4: Types of Artistic Presentations**


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Posters  
 Drawings  
 Collages  
 Storytelling  
 Cardboard houses  
 Crossword puzzles  
 Genogram and ecomap  
 Puppet shows  
 Role playing  
 Videos  
 Songs  
 Poems

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thermore, the activity gives the group's instructor information about each student, which is helpful in understanding student-family dynamics observed later in the clinical practicum. The instructor then can act as a facilitator of learning by identifying patterns between what the student reveals in the artistic activity and what is unfolding during the family visits.

Actual artistic presentations have varied (see Table 4). Some students are very creative. For example, one constructed a blackjack table on which each card held the picture of a family member. Another student drew a flower, each petal opening to reveal a belief held by her husband or herself or shared by both.

## OBSERVED RESULTS

Students are always somewhat stunned when informed of this activity. "What, we have to do an art project for a nursing university course?" This activity is so different from other assignments that, at

first, students almost are reluctant. By the presentation time, however, the majority of students have become very involved.

What helps to facilitate their involvement is that the activity is not graded in the usual manner. Students receive either a satisfactory or an unsatisfactory grade. They are informed that to receive the satisfactory grade, they only need to participate. No prescribed amount of self-disclosure is required. Surprisingly, there has been little resistance to doing a project that does not receive a grade.

The results observed from experimenting with this activity with more than 100 students during the past 3 years have been extraordinary. This project has allowed students to share with their peers many aspects of their family lives, whether life events such as family death, violence, incest, suicide, or homosexuality or disclosure of loving relationships, strong values, and beliefs. The students have given support and respect to each other during and following these disclosures.

Meanwhile, students have reported gaining insight into their family functioning. Accompanied by strong affect, exploring oneself with regard to one's own family is an essential part of developing an awareness of the influence between one's family and oneself. The learning activity thus acts as a catalyst in allowing students to develop interactional thinking. This artistic activity helps students become more respectful of the families' viewpoints and solutions. As the families' intimate lives unfold, resonance might occur, allowing students to reflect on their personal family experiences. While families evolve new ways of doing things and of seeing reality, students reflect on how they are changed by these interactions. Coevolution then can occur, allowing students to learn as much about themselves, their families, and their professional roles with families as the families learn themselves.

A clinical example illustrates this learning. A nursing student, Joyce, presented a poster of her family, stating that she was an only child raised in a tightly knit family. She shared fears regarding her abilities to communicate and to be involved with several individuals at once. She thus deliberately had chosen to work with a couple, stating, "Two people is more than I can manage." During her clinical practicum, Joyce was teamed with an elderly couple, in which the husband, Mr. Roy, had preterminal cancer. When Joyce made her first home visit, she realized that Mr. Roy was in terminal phase. He was hospitalized the next day. Thus, what was supposed to be a clinical



experience of one home visit per week for a 5- to 6-week duration became an intense, every 2nd day hospital visit over a 2-week period. Joyce made the decision to engage herself in this way with the family because she believed she owed them for having accepted her as a student. During the course of her visits, she interacted with the Roy children, in-laws, and grandchildren, facing, at times, nine individuals in the waiting room. Because Joyce believed that it was important for each family member to be able to do their farewells to their father, father-in-law, husband, or grandfather, she explored with each what they wished to say and how they could say it and supported those who needed her presence to express themselves. She discovered that an estranged son had not been contacted 2 days prior to Mr. Roy's death. She reinforced to the family that it was important that this son receive his opportunity to say his good-byes. The son was called, he came, and Mr. Roy died an hour later. Joyce did a follow-up visit with this family a few weeks after the death. The family shared with her their gratitude for the support that she gave them. During a small group seminar, Joyce was able to realize how her beliefs had influenced her work with this family. For example, as a child, she had been kept away during her grandmother's death. She still resented not having had the opportunity to say her good-byes. She also was able to grasp that this family had invited her to use abilities she did not recognize she possessed.

## CONCLUSION

Adult learning seems to be more significant if the learning experience starts from nursing students' personal experiences. Critical reflection thus can be fostered and reinvested into the realities of professional life. Experiential learning can stimulate an inductive process based on the lived experiences of the students. It encourages a personalized application of the learning.

By appealing to the affective domain through the medium of art, students come to better understand their influence on families with whom they work and the ways that these families affect their own personal and professional developments. An understanding of this kind of reciprocity is an important first step in the development of interactional thinking in family systems nursing.

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