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Using family sculpting as an experiential learning technique to develop supportive care in nursing. A contemporary issue paper☆

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SUMMARY

This article explores the use of family sculpting as an educative tool to achieve a better I-thou awareness of the patient's support needs from a family and social system approach. Ensuring we provide appropriate and effective opportunities for nurses to develop compassion when caring for patients facing ill health is a complex challenge that faces nurse education at all levels. The piece explores a sculpting exercise developed in nurse education which engages students' awareness of the complicated nature of peoples' social networks and through attitudinal learning, helps nurses to provide compassionate care that integrates family support.

Introduction

Focus on the importance of compassion in the delivery of nursing care has increased following the publication of the Francis' (2013) report. The literature offers a complex picture of the debates that exist in this area including questions about how we elicit what compassion is, whether compassion is an innate skill or one that can be taught, and how best to facilitate and maintain its development (Dietze and Orb, 2000; Dewar et al., 2013). Many factors arise in the work place that positively affect the delivery of compassionate care, such as high quality leadership, adequate resources and a clear understanding of the mechanisms required to prevent compassion fatigue or burnout (Cornwall et al., 2013; Dewar et al., 2013).

Experience gained from years of working and educating in the field of cancer and palliative care suggests that attitudes and behaviours of nursing students at all levels can be influenced through opportunities to develop insight, understanding and by reflection on people's lives and illness experiences. Finding the most effective ways to offer these types of learning opportunities in today's educational environment of large classes, increasing use of technology enabled learning, and stressful clinical placement environments involves creative adaptation of available resources (Flynn and Mercer, 2013). Family sculpting, arising from the social sciences, has been one mechanism that can facilitate empathy development in a classroom setting by providing an opportunity to enter the world of others (Wiseman, 1996; Satir, 1988).

Defining and Developing Compassion

Dietze and Orb (2000) in their exploratory discussion of the concept of compassion and its manifestation in nursing, express a need to view compassionate care as not just about taking away another person's pain or suffering, as defined by many dictionaries, but being about entering into that person's experience so as to be able to develop understanding of their burden and to share some of it with them, promoting the development of their resilience and dignity. Chochinov (2007) argues that it is in seeking a person's own perspective, we offer real dignity. He suggests that to achieve this element of compassionate care, we should ask individuals what they think we need to know about them as a person so as to enable us to give them the best care possible. This element of being seen as a person is a major concern of patients in the health care service in the UK as highlighted in the point of care review (Goodrich and Cornwall, 2008).

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This personal knowing is informed by the work of philosopher, Martin Buher's "I-thou vs I–it" approach to relationship which involves understanding of person and calls for mutuality and emotional exchange rather than the "I–it" approach which objectifies and is based on otherness. Carper's (1978) theory on patterns of knowing in nursing builds on this notion and describes this personal knowledge as being the type of knowing that is at the core of therapeutic nursing but is perhaps the most difficult to really conceptualise and therefore to teach. Core to developing compassion is enabling nursing students to identify with the 'person' rather than the 'patient' in the bed and as Zerwekh (1987) suggests, the importance of recognising the individual as part of a dynamic social environment. Brunero et al.'s (2010) review of the empirical evidence relating to empathy education in nursing found that models that use experiential styles of learning were the most promising in developing measurable outcomes.

Social Systems

Munroe and Oliviere (2009), borne out of their extensive work with patients and families under stress, suggest that it is useful to consider patients and families using a 'systems perspective' as they are inter and co-dependent. Considering the patient and family as part of a 'family system' helps nurses consider the care needs of the whole family, rather than seeing patient and family carers as separate domains. Through their work, particularly with people at the end of life, Munroe and Oliviere (2009) have found that communication with families and the impact this has on family function is one of the most influential factors affecting supportive care provision by families. Family assessment and facilitating good communication both inter-professionally and within families promote the understanding of the collective burdens and impacts of illness which enhances the delivery of compassionate care.

Nurses, who are coping with a demanding workload, often assume that visitors received by the patient, particularly family, are almost objective helpful lay supporters. In reality people's families and social networks are much more complicated than this and their complexity results in them being a dynamic system of oscillating helpful and unhelpful support (Boutin-Foster, 2005). How we capture, understand and use this information to characterise compassion and work with patients and families for students in a meaningful way remains a challenge we face as practitioners and educators (Price, 2011).

Capturing Family Dynamics

Genograms for assessing and mapping family structures are one tool used widely in healthcare but perhaps underutilised in nursing (Hockley, 2000). Price's (2011) mapping social network tool and the development of a personal genogram are useful in the classroom for developing greater awareness of own family systems and dynamics which helps when extending this to the development of empathy for others (Carper, 1978). However this can offer a slightly two dimensional picture of a family system that captures the people and some of the relationships that emerge through the story telling process of obtaining a family tree, but it comes from only one perspective, that of the patient.

A very different mechanism of developing an understanding of the social environment and social disruption that is created through a person's illness comes from the area of family therapy and family reconstruction developed by Satir in 1988. Satir (1988) was an American psychotherapist who did extensive work in developing a variety of techniques for enabling family dynamics to be more transparent and to allow family members to explore them and to experiment with changing them. One of her techniques was family sculpting.

Family sculpting is a technique that may be used to achieve a better awareness of the complicated nature of peoples' illness experiences and burdens taken from the perspective of their social networks. As with so many interventions in healthcare and education, the empirical evidence demonstrating improvements in outcomes is sparse. Simmonds and Brummer (1980) used the technique with their social work students to allow them to explore in a tangible way the problem of engaging families in family therapy and to identify commonly identifiable themes of family life and their effect on family functioning. Their work explored issues of countertransference between worker and family as the technique was being used to explore family therapy. However from a general nursing perspective, the core outcome being sought is to increase an understanding of how a better 'I-thou' approach can be achieved between family and nurse and how this can enhance compassionate care which integrates family support. Jeffery (2002) and Relf and Heath (2007) describe the use of family sculpting as a teaching tool in palliative care to increase understanding of what may be influencing behaviour within a family which helps the professional to develop understanding and empathy.

What is a Sculpt?

Sculpting was first devised by Kantor, Duhl and Duhl in 1973 as a way of working with families experiencing conflict. In family sculpting, the family members are facilitated to create a physical representation of their relationships by, in turn, arranging themselves and the other family members' bodies into an observable sculpture in response to different scenes or triggers (Constantine, 1978). Satir (1988) developed family sculpting as a therapeutic process that focused on subjective experience, creativity and spontaneity and the technique allows people to illustrate to each other the often conflicting responses of different family members to an event or situation within the family. When used in this way people can either play themselves or they can take on the role of others in dictating movement. Satir's (1988) work and approaches have met with mixed responses due to their immersive but behavioural nature and limited reliance on a perhaps more structural framework; however Hearn and Lawrence (1981, 1985) conclude that although there are some limitations to the approach, it offers some strong possibilities in terms of therapeutic and educative outcomes. They describe the sculpt as making concrete some of the most difficult family processes such as ambiguity and physical violence.

Experiential Learning in the Classroom

In education, the sculpt has been used to allow students to observe families involved in sculpting (Simmonds and Brummer, 1980; Hearn and Lawrence, 1985; Satir, 1988) and also to allow students in the classroom setting to take on the roles of others to explore potential dynamics within a social situation, usually family based, through the use of a constructed scenario. It is important to acknowledge the limitation of role-play in creating a true replication of something as complex as family dynamics, however it does allow for experiential engagement which is important in empathic education (Brunero et al., 2010). The development of a concrete picture of a situation allows the student to visualise the complexity of family dynamics in a way that theoretical analysis alone cannot do (Hearn and Lawrence, 1981). Relf and Heath (2007) suggest that in one form of the approach students can choose what dynamics to explore and how the family interactions may develop to enable them to explore perhaps difficulties they have encountered previously.