

Putting my money where my mouth is: Teaching with experiential methods in psychology courses

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On May 22, 2008, the Society for the Study of Motivation (www.thessm.org) held its inaugural convention at the Sheraton Chicago Hotel and Towers.

Last summer, Mr. James Watson-Gaze, a fellow York University student wrote about his undergraduate experience [*Psynopsis, Summer 2007*], in which he described a heavy emphasis on lectures and multiple-choice exams that he felt left him deficient in integrative learning, critical thinking and reasoning. In my response article [*Psynopsis Fall/Winter 2007*], I offered the idea that psychology undergraduate courses might be enhanced by the use of experiential learning methods. My suggestion drew heavily from my prior education and training in another discipline, where a traditional 3-hour per week “laboratory” curriculum took place in addition to 3 hours of lecture each week. This semester, I put “my money where my mouth” is, and incorporated experiential teaching methods into an undergraduate 3rd year Health Psychology course. In this article, I’ll describe the issues that arose in making this course a reality. My intention in sharing this process is to encourage others to give consideration to these (or similar) ideas– even if only to discover a “fit”.

Issue 1: balancing an Experiential & Didactic curriculum whilst covering the basics

Experiential projects require *time* –to explain the tasks, to offer support, to review assignments, and to answer questions. Up to 1.5 hours/lecture for the first 5 weeks of class was devoted to preparing the students for a major experiential project, so the first major issue was how to balance the experiential and didactic training models, *without compromising course content*. Time devoted to experiential methods translated into less available time to cover course content usually covered in other Health Psychology classes. Decisions about course content and structure were needed; whether to ‘trim’ course content (fewer topics) or give broad but superficial content to a number of traditional topics.

Issue 2: and then there were two (textbooks that is)

The experiential project involved conducting interviews with friends or family regarding any health psychology issue (e.g. coping, adherence, etc.) related to a physical illness. The goal was to expose the students to the idea of learning through listening to peoples’ experiences. They needed basic knowledge in humanistic psychology, ethics and qualitative methods. Core lecture content, in contrast, adopted a quantitative focus.

Currently available textbooks did not cover health psychology from the perspective of both qualitative and quantitative methods, and so, two textbooks were assigned as core reading material. A significant issue from the students' point of view was the cost of textbooks (fortunately, one textbook was available in paperback, at reduced cost).

Issue 3: walking the talk: evaluation methods

One of my core teaching and research values is the equal importance of both qualitative and quantitative methodology. As a result, students' grades in the course would be equally based upon both qualitative work (the major experiential project) and quantitative methods (didactic lectures). The experiential project was evaluated using several written papers, whereas the quantitative methods were evaluated using a multiple-choice exam.

Issue 4: a different kind of feedback

Providing feedback that matched the activity undertaken was critical. For the experiential project, feedback on their papers included not only a grade, but also a sheet detailing their strengths and areas for improvement. Ungraded constructive feedback was also provided on their original early ideas. For the written materials, feedback was oriented to encourage their work to approximate the structure and content of published research papers, which have a strong value for

clinical and academic professionals in psychology.

Issue 5: working with complexity

The experiential component was designed so that students used interview methodology to understand the lived experience of individuals with physical illness. *So how can a fledgling educator learn to work with such complexity?* Would the students respond? Indeed they did. The students performed really well when they trusted themselves. They were directed to tap into their own core values to guide their work. Second, *students who sought support and knowledge from each other performed well.* Students used class time to ask questions and facilitated classroom discussions and group interaction. Lastly, *consistency and coherence was emphasized in the approach.*

In summary, the balance of didactic and experiential teaching methods, with equal emphasis on qualitative and quantitative research, has been well received by the students. High classroom attendance, high levels of interaction and positive feedback suggest they are engaged and thinking deeply. The issues associated with educating students in ways that break with tradition were challenging, but It is my hope that readers of this article will continue to identify ways to inspire students and restore balance in the curriculum. Together, we can “REDEFINE THE POSSIBLE” (www.york.ca).