Although nursing education today offers copious amounts of information geared to test preparation, it does not adequately harness the emotional intelligence of individual students—a quality that can greatly enrich the nursing profession. This expert resource for understanding the importance of affective teaching—what it is and how to incorporate it into the classroom—provides a plentiful array of affective teaching pedagogy and references.

Drawing from the emotional and social intelligence movement, the text offers both new and traditional insights into the importance of linking intellectual and emotional intelligence in knowledge acquisition. It provides helpful strategies for nurse educators to enrich their teaching with affective teaching strategies, methods, and skills in the classroom, and describes successful models for creating an affective teaching infrastructure that will endure.

Designed for use in master's and doctoral programs in nursing and health care education, the book espouses a paradigm that is embraced by leaders in education and major institutions. It discusses the major themes of entrenched, traditional teaching methods, and contrasts them with the theory, research, and practice underlying affective teaching in nursing.

The book follows the history of affective teaching from its inception in Bloom's Taxonomy to the present day. It addresses teaching infrastructure needs, affective teaching models, tools for measuring the results of affective teaching, the use of affective teaching in distance learning and at conferences, and international perspectives. The text also identifies the risks and advantages of affective teaching and how they have been addressed by a variety of nursing educators, and encourages reflective practices that help students gain inner awareness. It will be a valuable addition to the teaching arsenal of nurse educators who wish to go beyond the objective domain of teaching to explore the enriching possibilities of subjective knowing.

Key Features:
• Provides the most authoritative information available on affective teaching in nursing
• Supports the NLN's and AACN's nurse educator competencies to achieve desired outcomes in the cognitive, affective, and psychomotor areas of learning
• Clarifies affective pedagogy, how to discuss it, and what it implies for teaching success
• Addresses philosophy, taxonomy, teaching infrastructure needs, affective teaching models, and assessment tools
• Covers the use of affective pedagogy with distance learning and at conferences
Affective Teaching in Nursing
Dennis Ondrejka, PhD, RN, CNS, is currently the director of nursing programs and professor at Colorado Christian University in Northglenn, Colorado. Dr. Ondrejka has worked to build a Shared Governance Program moving toward Magnet recognition for Exempla Lutheran Medical Center in Wheat Ridge, Colorado, just prior to returning to education. He is an advanced practice nurse in Colorado in the specialty of community and occupational health and received his master's in nursing from the University of Wisconsin, Milwaukee in 1981. As a specialist in occupational health, he worked as a clinician and manager for several nationally acclaimed agencies, such as the National Jewish Hospital in Denver, Children's Hospital in Denver, General Motors (AC Spark Plug Division) in Oak Creek, Wisconsin, and Manville Corporation in Denver.

Dr. Ondrejka received his doctorate at the University of Denver in higher education in 1998 with a dissertation focused on “Affective Pedagogy in Post-Baccalaureate Education.” He began his teaching career in 1982 at the University of Wisconsin, Milwaukee, where his expertise was mental health and addiction detoxification. Since receiving his doctorate, Dr. Ondrejka taught at the University of Utah-College of Nursing and at Regis University before becoming an associate professor and associate dean at the Denver School of Nursing.

Dr. Ondrejka has presented and published on numerous topics, including emotional intelligence in nursing, relationship-based care strategies, unstructured problem solving, occupational health specialty topics, and the patient experience in health care. This is Dr. Ondrejka’s first book focused on his passion, teaching in the affective domain for nursing students.
Affective Teaching in Nursing
Connecting to Feelings, Values, and Inner Awareness

Dennis Ondrejka, PhD, RN, CNS
My educational path has had many mentors and guides, but none as supportive and guiding as Dr. Jim Davis, who was my professor and dissertation chair as I built my thinking regarding the topic of affective pedagogy. I dedicate this book to him as a thank you for his dedication to me, and higher education in general, at the University of Denver and the University of Denver College.
Contents

Foreword Marie Manthey, MNA, FRCN, FAAN ix

Preface xiii

Acknowledgments xxi

PART I: THE PROBLEM IN NURSING EDUCATION


2. Reviewing Traditional Teaching Methods 29

3. Planting the Objectivist Movement in Nursing Education 37

PART II: AFFECTIVE CONCEPTS, STRATEGIES, AND METHODS

4. Building an Infrastructure for Affective-Literate Teachers 53

5. Adjusting Philosophies to Support Affective Teaching in Nursing Education 69

6. Measuring Affective Teaching 93

7. Using Affective Pedagogy in Distance Learning 113
   with Janice Holvoet, RN, MSN

8. Moving From Presentation Slides to Affective Teaching at Conferences 125
PART III: INTEGRATING AFFECTIVE TEACHING IN NURSING: THE BIG PICTURE IN NURSING EDUCATION

9. Conducting a Current Literature Review on Affective Teaching: What Does This Mean for Nursing?  139

10. The Emotional and Social Intelligence Movement  153

11. International Social–Emotional Learning and the Affective Education Movement  167

12. Taking the Red Pill and Breaking the Illusions  177

Epilogue  187
References  189
Index  207
Foreword

In 1909 Richard Olding Beard, the founder of the School of Nursing at the University of Minnesota, wrote an article titled, “The Educated Spirit of the Nurse.” In it he says, “The educated spirit of the nurse can thrive and grow and find its ultimate satisfaction and fulfillment only in the fact that it serves, and that its service is inspired by love.” Dr. Beard sees the profession of nursing as one without boundaries—one that is limitless in reaching for the health of society. Dennis Ondrejka’s book, *Affective Teaching in Nursing*, is about building a curriculum for nurse educators to teach future nurses how to reach a goal of whole-person involvement in the service of creating a healthy society.

The goal of whole-person involvement was first brought to me many years ago in an article by Sister Madeleine Clemence. It was published in 1966 in the *American Journal of Nursing*, and it was called “Existentialism: A Philosophy of Commitment.” Even that long ago, she was challenging people to bring their whole selves to their work:

Commitment can mean many things: a promise to keep, a sense of dedication that transcends all other considerations, an unswerving allegiance to a given point of view. In existentialism, commitment means even more: a willingness to live fully one's own life, to make that life meaningful through acceptance of, rather than detachment from, all that it may hold of both joy and sorrow.

It is important to note that she was talking specifically about a nurse’s work when she spoke of the absolute essentialness of, “acceptance of, rather than detachment from, all that life may hold.” While observing herself and her nurse peers, Sister Madeleine could see that the work of the nurse is secular for all, but sacred for only those who commit themselves to making it sacred.

But that was long ago. What is the world of the nurse like now? Do we as nurses invite ourselves into the mystery of what it means to be with a person who is suffering, vulnerable, and afraid? Do we allow ourselves
to be involved with our patients? This is challenging language, as we have been warned against over-involvement for as long as there have been nurses. But are we now living out a tragically over-corrected version of that perfectly reasonable caveat? If I am not involved with my patients, can they possibly feel as though I’ll be there for them when they need me?

Ondrejka understands the necessity of infusing today’s fast-paced, technically challenging, often chaotic care environments with the absolute imperative that we bring our whole selves to our work. There is no doubt that it’s hard. There are obstacles to nurses bringing their whole selves to their work with patients today, and there will be a whole new set of obstacles tomorrow. It’s possible, though, and anything less than whole-person engagement in our work is not sustainable.

In this book, Ondrejka connects many dots for me in the creation of a curriculum for nurse educators to teach future nurses how to reach a goal of whole-person involvement. First of all, he connects the dots of affective teaching in nursing with the concept of relationship-based care, which, to me, exemplifies the nursing imperative.

The way I see it, the nursing imperative is a two-sided coin. On one side there is the imperative to be clinically competent in both technical skills and clinical judgment. The other side is the willingness to step into being with the human being for whom the nurse is caring. In health care, people experience vulnerability at every level of their being: mental, emotional, physical, and spiritual. The privilege of nursing is having the knowledge and skill, the position and relationship, to interact with a vulnerable human being in a way that alleviates pain and increases mental, emotional, physical, and spiritual comfort. This is the privilege of nursing—the being with a vulnerable human being. And if this privilege is ignored or overlooked, nursing isn’t happening. Just doing tasks is not nursing; it is just doing tasks. No matter what is happening in a care environment, authentic human connection with the vulnerable human beings in our care can and must happen.

I believe that all nursing students who are fortunate enough to have this book as a text will be given an extraordinary opportunity that I hope will one day become common place. As I write this, I am heartened to know that conversations will be taking place in classrooms across the world about the value of therapeutic relationships—about the wisdom of becoming professionally involved with patients and families, about the gifts those relationships give, and about the ways in which authentic relationships with patients and families will sustain caregivers, preventing burnout and compassion fatigue. I have seen again and again that caregivers get energy from human connection. Without this energy, compassion is not sustainable.

To know oneself is an important skill in being able to create a therapeutic relationship. There are many resources that can help in this endeavor—most notably the work that Dr. Brené Brown is doing on vulnerability as the seat of creativity, and the work that Mary Koloroutis and Michael Trout have documented in their book, See Me as a Person: Creating Therapeutic Relationships.
with Patients and their Families. Clearly the vital work of educating nurses holistically—mind, body, and spirit—is gaining traction.

Holistic nursing is the wave of the future, and affective education is a sturdy ladder to be climbed by educators in order to develop nurses with “educated spirits.” And let’s take one more look at exactly what the venerable Richard Olding Beard meant by that: “The educated spirit of the nurse can thrive and grow and find its ultimate satisfaction and fulfillment only in the fact that it serves, and that its service is inspired by love.”

It doesn’t get any more personal than that.

I am both honored and humbled to be in a position to encourage you to read this book carefully and to take it to heart.

Marie Manthey, MNA, FRCN, FAAN
Founder, Creative Health Care Management

REFERENCE

Why This? Why Now?

Ask yourself if you have become accustomed to and dependent on the traditional models of education, or are you ready to explore something else? If you want something different that will impact students’ values, feelings, and inner awareness—then this is the right place and this text is for you. In Affective Teaching in Nursing: Connecting to Feelings, Values, and Inner Awareness, the reader should face up to what is the norm in nursing education when only a small portion of the whole student is taught. Many now realize that nursing education today has not progressed as anticipated through the 21st century, leaving the affective domain of education absent in most settings. This text contributes new ideas that have not surfaced in most nursing classrooms and reinforces old ideas. It provides the reader with additional insights into why affective methods have not been practiced. In addition, this text will assist nursing educators who are motivated toward affective teaching methods to find the necessary tools and to understand the challenge facing affective educators.

The topic of changing the way educators teach has historical and current relevance in nursing education. Educators often state there is a need for balance between affective and cognitive teaching methods. However, they have difficulty knowing how such pedagogy is possible. Affective Teaching in Nursing examines the shifting academic thought and the historical loss or failure to begin affective teaching, tracing it from the 1960s to the present.
During this period, various academic programs have seen a resurgence in what might be considered affective pedagogy with the integration of social and emotional learning and significant philosophical shifts in what it means to educate the whole student. This resurgence was less visible in higher education settings, which has led to growing frustration for those who have desired to see variations of affective pedagogy being sustained in nursing settings, especially in the 1970s with the work of Jean Watson.

In the past 10 to 15 years we saw the affective trend shaping itself. This has brought a host of educators together as they evaluate, conduct research, and explore the affective domain of teaching. Nursing was a critical part of that movement and we found ourselves wondering what it means to be teaching in the affective domain. Affective teaching has either been a mystery of meaning or at the very least confusing for educators to bring into their practices. Imagine having the teaching tools that would promote the growth of nursing students’ subjective selves, values, beliefs, feelings, and relational and inner awareness. Nurses need this level of self-awareness to be truly connected to their patients during the healing process, as well as to understand their therapeutic selves. Affective teaching is at the core of all care pedagogy—it is time to know more about what that means.

The information presented in this text has never been more relevant because now there is a new generation of students who may find nursing education to be a heartless endeavor without soul. In addition, there is a significant exiting process of retiring faculty who likely never made a comprehensive shift away from the traditional teaching methods learned from past education mentors. The point to be made is that traditional nursing students and other adult learners want more than knowledge being tossed in their direction in the hope that some specific information will stick. Students today want to know if the disseminated new knowledge impacts them in a personal way—through affective development. Nursing students want to know if what they
are learning can actually nurture their clinical futures and feed their brains, which makes them feel knowledgeable and alive. Then there are those who only want the information given to them so they can check off a course and move on. The challenge in teaching this latter group is to assist them to have a sense of valuing affective education and development. I believe the material in this text is capable of creating a new generation of affectively literate nurses who understand how they fit into a true caring relationship with their patients.

Traditional teaching is teacher-focused pedagogy where instruction is about the instructor’s comfort, level of energy, or hidden agenda and not necessarily about learning. It is convenient, easy, and sounds more objective—but at a cost. Now is the time to be more aware of what affective education means and what it would look like in nursing education today.

*Affective Teaching in Nursing* is an academic text that takes the reader into the world of theory, analysis, practice, and the possibilities of affective pedagogy. The material is referenced and self-reflective for readers to build their toolbox for creating affective literacy in their students if they so choose. It offers the reader a way to assess the classroom and match it to the theoretical premises behind such classroom methods. It is intended to offer something for every type of nursing educator:

- You may be an educator who has been looking for others to join you in your affective teaching strategies—we are here.
- You may be an educator who has been utilizing many powerful classroom strategies, but never knew what to call them—now you will know.
- You may be skeptical and have no intention of integrating this material—maybe you will be convinced to the contrary.

The path laid out within this text is not truly linear in the time frames presented, but the dates give a perspective of various periods that promoted certain themes of affective pedagogy. End and start dates actually overlap. However, it is simply one way to examine shifts in thought on the topic of affective pedagogy in theory and in practice.

The intended audience is nursing educators who are teaching students or those learning to be nursing educators and who need a course in affective teaching. Higher education environments have continuously struggled to put affective education back into curricula from the time Bloom created his affective taxonomy in 1964. It would be valuable for any discipline, but this text is aimed at the foundations of nursing education and speaks of what has not been spoken about effectively over the years.

Nursing educators are responsible for creating an environment in classroom, laboratory, and clinical settings that facilitates student learning and the achievement of cognitive, *affective*, and psychomotor outcomes. (National League for Nursing, Core Competencies of Nurse Educators, 2005, p. 1 [italics added])

© Springer Publishing Company, LLC
Recent events have increased the need to bring this work forward. The Institute of Medicine (IOM, 2011) report on the future of nursing education asked for several changes, including the need to move away from cognitive memorization.

New approaches and educational models must be developed to respond to burgeoning information in the field. For example, fundamental concepts that can be applied across all settings and in different situations need to be taught, rather than requiring rote memorization. (p. 2)

Benner, Sutphen, Leonard, and Day (2010) have also been challenging the nursing education system to make radical changes. One of their four recommendations is to move “from an emphasis on socialization and role taking to an emphasis on formation” (p. 89). Their terminology actually goes deeper than a sense of self-awareness—it presents a complex inner sense of being rather than acting as a nurse. Here is one story they quote from a new nurse who contextualizes the meaning of becoming a nurse:

We are privy to these very, very critical moments in people’s lives. Especially, because a lot of us are younger, most of us have never experienced any of these feelings. . . . All of a sudden you are in a room with somebody who’s just been told that they may only have a couple of more weeks to live, or that the treatment they’re getting isn’t working, or that they have the diagnosis that they’ve been fearing. For us to be there standing by and experiencing that suddenly puts us in a very intimate relation with them. (p. 165)

How are educators to assist their students to attain this level of sensitivity? Are they willing to go to that intimate place in education where tears may be shed? We may be hopeful that these nursing students will personally touch the souls of their patients with their compassion and inner healer, and we need teaching methods that will allow this to happen. The goal of Affective Teaching in Nursing is to offer nursing educators ways of achieving these affective goals.

ORGANIZATION

The text is organized into three parts and 12 chapters. The first part is titled “The Problem in Nursing Education.” Chapter 1 provides the definition of affective teaching and describes the underlying foundations that start to capture the gifts and risks involved. It provides basic teaching theories that are tied to affective methods, and describes the historical journey of how affective pedagogy was first constructed within Bloom’s Taxonomy, and gives some contrast to what it means today. Chapter 1 speaks to the risks for faculty, gives
examples of what it has cost faculty to stay true to affective teaching, and demonstrates how others have buffered themselves from such risk.

Chapter 2 presents the definition of traditional teaching and how it works. It encourages the reader to make some historical sense of how we have created a traditional teaching method in nursing that is universal without conscious effort to integrate the affective domain. It includes faculty’s use of strategies found to be useful without faculty being able to articulate that many of these are affective pedagogy. The entire process creates a muddy acceptance of what might be accomplished if we were clear about putting affective pedagogy into the curriculum.

Chapter 3 discusses the relationship of affective pedagogy to the subjective world. This chapter considers how the unique and valuable partnership between the two can be researched using qualitative methods and quantum thinking. As educators, we have typically rejected the subjective in favor of being more objective. We now can see that an absence of the subjective has led to a subtle resistance to integrate the affective domain of knowing with a continuous erosion of such teaching methods because of their subjective nature.

Part II, “Affective Concepts, Strategies, and Methods,” contains five chapters exploring what we know about affective pedagogy today and how it is being used. Chapter 4 calls out for an infrastructure that can prepare and keep affective teachers in nursing. It describes the models that keep such a teaching structure alive and well, avoiding the historical trend that affective educators tend to fade and go away. To encourage affective teaching, this chapter addresses how to prepare yourself as an educator and how to center a group of students. It also examines the role of proxemics (physical environment) in teaching and how to use aesthetics to teach affectively. The chapter closes with building expertise in reflective practices to gain inner awareness.

Chapter 5 explores the philosophical adjustment needed in nursing to move into affective teaching more fully. This chapter suggests several domains in which affective teaching can be used (e.g., aesthetic models and reflection methods). There are philosophical issues within care theory and quantum mechanics that are rarely touched but need to be explored to address the subjective experiences of teaching and learning that result in very different mindsets than what are found in traditional nursing education.

Chapter 6 examines a taxonomy that supports the measuring of what we do in the classroom and therefore promotes the improvement, change, or restructuring of our affective pedagogical methods. This includes the ability to measure the subjective using qualitative methods or even quantum thinking—and this is a challenging thought for some. The chapter’s appendix table is an assessment tool that can be used to objectively assess the types of affective teaching methods used in classrooms; this tool was used to collect some of the data found in this text.

Chapter 7 discusses the challenges and achievements of using affective pedagogy in the context of distance learning. There is little research speaking to this directly, but we have been asking educators what they are using
to address distance learning. We can extrapolate from other research on the use of distance learning and integrate our understanding of affective methods to look at their value in this form of teaching and to explore the need for additional research for better distance learning practices. Chapter 7 looks at future learning and current challenges posed by academic cheating and how technology supports sophistication in teaching and in cheating.

The last chapter in this part is “Moving From Presentation Slides to Affective Teaching at Conferences.” Chapter 8 is for those faculty who have to go to conferences and present their specialty thinking, research, or innovations. Educators are asked to speak at conferences on a regular basis. They are asked to submit their PowerPoints and objectives by a specific date. Not only will many violate the etiquette of doing PowerPoint construction, but many often never move to an interactive presentation model, let alone to the affective domain of learning during any part of a presentation. Chapter 8 encourages the educator to do both.

Part III, “Integrating Affective Teaching in Nursing: The Big Picture in Nursing Education,” explores nursing education as an evolving process that went through a maturation phase from the late 1980s to 2003 and included some large academic initiatives in nursing education. Chapter 9 explains why this topic is so important and explores what affective teaching can mean to each educator personally. It continues with a historical perspective on the care nursing pedagogy that started to flourish during this period with entire nursing programs using care as a central core of knowing for the student and graduate nurse. The care pedagogy was led by nursing pioneers, including Jean Watson, Madeleine Leininger, D. A. Gaut, Olivia Bevis, and the education pioneer Nel Nodding. It was a time of exploring the idea of care as a unique way of being that included skills that needed to be separate from the overall definition of what nurses do with patients. These debates raised the consciousness on nursing theory and continue to this day.

The emotional intelligence movement is presented in Chapter 10 as part of the affective development in education that later merged with the social intelligence movement to be called social–emotional learning (SEL). This movement, seen in the United States and abroad, has significant correlates to affective literacy but has rarely been articulated in nursing programs. However, SEL is demonstrated to be a major focus for other affective educational curricula—especially K–12.

Chapter 11 explores some of the international perspectives found within the SEL movement and its relationship to affective pedagogy emerging in some European and Asian countries. Other nations appear to be attempting to teach to the “whole” student using SEL strategies but without a continuing long-term model.

Chapter 12 encourages us to explore the deeper possibilities, examining why we may have lost something greater than a passion for teaching in the affective. It challenges all of us to identify what may be a serious loss of passion for all teaching; to include our soul as teachers and why we may be hiding behind the creation of sterile, cognitive, or heartless classrooms.
This chapter challenges teachers to do their own personal work examining what keeps them separate from others—especially students. Nursing has a history of using professional distancing in our clinical practices that has been challenged in more recent years. I believe the same change is needed in the classroom.

There should be learning centers that allow faculty to explore and reclaim their soulful selves. Are you willing to break all the illusions you may have created about yourself and your teaching life? You can certainly go on as you have always done. You can even use this text as a cognitive tool and add a few more skills to your teaching tool kit. I invite you to do more with what is described here. Practice affective methods, strategies, and concepts so we can build a community of soulful teachers who want to be on this same journey.

It is possible you may find this journey challenging but hopefully also rewarding. We are at a place in nursing education where the average age of faculty is 56-plus years old. We have or will have significant retirements annually, and these will have a major impact on the faculty shortage over the next few years, leaving even fewer trained faculty for mentoring and teaching students and future educators. This will ultimately lead to more of a nursing shortage and there will be a desire to quickly get nurses prepared without much thought to the student nurse’s affective development—a potential risk worth avoiding. Affective Teaching in Nursing can play an important part in future faculty development as the so-called Generation Xers come forward into the ranks of teaching nurses. This new group of educators has its own struggles in terms of being prepared to teach and bring forth affectively literate students. Imagine if our future nurse educators believed their teaching was an act of love, capable of inner maturation development, and taking on the role of a healer for our students? This type of nurse is more likely to go into the world and provide the healing needed for themselves as well as their patients.

The URLs included in this book are posted by various persons and they have the right to pull these from the Internet if and when they see fit. This may cause some links to fail in the future, and I apologize ahead of time for this inconvenience.

—Dennis Ondrejka

Educare, the root of the word education, means “to lead forth the hidden wholeness,” the innate integrity that is in every person. And as such, there is a place where “to educate” and “to heal” means the same thing. Educators are healers. (Remen, 1999, p. 35)

Since nursing is a caring profession, its ability to sustain its caring ideals, ethics, and philosophy for professional practices will affect the human development of civilization and nursing’s mission in society. (Watson, 2008, p. 41)
I worked for years on this book, but not until I worked with Vicki Bobo did I have a plan to finish. Her support and reading guidance has been the internal and external support I needed to finish this project.

I am also greatly indebted to leaders in education that have been breaking traditional educational methods and asking for a new generation of teachers. Parker Palmer, a great author and educator, has inspired me in many ways to challenge the objectivist movement as I look to integrate affective methods into the classroom. In addition, Marie Manthey and her team at Creative Health Care Management are an inspiration to us and our need to continue efforts to build relational and caring practices as nurses. It is not enough to be competent nurses, but to be passionate about how we connect to others for their best healing.

Another great educator is Jean Watson, who lives daily to change the practice of nursing to a place of presence and care. If we could just be in such a place as we meet our patients each day, we would have our inner healer moving out to all those we touch.

I also want to thank my wife, Terri, who had more sleepless nights arising from my dissertation period than from the writing of this text. However, I have had to take so much from We Time to be just Me Time and I am thankful for such a partner in my life.
“The Problem in Nursing Education”

Everything depends on the lenses through which we view the world. By putting on new lenses, we can see things that would otherwise remain invisible. (Palmer, 2007, p. 27)
What Is Affective Pedagogy: What Is the Risk for Faculty?

POSSIBILITIES

As a reader of this text, walk around your college or university, visit a classroom, and look closely at the students and the teacher within. Sit for a minute in the back of the room. Challenge yourself to ignore the topic of the class, and observe only the connections that are present or absent among participants in the classroom. Don’t be critical of anyone, but observe what is there. This is the reality of that particular class culture and what has been created consciously or unconsciously. You may or may not like what you see.

The reality is that faculty come to teaching for different reasons. Many are called to teaching as their passion, vocation, or expression of their inner selves. Others find teaching by mistake or perhaps through a confused belief that teaching is their calling. What a sad revelation it is when all a teacher can see are students who are floundering, expressing misguided thinking, or appearing inattentive and lazy. Imagine the possibilities if more faculty knew they were in the right career and their primary goal was to create a connection between themselves and their students, which worked like an umbilical cord for cognitive and affective development.

More typically, life as a nurse educator, teacher, and mentor means daily excitement as nursing students move toward independence and begin to show a connection of caring with their patients. Eventually, graduates take on the
role of becoming a professional nurse. It is exciting to see these same students years later as they mentor new students in clinical practice. The journey is not always pleasant, friendly, or without hazards. So applaud yourself for taking the risk of becoming an educator of nurses.

What is even more worthy of recognition is a willingness to address the lost pedagogy—the affective domain. Utilizing the affective domain as pedagogy is a form of teaching that engages students in such a way that it impacts their knowledge of self, how they value or believe certain things, and it assists them in understanding the choices they make and actions they take. This approach to education transforms the student. Affective teaching has either been a mystery of meaning, or utilizing the affective domain has been too confusing for educators to incorporate into teaching practice. Nurses need a level of self-awareness to truly connect with their patients during the healing process as well as to understand their therapeutic selves. Affective teaching methods are at the core of bringing this understanding to light, and it is time to know more about what this means. This will entitle you to more than a simple acknowledgment as a teacher. It will deserve a heart-felt “thank you” for being willing to do the difficult personal work of taking a journey beyond tradition, routine, and habit to become an affective-literate teacher.

**CHALLENGES OF DEFINING AFFECTIVE TEACHING**

Nursing has had a wavering and poorly articulated understanding of what affective teaching or affective literacy means—even when we say that we do this as educators. Defining affective teaching is problematic, as evidenced by the wide range of descriptions available in the literature. Elizabeth King wrote *Affective Education in Nursing: A Guide to Teaching and Assessment* in 1984 as the first nursing text on the subject. She focused her work on teaching methods aimed at addressing moral value judgments for nursing, with the result being primarily an ethics development course. Her goal, however, was to have nurses develop the ability to value others as a moral way of being (King, 1984). In another description, Hammer (1990) discussed affect in terms of anything that moves into the feeling zones, which has continued to be directly correlated to the term affect in most literature. Beane (1990) defined affect as those aspects of humanness that involve preferences and choices. These authors described affect as having a personal, aesthetic, developmental, and cultural context. Before we have a solid understanding of how to teach toward these affective attributes, we need to value their presence within those around us, which can be called affective literacy. A definition that encompasses all of these authors’ ideas, and for the reader’s reference, affective pedagogy is:
A form of teaching that will support the individual's integration of knowledge regarding emotion, preference, choice, feeling, belief, attitude, ethic, and personal awareness of the self.

Through this process of teaching, students will gain their own affective literacy, which will include understanding of their self-motivation for action and inaction. It will also support self-awareness regarding their behaviors and where these behaviors originate.

As a reader, this definition may seem to be more of an abstraction than a practical understanding of affective literacy. A more understandable definition of affective literacy, applied to myself is to know what motivates me; to understand why I make the choices I make; and to be in touch with my feelings and moral compass as I experience life. For example, if I am an affective-literate educator, I know when I am not connected to my students. While teaching, educators sense additional distractors present and may feel a personal emotional loss, frustration, or sadness by this disconnect. In such cases, it would be valuable for educators to look for personal or subconscious reasons for this disconnect and then accept this outcome as something they partially created.

A challenging discussion for educators is to explore the difference between why a nurse became a nurse versus why that nurse became a teacher of nursing. What are the reasons nurses become educators of nurses? Are the reasons clear and purposeful or an accident or something deeper in the affective self that has not matured enough for this understanding to be apparent? The three most common words related to low levels of self-awareness are “I don't know!” This has been a classic humorous topic for comedians like Bill Cosby (http://www.youtube.com/watch?v=8ysFvUizRj8&feature=youtu.be), but it seems less humorous when students are asked to be more reflective about what is happening to them in a clinical setting. There does appear to be an affective continuum of integration that was first acknowledged in 1964, called Bloom's Taxonomy. This taxonomy may offer some insight as to what are understandable parts of affective awareness versus what parts are still hidden.

**Bloom’s Taxonomy and Early Affective Pedagogy in Nursing**

After many years of research, Krathwohl, Bloom, and Masia (1964, 1974, 1999) developed a taxonomy for objectives in education (often called Bloom's Taxonomy). The taxonomy defines the three types of learning as cognitive (mental), psychomotor (physical), and affective (emotional), with the focus of their second book on taxonomy being the affective domain. (A website that may be useful in seeing how Bloom's Taxonomy is being used today is http://www.nwlink.com/~donclark/hrd/bloom.html.) Despite significant challenges in its use, Bloom's Taxonomy has been used over the years as an aid in defining affect, understanding what might constitute a continuum of affective development, and to articulate affective development of students. Krathwohl
et al.’s work helps the reader become aware of a possible maturation in terms of depth or integration of affective ideas within a certain context. They suggest five major stages in affective development. These are:

1. **Receiving**: The student becomes aware and is willing to receive the affective input.
2. **Responding**: The student begins acquiescing and exhibits a willingness to interact on this level.
3. **Valuing**: The student accepts and expresses a preference for or a commitment to the topic.
4. **Organization**: The student conceptualizes values and moves to an organized value system.
5. **Characterization by a value complex**: The student’s conceptualized value complex becomes a way of life.

Overlaying a developmental continuum onto any affective concept makes the definition appear to be more fluid and offers greater challenges, but it also offers the possibility of more insight into any particular affective phenomenon. It suggests that affective learning is a developmental process, and thus, one should not expect the same level of integration to be exhibited by all students or faculty. A developmental affective continuum has significant implications for how various students and faculty perceive, integrate, and evaluate affective pedagogy and learning. However, reliable methods for assessing affective literacy based on this continuum have challenged faculty for years, preventing investigators from using the model to study affective teaching environments.

**Challenges in Using Bloom’s Taxonomy**

In order to utilize the stages defined by Bloom’s Taxonomy in affective teaching today, one must understand their weaknesses and their strengths, and be able to connect the original work to current definitions of affective learning. For example, the historic work of Krathwohl et al. (1964, 1974, 1999) mentioned earlier presents five stages of development but leaves several confusing weaknesses for investigators. Krathwohl et al.’s discussion defines receiving as awareness, and lacks any relationship to current affective definitions. These authors state, “Though it is the bottom rung of the affective domain, Awareness is almost a cognitive domain” (p. 99). It is therefore possible that awareness in Bloom’s Taxonomy is a cognitive domain. In addition, one can make a case for the cognitive domain as part of several intermediary steps of their second level of integration called responding. Krathwohl et al. called the second intermediary level of responding “satisfaction in responding” (p. 118), and it makes sense to take this to the third stage on the continuum called valuing because this is an affective experience versus leaving it at the responding level, which is primarily described in cognitive terms. This means
two of the five developmental levels in Bloom's Affective Taxonomy are essentially cognitive strategies. Such a theoretical discussion challenges any investigator in the use of Bloom's Affective Taxonomy for affective outcomes and measurement strategies as they were defined. In addition, the stages of valuing, organizing, and the characterization of a value complex have their own challenges that are explained by Krathwohl, Bloom, and Masia's (1999) discussion of their earlier work. These more recent discussions suggest there may be no reason to push for a separation between the affective and cognitive domains, supporting their 1964 third premise for a lack of affective objectives. They state:

This division [cognitive, affective, and psychomotor] was found useful despite the fact that nearly all goals overlap both the cognitive and affective domains if they are stated in all of their aspects. Further, many goals extend to all three domains. The division has served to enforce the isolation of the domains from one another, to make it more difficult to unite all the aspects of a behavior into a single goal statement, and to emphasize cognitive goal aspects at the expense of others, especially the affective. (p. 197)

Krathwohl et al. believe we should let the cognitive and affective run together. They see separation as difficult now that educators are more focused on action outcomes that support cognitive statements regarding the course objectives. If one were to write an objective where the learner should be able to describe . . . and value . . . , there will still be an action outcome attached for the learner. In essence, the originators of the affective taxonomy are losing interest in constructing differentiating taxonomies. As Krathwohl states, “Clearly, this is a problem which will need to be considered by those who attempt the next advance of the Taxonomy” (p. 197).

The work of Freire (1998) also supports the view that cognitive and affective domains of knowing need to be integrated. He states, “We must dare so as never to dichotomize cognitive and emotion” (p. 3) as he supports a teaching style that activates a cultural change for the student. It is apparent that there is, or at least has been, a movement to eliminate the separation between affective and cognitive learning objectives that has little meaning when viewed through a certain lens.

Despite these rejections to a separation, there is value in exploring the cognitive–affective differences, as such an exploration suggests a different focus for teaching with underpinnings behind an instructor’s pedagogy used in classrooms and offers a greater level of acceptance for the subjective domain. Therefore, at the outset, the separation will be a learning device, and then we can think about the blended view for future discussions. So, for the sake of building a text that promotes the affective domain of pedagogy and learning, the separation of affective and cognitive domains will continue until it serves us no longer.
FOUNDATIONS FOR AFFECTIVE PEDAGOGY

A thorough search of affective awareness strategies and learning models leads to the study of three psychological models. Psychodrama, Gestalt, and humanistic psychologies are particularly useful as a means to reach greater awareness of the intersubjective and intrasubjective selves. The constructs within these theories place great importance on affective awareness and learning related to the self, and thus provide us with ways to begin incorporating the affective domain into the classroom. Briefly, we can understand intersubjective as an awareness that occurs in the moment of two people connecting. It is about learning in the moment without a previous agenda. Intrasubjective is what we are able to learn about ourselves. It seems almost self-evident that psychological strategies might be useful in this way. Gestalt, psychodrama, and humanistic psychologies offer support for both and are foundational to affective literacy.

Psychodrama

The term psychodrama is believed to have been coined by Jacob Moreno (Williams, 1989). Moreno was an Austrian psychiatrist who lived from 1892 to 1976 and who is credited with the origination of group therapy. From 1909 to 1911, Moreno devised his own form of role-play, which by 1922 became a theatrical production totally structured around spontaneous work called Das Stegreiftheater. He initially implemented his ideas with children and later included adults who valued being-in-the-moment-of-creation versus pursuing goals, such as perfection. As he watched psychodrama’s effect on the audiences and the actors (patients) in relation to their lives at home, Moreno wondered if the work of spontaneity could be the key to mental health (see http://www.youtube.com/watch?v=zvgnOVfLn4k&feature=youtu.be for an actual psychodrama being created by Moreno). His theatrical use of psychodrama was also highly criticized by the psychoanalytic community.

Moreno’s wife, Zerka, was also very influential in the development of psychodrama strategies. Using a social systems approach, Moreno’s approach was more horizontal, while Zerka favored a vertical approach that concentrated on the cathartic work that may be found by exploring primal past experiences (Fox, 1987). Zerka pulled others who had connections to the actor into the psychodrama to evaluate the dynamics being played out between them. The vertical method used by Zerka asks the actor (patient) to go inside to find the inner conflict or wound (see http://youtu.be/VQUtxDK5V-w). Williams (1989) outlines the central beliefs for using psychodrama as:

1. People have multi-role personalities.
2. Spontaneity is found in the here and now.
3. Spontaneity leads to creativity, which leads to personal awareness and healing.
4. It is action in the moment that brings about change.
5. Psychodrama fosters the creation of meaning versus the excavation of meaning found in traditional therapy.
The process of interaction between individuals, or tele, is critical to understanding psychodrama. The term tele originated from the Greek word meaning far off. Tele is “the simplest unit of feeling transmitted from one individual to another” (Moreno, 1953, p. 159). Kellerman (1979) described tele as the emotional feeling tone that exists in almost all human relationships. It is very similar to descriptions of intersubjective knowing or the idea of care theory found in more recent literature. Watson says it this way, “The meaning and essence of care are experienced in the moment when one human being connects with another” (Watson, 2004, p. viii). We continue to see our connectedness as a part of the way we experience one another, which carries on to this day.

Dayton (1994) presented psychodrama as a healing process that does not require conscious remembering of an event; the remembrance is precipitated when one’s body acts out an old event. The action triggers the hidden trauma from that event but allows it to be reconstructed in the here and now with different outcomes. This is truly a subconscious learning model that allows the person who is working to re-create his or her interior life. “It provides the pathway to bring our inner and outer reality into balance and accord” (Dayton, 1994, p. 7).

It is easy to see the value of being in the moment, being open to others, creating a connection to parts of self that have another agenda, and using spontaneity and creativity to give clarity to self-awareness as useful tools for personal self-awareness and growth. The challenge is having the skills to do this in a classroom. To address this issue, let us begin to explore how psychodrama is useful in building the foundations of an affective pedagogy.

Educators often hear stories of students with math phobias, dissertation paralysis, and other traumatic academic events that play out in the student. The literature suggests that psychodrama could be used to address such issues by allowing the student (actor) to explore the old subconscious inner voice that creates his or her response. Psychodrama also provides an avenue to re-script this internal message—something that psychodramatists believe is as real as the original message in the subconscious part of the brain.

We see some of these methods in classrooms where the teacher uses a family scripting method to show family relationships (e.g., in a community health course when studying family dynamics). Imagine its use for those who fear taking tests, become paralyzed with math, or have complete loss of memory when they have to present to the class. Vignette 1.1 provides an example of just such an issue.

**Vignette 1.1**

I was in my first semester of college, and I needed to give a 15-minute presentation on a historical event, and I had no more than three quarters of a page of writing. I remember getting up, walking to the front of the class, but I don’t remember anything else until I was sitting down. I could remember only some of what I said. I don’t
Would it be possible to gain such awareness about oneself in a classroom? Maybe it would work for presentation anxiety, or test anxiety if we had alternative ways to present things creatively. What if we used poems, music, or other ways to address these challenging issues for students?

**Gestalt Psychology**

Another theory that places great importance on affective awareness and learning related to the self is Gestalt psychology. Heidbreder (1933) wrote about the development of Gestalt perspectives at the turn of the 20th century and at its origination by Max Wertheimer in 1910. Wertheimer became convinced there was something wrong with the explanations of sensory processes and perception available to him at the time, so he looked for an alternative. His original concern was the fundamental problem of clinicians and scientists not addressing how a phenomenon is perceived, described, and interpreted. Two students of Wertheimer, Wolfgang Kohler and Kurt Koffka, also became convinced of the inadequacy of the older psychology that bore the Wundtian stamp of approval. In response, these three men initiated a protest movement called Gestalt psychology, which had no equivalent translation in the English language. Gestalt more recently has been defined as “to make a comprehensive whole” (Hardy, 1991, p. 4) and has been influenced by the work of Fritz Perls. “Gestalt therapy is a philosophy that tries to be in harmony, in alignment with everything else—with medicine, with science, with the universe, with what is” (Perls, 1969, pp. 16–17). Perls also taught classes on what it meant to be using Gestalt (see http://www.youtube.com/watch?v=T3jYcDbcpUs&feature=youtu.be).

Hardy’s (1991) discussion of Gestalt therapy covers several central beliefs concerning the universality of the theory:

1. Man is a mind–body connection that cannot be separated.
2. Gestalt therapy emphasizes the person’s self-regulation by enhanced awareness.
3. It aims to bring into awareness these polarities of the human experience in order to enhance completeness and spontaneity.
4. It strongly supports experiential learning.
5. It supports equilibrium between society and personal goals by all persons who are living in concerned contact with their environments.
6. It places great importance on learning that problem solving is a process rather than an end itself.
7. Experiencing a feeling is the most effective way to meet Gestalt therapy objectives.
8. It addresses feelings and concepts in the here-and-now and rejects the value of describing things or giving a historical view.

As we explore affective teaching methods, it is clear how such issues become foundational philosophies for the faculty member who strives for affective literacy in his or her students. In some cases it brings out exceptional creativity that also can become aligned with learning (see The Cosby Show video clip: http://www.youtube.com/watch?v=5-2NmLTDsq8).

Carl Jung also influenced Gestalt therapy, but Gestalt psychologists revised Jung’s polarity concepts to develop the idea of being-in-paradox. Gestalt therapists asserted that any part of the self has a counterpart, and this counterpart is what Gestalt therapists use for self-awareness and development by asking the client to respond to a potential concern that is 180 degrees from what they started with—the paradox question. Thus, if the client is concerned about struggling with a relationship, the counterpart work of the client would be to ask what would it be like right now if everything was perfect for him or her in the relationship. If this can be articulated, then an outcome goal has just been created. If it cannot be articulated, then the struggle is (a) to get clarity and (b) to realize that both the positive and the negative issues can be real for the client.

This philosophy supports personal responsibility for one’s feelings, behaviors, and choices even if they are creating a paradox for the self, which are also major outcomes of affective literacy. In Gestalt therapy, the use of transference, or redirecting emotions to the therapist in order to work through an issue, is avoided because it creates dependency on the therapist rather than promoting the notion of taking responsibility for one’s own improvement.

Gestalt practitioners (Beisser, 1970; Hardy, 1991; Perls, 1972) repeatedly predict that clients (and possibly students) will become healthier as they become who they really are rather than continuing their attempts to be someone else. Sometimes this is described as wearing a mask at work, a different mask when a student, and another mask when home with family. The challenge is to have such an in-depth level of awareness that we can really see who we are and not need all the masks. Faculty members who are learning about their inner selves and how their assumptions impact their teaching, have been challenged to find his or her authentic self. Certain types of reflection methods are aimed directly at this sense of self. We often ask students to be reflective of who they were trying to be in a given situation, and how that is working for them. Both are examples of Gestalt processes.
**Humanistic (Rogerian) Therapy**

Humanistic therapy also has great value in building a foundation for affective awareness and learning. The work of Carl Rogers as a humanistic psychologist is well known in the field of psychology and education. His earlier work was specific to the therapeutic relationship (Rogers, 1951), which fostered self-initiated action, flexibility, use of personal experiences, and client-centered openness. Rogers's work (1969) was also directed at an inner connection between facilitator and learner, and states, “Certain attitudinal qualities which exist in the personal relationship between the facilitator and the learner, produce significant learning” (p. 106). The goal is to view the world through your student’s eyes. Rogers’s *person-centered* methods in education require teachers to be flexible, transparent, collaborative with the students, and to support student self-evaluation. (A clip of Carl Rogers providing humanistic therapy support, which is highly patient-centered, can be found at http://www.youtube.com/watch?v=m30jsZx_Ngs.)

The recent research of Cornelius-White (2007) has identified humanistic educational practices as primary strategies for creating *learner-centered* teachers who build positive relationships with their students. His meta-analysis suggests that teachers who are empathetic to student needs positively impact student outcomes. This occurs when teachers provide unconditional positive regard, are genuine, are less directing, and ask for more critical thinking.

The historical development and practice of Gestalt psychology, psychodrama, and humanistic therapy laid a foundation for connecting affective literacy to self-awareness. These psychological therapies have basic constructs that are equally effective beliefs and techniques for fostering the in-depth personal awareness that may be made apparent in various affective learning environments. However, it has been historically unclear how well affective learning works for students or what are the pedagogical factors necessary to make it a successful learning experience.

**Ways of Knowing**

In addition to building a foundation for affective pedagogy, it is important to understand how we learn, otherwise known as ways of knowing. Carper’s (1978) ground-breaking work that was expanded by Jacobs-Kramer and Chinn (1992) describes four classical critical thinking domains frequently used to categorize types of learned experiences: *aesthetic, ethical, personal,* and *empirical* domains of knowing. In addition, the literature suggests a fifth way of knowing that is called *intersubjective* knowing (Crossley, 1996; Munhall, 1993; Watson, 2008). This foundational look at how we learn, creates a framework for understanding all types of academic strategies. The affective domain is especially correlated to the aesthetic, ethical, personal, and intersubjective domains. Understanding the ways of knowing may not be a foundation for creating affective pedagogy, but it certainly helps explain how various types of teaching differ as well as how the student is impacted and matures.
The aesthetic domain includes artistic and intuitive types of knowing. It encompasses the personal interpretation of art, music, drama, and natural phenomena, such as being in the woods. The individual experiences his or her own personal interpretation of that process, and that interpretation can be used to examine how he or she connects to others within an aesthetic experience.

The ethical domain includes values, morals, and personal belief structures that are core decision-making frameworks within the individual. Much of this learning occurs early in life and is then carried into adulthood as a value structure. In some cases, academic settings attempt to shape this part of the person's knowing by addressing service, professional empathetic relationships, or constructs related to professional ethics.

The personal domain is the knowledge gained from personal experiences in life or in a personal problem-solving strategy called heuristic knowing. It encompasses skills or even specialized personal awareness strategies commonly identified as experience-based learning that occurs outside any formal academic setting. It is possible to see this type of knowing as growth-enhancing or growth-stunting, where the latter believes the only valued knowledge is from personal experience and the rest is not real.

Empirical knowing includes the scientific method and research knowledge. It is described as a rational or cognitive way of knowing. The academic setting is typically credited with providing empirical knowing, which is often seen as the best or most likely truth. The idea that empirical inquiry offers the most accurate or best truth about a topic is based on our culture's deeply held belief regarding the usefulness of validity and reliability in structuring scientific inquiry. Despite its empirical credibility, it is only one of five domains of knowing described in this text, which can also be used to assess pedagogy and learning.

The fifth domain of knowing is called intersubjective knowing, which encompasses the work of Mead, Cooley, and Blumer and their descriptions of symbolic interaction, symbolic introspection, and sympathetic introspection, respectively (Mayers, 2003; Polkinghorne, 1983; Prus, 1996). Intersubjective knowing represents a type of knowing that only occurs as two or more people come together and create a new level of awareness not understood by the participants individually before they interacted. Watson (2008) put it this way, “Learning is more than receiving information, facts, or data. It involves a meaningful, trusting relationship that is intersubjective; the nature of the relationship as well as the form and content of teaching affects the process” (p. 125). Munhall's (1993) description of a nurse showing up in the unknowing is a useful way of thinking about how we learn when not having an agenda already present. She challenges us to withhold our beliefs, personal ideas, projections, and biases to have a better understanding of what is happening in the moment. It is important to note that a nursing researcher such as Munhall was looking at a very subjective topic in the early 1990s as a way to learn more. The idea is identical to the former authors who wrote about the “intersubjective knowing methods.” Again, it is about being present, without your own understanding of the issues before you, until you are in connection with the other person. This creates the new “intersubjective” knowing.
These five ways of knowing help us build a framework for understanding academic strategies. By understanding how students learn, we can begin to build a foundation for affective approaches to teaching. To arrive at a clear and complete framework, though, we need to understand our ways of knowing in conjunction with social–emotional learning (SEL) and how this plays out with intersubjective experiences.

**Social–Emotional Learning**

Most of the SEL educational models and research are used in K–12 settings where there is a need to instill competencies and skill development in young children and young adults as a way to improve socialization abilities. There is some research on using these skills in adult classrooms as well as a way for teachers and students to learn to work together more effectively. Such work is closely tied to affective literacy for teachers and social–emotional literacy for teachers and students. However, there is a significant cognitive component in how SEL is being used in many other settings that again represents the difficulty theorists have in separating the affective from the cognitive as we explore the topic of affective literacy.

Hoffman (2009) identified several purely cognitive models in practice that were aimed at producing measurable outcomes for students learning SEL. He states that this emphasis on skill and cognitive processing of emotions has been seen as a valuable outcome of successful SEL training of students who are going into the world or beginning their careers (Cohen, 2006; Goleman, 1995; Stern, 2007). It also points to the challenges of staying true to the need to measure the subjective. Of greater concern in this review of SEL is how teachers might use, model, and mentor such skills as living proof of their value in the classroom, if they do use such strategies.

Faculty who are teaching adults have additional challenges. Adult students have already formed many opinions regarding education, their need to learn (or not), whether you are a good teacher (or not), and may have a host of reasons for being in that course—ranging from the excitement of learning to a boredom that is tied to a required course for their major. No longer are you dealing with SEL methods as a proper way to ask for help on an assignment. SEL can easily become a technique to teach rather than a community norm of activity based on Hoffman's research. Palmer (2007) puts it this way: “Good teaching cannot be reduced to technique; good teaching comes from the identity and integrity of the teacher” (p. 10). He relates this to knowing yourself as a teacher and that you are “willing to make it available and vulnerable in the service of learning” (p. 10).
SEL addresses the affective in many ways and higher education can take lessons from what we have seen for 20 years in K–12 settings. However, we must still heed the experts from these programs:

I am a bit bothered by the great emphasis in current research on teaching the kids social skills such as listening. Of course it is important for students to learn how to listen and treat one another with some sensitivity, but it is also important that teachers listen to the students. (Nodding, 2006, p. 239)

This is the real essence of using SEL in higher education. It allows for the intersubjective experience where the student and teacher learn together in the cognitive and affective domains.

The foundations of affective pedagogy incorporate elements from all the areas discussed earlier. An understanding of the three psychological theories outlined here (psychodrama, Gestalt, and humanistic therapy) provides us with affective awareness strategies and learning models. Further, an understanding of our ways of knowing and SEL bring forward how intersubjective experiences impact the cognitive and affective domains. Now we will use this foundational knowledge to begin exploring ways in which we can use affective pedagogy in the classroom.

**CONTEMPORARY EDUCATION THEORIES AND AFFECTIVE PEDAGOGY**

Affective pedagogy may be designed specifically by the instructor to address particular types of knowing. In addition, classroom cultures can be examined through theories of effective teaching called *care pedagogy*, *teacher immediacy*, and *pedagogical typology*, and the physical classroom structure called *proxemics*. Other approaches to affective pedagogy have come from student learning styles and have focused on how the student can create his or her own learning method.

**Contemporary Educational Theories**

This section provides curriculum development theories that allow the reader to understand where various forms of curricula originate. Some curriculum models make affective pedagogy easier to apply, and there are examples of how they come together. In other cases, a certain curriculum philosophy would not be used to build affective teaching methods. Having educational theories as a landscape allows the reader to determine how to use them in
more critical and intentional ways, especially when looking to bring in affective methods.

Bertrand’s (2003) work on contemporary education theories provides a comprehensive discussion of what American educators have used as the foundation for building curricula. There are obviously other ways to categorize our educational history, and we will explore some of these as well. However, using Bertrand’s categorization, the first trend for American educators originated from the desire to teach and create teaching theories around solid pillars of knowledge called academic theories.

**Academic Theories**

The role of the teacher involves the dissemination of content around well-known topics such as liberal arts, classical literature, the sciences, and mathematics. These were called the academic theories, and they were given descriptive names such as classical, generalist, functionalist, traditionalist, and pragmatist. In the academic theories, each student is tasked with complying with competency-based education. There is no room for questioning the norms of social standards in these theories. The process is highly prescriptive and cognitive without any flexibility in approach because the teacher has the expertise and the content is archetypal and transcends time, leaving students to be more passive and simply hear and get it.

There are some variances within the global domain of academic theories. These variations, or subcategories, still are in alignment with the premise of what an academic theory is—to pass on to the next generation key and everlasting principles. The first subcategory is classical theories, which asks the student to hear classical content that is void of current culture or changes within the current social fabric. In nursing, an example might be the belief that nurses should show patients a conservative outer look—no visible tattoos, minimal ear piercing, and no facial piercing. In an age where these classical principles may not hold up, we may face the potential need to re-think such principles. However, it wasn’t long ago that these classical messages in nursing were that a nurse should wear a white uniform, white shoes, a nurse’s cap, and a nurse’s pin. Where did these classical messages go? It is an interesting question to ask.

A second subcategory of academic theories as posited by Bertrand (2003) is called the generalist theories. In this domain, the instructors stress a certain way of thinking through problems and focus on our logical minds creating rational solutions to complex issues. It also involves the critical and open mind that does not have a purely biased preconception of what is occurring. Let us look at the nursing process as our method of integrating the genera-list theories approach. Nurses collect the data that can be objective and subjective, and then assess this to meet a logical conclusion regarding the patient’s problem from a nursing perspective. The nurses give it a diagnosis that is open to
nursing interventions and then intervene using these learned methods from the profession. The diagnosis is evaluated to see if the intervention(s) worked and make adjustments to have the best patient outcomes. Vinette 1.2 shows what nursing looks like within a generalist theory process.

**Vignette 1.2**

**Data Collection:**

Mr. Marks, 64 years old, was admitted 2 days ago. He was previously diagnosed with congestive heart failure, hypertension, and cardiac ischemic injury in 1990. He is currently complaining of intermittent chest pain occurring for the past week. He has allergies to sulfa drugs. In the emergency department he had an EKG, which was negative, and his troponin levels were twice normal. He recently worked on his house, building a deck. He had erythemic bed pressure spots on the buttock and scapula when he arrived to the unit. He has been in the emergency department for 12 hours.

He has a peripheral line in the right forearm that is patent with normal saline running at 40 mL/hr, with a Lasix piggyback drip running that was started 30 minutes earlier. Urine is normal now, but is very concentrated.

Vital signs on admission to the unit were BP 140/88, P 52, T 98.8, R 28, pulse-ox 90%; he is still complaining of chest pain intermittently. Potassium levels are 3.0 and he has 2+ pitting edema in the lower legs and feet. Reduced breath sounds in lower lung lobes, normal breath sounds in upper lung fields. Heart has a normal rhythm.

Medication order includes:

- Nitro tabs sublingual, as needed for chest pain every 2 hours
- Beta blocker every day
- Motrin 600 every 6 hours as needed for pain
- Lasix 20 mEq in 100-cc bag, piggybacks, IV three times a day
- Oxygen is by cannula at 6 liters

**Nursing Diagnoses:**

1. Intermittent chest pain related to ineffective fluid mobilization in lungs and interstitial spaces related to cardiac insufficiency
2. Poor skin integrity related to poor circulation and stagnant positioning

**Nurse Interventions:**

1. Provide skin care, and move patient to right side using pillows
2. Check for good oxygenation and cannula placement
3. Hold beta blocker until pulse is up to 60 bpm and call physician

(continued)
Part I The Problem in Nursing Education

4. Call physician for potassium order and indwelling Foley as the Lasix kicks in; discuss the possible use of a daily 85 mg aspirin and when to get another troponin and potassium blood level
5. Assess leg edema every 8 hours, get an accurate patient weight, and monitor every 8 hours
6. Turn the patient side to side every 2 hours or get special padding mattress, then check and treat skin every 2 hours

Nurse Evaluations:
1. Vital signs every 4 hours with weight every 8 hours
2. Intake and output monitoring
3. Skin monitoring every 2 hours
4. Ask the patient his perception of ease of breathing, pain, and skin needs
5. Recheck troponin and potassium levels
6. Discuss any changes with the physician, especially fluid retention, potassium dropping, or poor urine output

As illustrated in Vignette 1.2, a generalist theory is a useful approach in nursing to integrate the nursing process, which includes data collection, assessment, nursing interventions, evaluation, and any necessary adjustments. Most nurses have experienced the generalist theory approach and, over time, have certainly become better at this straightforward technique. However, the approach is void of relational knowledge—the subjective elements involving the patient's self-motivation or self-care deficits.

Bertrand (2003) also presents another subcategory of academic theories called functionalist theories, where there is more of an attempt at having the student show competency in his or her actions as a professional in any setting or situation in American society. Nursing has used this concept to provide the nurse with professional strategies of success, a skill set normally saved for the baccalaureate educational level of nursing. It has been called leadership or professional practice, and often provides the nurse with the principles for professional practice such as being patient centered and a patient advocate. These principles will always allow the nurse to function in a way that is acceptable in American society and are represented in Figure 1.1, which shows patient-centered care.

It is a complex issue to examine the usefulness of each subgroup of academic theories in conjunction with affective pedagogy. However, it is possible that all three of the academic theories described here could use affective methods to get the information to the student, although this would not be likely, as the theories are primarily teacher- or curriculum-focused. The academic theories may serve as a mirror of your practice or may provide some understanding of teaching methods not being used when presenting affective pedagogy. As a student of educational methods, there is value in learning both.
Learning Environment Theories

The learning environment theories focus on different constructs within the educational system that include the student, society, and the content being taught. These theories flow from the psychological theories of learning, which include cognitive theories, social cognitive theories, and instructional system design theories (Bertrand, 2003). The first of these is purely cognitive, but can be thought of as “internal processes of the mind. . . [or] a development of learning abilities and strategies” (p. 13). Cognitive theories are difficult to examine separately from other issues going on for the student, especially in nursing education. The overall nursing curriculum is intended to build internal processes for thinking through increasingly complex clinical situations, as the student moves from course to course. Cognitive theories seem too encompassing to be thought of as a teaching theory; rather, they seem to be a way of thinking about curriculum.

The second subcategory of learning environment theories is called social cognitive theory. This asks students to be conscious of the social and cultural interactions that occur during their educational experience. Social cognitive theory focuses on teaching and learning through various forms of social interaction, which has the potential for being highly affective even in the most traditional teaching environments—it must be experiential and affective or learning would not occur. Social cognitive approaches imply social interaction—connection—awareness of social and cultural similarities and differences. Nursing students who travel to other countries or have certain community health experiences can have their affective development impacted significantly.
The third subcategory of the learning environment theories is called *instructional systems design theories*; these again are focused on the larger picture of the curriculum. An example would be a system that states when to start the clinical experience and when to have prerequisite course requirements, and it would ask questions such as, “Is it effective to have specialty nursing training, for example, pediatrics, prior to completing all the medical-surgical courses?” The large domain of instructional systems design theories encompasses when and how to use technology, simulation, clinical placement, lab practice, video, DVD, television, and webinar. It becomes developmental when it is used to capture the learning styles of various students and helps determine how they would be most successful. For affective literacy, it is a critical domain for all persons involved in creating curricula so as to include how teaching would be taught using various forms of affective pedagogy. One simple strategy for integrating affective teaching into media is to show a film (e.g., *The Doctor* [http://www.imdb.com/title/tt0101746/?ref_=sr_3]) and then have nurses or student nurses provide critical reflection regarding how they interpreted the message from various perspectives.

**Social Theories**

The third domain of Bertrand’s (2003) educational theories is the *social theories*. These theories hold to a belief that education can and “ought to allow us to resolve social, cultural, and environment problems” (p. 15). These theories have laid the groundwork for social justice in nursing, ecological awareness, and social intelligence content in many academic programs. The first subcategory for social theories is *critical pedagogy theories*, which looks at the use of power and power differentials in various cultures or in a social structure. This domain is often addressed within nursing related to nurse–physician dynamics by including games and role play. Current nursing academic environments give very little didactic time to the subject even if it is a major issue for nurses in practice today. It takes some very special personal learning and awareness for a faculty member to address the social theories because they are a relatively new level of consciousness for American society, especially in nursing. It is still uncommon for most faculty members to understand the depth of critical pedagogy theory as provided by Freire (1970, 2009), because historically it has been the nurse–physician dynamic that has been discussed. But the theory could be applied in any delegation role (e.g., a nurse working with a certified nursing assistant or a licensed practical nurse). It can be seen between management and staff and in the entire language used in the growing institutional nursing practice model called *shared governance*. In terms of teaching assessment, we will examine critical reflection as a key method that assesses how much power we use in the classroom. Vignette 1.3 is an example of how we might use critical reflection in connection with a Gestalt technique.
Vignette 1.3
Well, how did I deal with “power” in class today? I showed authoritative power in
discussion of an experimental research design. I was specific, maybe dictatorial, in
my knowing of the three elements needed in such a design. I then gave examples
of such designs. I also dispersed power as the student groups went out to critique
their section of the experimental study. When they came back to discuss their group
critique of their specific section, I added my perceptions as a member of each group.
Our combined critique of the content areas seemed to bring up several discussions
regarding such designs. I hoped to share the power of our findings as we all contrib-
uted to the collective critique.

So my assumptions were that no one would read the content on experimental
designs until we discussed it in class first. I assumed the content seemed too abstract
unless grounded in examples, and only then would reading the content from the text
add value to what was heard in this course—which I believe is unique to teaching
research. I assumed I could contribute and reduce my power base as the instructor.
Actually, I don’t believe this method made my life easier as an instructor, because I
had to be constantly aware of how I interacted with each group as we created the
collective critique in class. I believe I was not too authoritative with each group and
provided balanced input for each group to prevent the perception that some students
had more of my input than others.

I do wonder about expressing my opinions when they differ from the text. I want to
keep tabs on that inner discussion.

One Step Back (a Gestalt technique, emphasizing self-regulation for deeper
awareness)
So if I step back one step from my reflective note above, I should be even more aware of
what was going on for me in that class today. I would say that I wrote my critical reflec-
tion note about a teaching experience into which I put significant effort. I felt good about
it when it was over. I avoided reflecting on the parts of the class that were not received
as favorably. WOW! I like to talk about my positive experiences, but maybe I’m avoid-
ing my growth area? Next time, I will reflect on a class that seemed to go badly for me.

Two Steps Back (going deeper)
Okay, for all of you who are ready to integrate the “hidden” or “shadow” side of
self, I have a powerful reflection tool for you. Take one more step back from your
reflection note and reflect on what you said in the “one-step-back” section. The first
step is “Why I wrote what I wrote versus what I did not write” to give me more self-
awareness. This next step can move me to my unconscious self. It is asking, “What
is it about me that made me choose what I chose,” and then look at the meaning at
a core level. So here goes. . . .

I think I chose a positive example because I want to feel good about myself
and my teaching. I can’t stand the thought of writing a textbook on effective
teaching and then show my readers I can be a power-hungry person in the
classroom—which I could actually do, I have done it. Am I really ready to become this
self-aware?
In Vignette 1.3 one can see the use of critical pedagogy theory in practice and how the foundations of affective teaching apply to bring enhanced and deeper awareness to the teacher.

The second subcategory of social theories called learning community theories asks the student to have personal growth in combination with his or her social awareness and involvement. There are many constructs in this domain that are perfectly aligned with affective teaching and learning. It involves the use of teams, groups, and cooperative instruction that looks for outcomes in social skills. This theory is a perfect fit for SEL models, discussed earlier.

The third subcategory is ecosocial theories, where there is a focus on a need to address the interaction between humans and their environment. The concern is an ecological one, one that is global, serious, and being integrated more frequently into nursing curricula. It most often comes to a school of nursing by a younger, socially aware population of students that have already placed this factor into their lives in a permanent way. Now, as nurses, they bring this forward as a way of being, rather than an educational process. Faculty continue to expand this form of care for more than just the people we care for, rather for the world we live in. Again, it is worth stating that each of the social theories requires self-aware nurses who bring most of this information along with them from their prenursing past to change the environments in which they are learning. It may also involve an enlightened faculty member who has intentionally made these new and necessary changes in his or her teaching, so that even his or her language is different. Such teachers often live this way as a natural way of being in the world and bring it into the classroom as if it were a given and known to everyone in the room. In other cases, it is not in the consciousness of the faculty member and is rarely discussed. Certainly in the past 10 years we see more of the social theories come to life in nursing, and we will probably have seen more as the next generation of faculty brings to the classroom topics of power differentials, personal awareness, social change, and ecology.

**Humanistic Theories**

The final group of theories presented by Bertrand (2003) are the humanistic theories, which include self-awareness theories, dynamic interaction theories, and spiritual theories. Each of these domains is easily taught using affective pedagogy and each also runs directly into the challenges addressed earlier regarding the interface between education and psychotherapy. In fact, these theories come from the world of humanistic psychology, dynamic psychology, psychoanalysis, group interaction, and spiritual self-understanding. The first subcategory is called self-actualization theories and is fully integrated into the affective and subjective domains of the student. It is focused on the internal dynamics of needs, desires, impulses, and energy of the person. It would be impossible to tell a student to feel a certain way, but faculty would be able to facilitate this process if trained to do so. One method might be to ask students
certain self-awareness questions at the start of the first class and then ask the same questions at the end of the course to look at what might be occurring for them related to knowing the self.

The second subcategory for this group of theories is called dynamic interaction theories, which is “. . .mainly affective consequences of these interactions on the individual. . . . The principle is quite simple: learning is deeply ‘affected’ by feelings, emotions, actions, and values generated by interactions within a small group, classroom, family, . . . etc.” (Bertrand, 2003, pp. 16–17). The essence of this approach is affective pedagogy and learning. The self-awareness developed in this form of teaching is important and obvious, as presented in this text.

The last subcategory for Bertrand’s humanistic theories is called spiritual theories, a very interesting concept for nursing education. In faith-based institutions, the spiritual domain is addressed in various ways either as an outcome of how one lives his or her life in service to God or how one lives the spiritual values of social caring and justice. Some institutions may be based on metaphysics or may make their spiritual beliefs more integral to the curriculum, with courses in energy work or quantum physics. They may have an eclectic concept of a power greater than ourselves as a way to stay focused on the spiritual needs of others and society. Watson (1989) embodies this metaphysical awareness, and she states, “Because of the human nature of nursing, its moral, spiritual, and metaphysical components cannot be ignored. These components are inherent in the nursing process . . .” (p. 220). Watson (2008) continues this belief today in her work on integrating the 10 Caritas Processes, with number 10 stating that we should be “opening and attending to spiritual mysterious, unknown existential dimensions, of life–death–suffering; allowing for a miracle” (p. 31). Figure 1.2 is a representation of Bertrand’s theories integrated into one model.

To summarize the contemporary theory model, one can identify how large, diverse curriculum templates impact the actual teaching strategy within them. It is possible to identify how one can integrate a method of teaching such as affective methods into almost all the subcategories presented. This is something one might examine when ready to construct such teaching methods in one’s current practice.

HOLISTIC CURRICULUM MODELS

Some education curriculum models have been defined as holistic. Such theorists believe in the ability to integrate comprehensive learning using broad-reaching course objectives that originate from thinking about the whole student and all his or her learning needs. In one holistic curriculum model, Mayes (2003) examines curricula from seven different landscapes that connect philosophy, developmental student needs, and strategies. He calls them:

1. Organisimic landscape
2. Transferential landscape
3. Concrete affiliative landscape
4. Interpretive–procedural landscape
5. Phenomenological landscape
6. Unitive–spiritual landscape
7. Dialectic–spiritual landscape

Not all of these holistic teaching approaches will serve the reader of this text; these various landscapes are heavily woven into philosophy and would take significant time to understand and then use in the world of affective teaching within nursing. However, Mayes’s *phenomenological landscape* offers significant points in relation to affective teaching. Mayes’s (2003) discussion is highly complex, but it is possible to see the potential for how affective strategies are foundational in the curriculum and instruction that is imbedded into the aesthetic–phenomenological characteristics. He discusses Maslow, Dewey, Greene, and Nodding, addressing some aspect of *self-realization* within the educational system using the aesthetic–phenomenological approach. Nursing has used aesthetics such as poetry, film, music, case studies, and pictures for many years as a means for creating self-awareness on the part of students. It has also been used for more complex awareness as found in intersubjective knowing. All of these approaches are explored in depth later in the text.

**RISK FOR AFFECTIVE TEACHERS**

The following sections discuss the risks that an affective teacher takes in some academic settings. These risks are primarily professional in nature, and many are the result of political issues within higher education as well as the
perceptions of faculty members of academic freedom. Given the nature of affective teaching and its ties to self-reflection and self-understanding, there is also value in examining whether a teacher is providing affective education or therapy in a classroom. Thus, it should be noted that although there are risks in teaching affectively, there are also potential ways to mitigate these risks via the approach in the classroom.

Various risks have been discussed for faculty who pursue affective forms of teaching, and some research exists for how it has been addressed in different classroom settings. In an earlier writing (Ondrejka, 1998), it was found that faculty and students both recognized that faculty are taking some degree of professional risk when engaging in affective teaching.

There also appears to be a political component that influences affective teaching methods. The *Chronicle of Higher Education* has published several historical cases, one at Colby College where the department gave the instructor in question tenure with a 4 to 1 vote. Later, the tenure committee overruled the decision with a 3 to 6 vote because of angry letters sent to the administration from some students. Defenders of the educator were very outspoken when they said, “Colby got rid of him because administrators were worried about angering parents, who pay close to $30,000 annually for their children to attend the college” (Leatherman, Nov. 1, 1996, p. A13). In this case, the professor lost, and it was directly related to his affective teaching style.

At Oakland Community College, another educator received an administrative complaint and a charge of sexual harassment from a student who felt his teaching methods were offensive and “X-rated” (Wilson, December 12, 1997, p. A14). His direct discussion of various psychological phenomena, such as the castration anxiety theory of Freud, were topics that created the controversy. Because of previous complaints by students, this educator provided the class with a written disclaimer, stating, “If controversial concepts and words bother you, be forewarned” (p. A14). This disclaimer was his attempt to warn students about the presentation of certain human phenomena that are currently labeled “politically incorrect.” In the past, students opted for another section of this course if they disliked this teaching style. Given the current social climate, however, it is not too surprising that the recent student complaint was related to discussions of sexuality or some aspect of sexual thought with no self-accountability for his or her inner underpinnings for such discomfort.

Spitzberg (1987) presented a host of political pressures that can influence the curriculum as a control or expansion mechanism. His discussion is not optimistic regarding curricular innovations because of a steady undercurrent of conservatism within educational institutions in general. Spitzberg reported Kerr’s view that more rapid change will occur through the development of new institutions with different views and missions, arguing that we should not expect current institutions to make anything other than iterative changes. These conservative views certainly provide a perspective of risk for faculty who might threaten the stability of funding, influential families, or
even the mainstream of income from the students themselves by implement-
ing innovative changes that address affective literacy.

**Affective Education or Therapy?**

There seem to be conflicting arguments about making a classroom appear as a therapy session or the view that a classroom is a place of therapeutic development and growth. A major risk to faculty who use affective pedagogy is directly related to this conflict. Students are able to exert significant pressure to stop a class from dealing with their inner growth and inner awareness issues. Some students demand that faculty be purely objective, and stay away from any affective educational methods. In 1977, William Kirman wrote *Modern Psychoanalysis in the Schools* because he believed it was needed to address all the unconscious issues and motivators found in the academic system. He believed students needed to look at these psychological issues at the elementary, secondary, and university levels. Most affective educators would agree.

Could it be that the risk of providing affective education is the very reason we believe it is needed—and resisted? The originator of rational–emotive therapy (RET) certainly saw a connection when he said, “rational–emotive therapy procedures are closely connected to the field of education and have enormous implications for emotional prophylaxis” (Ellis, 1989, p. 223). Is it possible that affective education has the same outcome desires as psychotherapy? An exploration of the two types of outcomes as shown in Table 1.1 should give reason for pause and may suggest that educators finally decide—should we provide classroom therapy in our teaching?

One may hear that students today are narcissistic, have external loci of control, are emotionally thwarted, resist any form of self-awareness, have low levels of maturity, are obsessive–compulsive, and are self-absorbed and inflexible. What happened to the thinking that suggests students are self-motivated, adult learners, seekers of knowledge, growth-oriented, flexible, and resilient partners in a learning-centered environment? Most educators have felt both sides, and there are times when they struggle with staying positive in their thinking about students.

Imagine being open and direct about what you would like education to do for all those who attend learning-centered educational programs. What if psychotherapy outcomes were a natural and mutually accepted process in every classroom? Do some students resist with lawsuits and condemnation of a faculty member who uses affective education in his or her learning environment because affective education seems to have the same outcomes as psychotherapy? It is easy to see why there can be resistance, and in many cases, it is resisted with a vengeance. This raises two critical issues for those providing affective teaching. First, not everyone will find the processes acceptable, and there are potential risks associated with the educational model. Second, it may be wise to use less invasive or introspective ways of
conducting affective learning that will not easily be compared to the idea of having psychotherapy in the classroom. Teachers may consider methods that slowly build on self-awareness and provide alternatives to those who resist such learning.

The illusion of academic tolerance is a thread that has woven its way through our educational institutions from its conception (Duryea, 1987). The illusion is one of complete academic freedom that is sometimes identified as being synonymous with faculty autonomy. Duryea suggests that the two concepts are very different. Significant historical analysis (Kaplan & Schrecker, 1983; McConnell, 1987; Olswang & Lee, 1984; Slaughter, 1987) and legal cases of the 1990s (Leatherman, 1996; O’Neil, 1996; Wilson, 1997) suggest that faculty do not have complete freedom or autonomy to teach what and how they wish. However, the risks vary and are related to the institution and the social climate at the time. Perhaps the climate for classroom innovation is finally improving.
SUMMARY

The literature supports the idea of fostering affective literacy in higher education settings. Although this goal is not universally accepted, many authors see this process as an ethical responsibility and believe faculty should be accountable for the holistic development of their students. This chapter provides the reader with a brief introduction to the origins of ways to examine teaching pedagogy with an emphasis on how they connect to affective methods. These methods challenge the reader to envision how these high-impact strategies might be used in the classroom.

Integrating multiple theoretical teaching frameworks provides the reader with a comprehensive platform from which to explore affective pedagogy beyond the simplistic view of method alone. Some theoretical lenses involve ways of knowing and their relationship to affective literacy. For the purposes of this text, it is useful to differentiate curriculum content and pedagogy into different domains of knowing and contemporary curriculum models. It is becoming more obvious what might be involved in creating current domains for using or evaluating affective pedagogy. We could use approaches such as small groups, reflection methods, pictures, psychodrama, or even role play. We could also examine affective pedagogy by looking at how the student is learning—aesthetic, personal, ethical, or intersubjective. Another approach for assessing what is occurring related to affective pedagogy is to examine our affective methods by looking at contemporary educational theories such as social, critical pedagogy, learning community, and phenomenological landscape theories or a combination of these theories.