

Experiential Education in the English Classroom

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In this paper, the idea of experiential education is explored. Language learning has often been the way by which other subjects or ideas can be learned. In the English classroom, and essentially with any classroom, it is possible to allow students to discover things which would normally be experienced only outside the classroom. This is possible through video, role-playing and other techniques which help students to empathize with other people as a form of practice before they actually come in contact with anyone. This is especially important in the medical profession where practicum is an integral part of the learning process before actual contact with patients is allowed. An explanation and some examples of teaching in the English classroom are given in the Discussion.

Key words: experience; English; classroom; education; learning methods; teaching

It has often been said that “Experience is the greatest teacher” but does this mean we have to sit around and wait for things to happen, or can we push experience a little, try to predict what will happen, or at least ask questions which will lead us to prepare ourselves for what might happen? It appears that this idea of “pushing experience” has been on our minds, at least in the teaching field, for quite a while. The need for preparation is, of course, a standard, deep-embedded idea in most fields of learning and especially in the area of language learning. But how effective have we been in actually carrying out the need for preparation? This is easy to ask, but difficult to answer because it really depends on what our focus has been, and really whether we have all shared the same focus. Different disciplines have certain traditions whereby teaching styles reflect the deeper philosophies of their practitioners (Butler, 1951). In language teaching, although there are many diverging styles and methods, it is basically common sense to include some form of conversational material in a lesson, if not all the time, then sometimes. On the other hand,

in the lower courses of medical school, this may not be the case, since it is quite difficult to imagine how students can experience what they will face later on in their professions without using a certain amount of imagination and creativity, and to be able to make time for this sort of learning experience without encroaching on other necessary parts of knowledge gathering such as vocabulary, anatomy, the various necessary sciences, etc. Of course, learning vocabulary, for example, can be enmeshed with a learning situation such as a role play which can be very effective in the exploration of experience and in the actual usage of language. But what about the volume of vocabulary learned. This is where the student may suffer. Rote memorization is necessary in this case, I think. On the other hand, it seems that an experiential lesson, although possibly weak on the gathering of knowledge in terms of volume, is indispensable when one considers the “other” side of learning: the fuzzy, unclear, subjective, qualitative and personal side (Holt, 1981).

Without complaining too much about students’ lack of free time to think and do for themselves, I

would like to present some of the ideas which were used in my classrooms as experiential lessons. These lessons were done in the hope that students could have a little time to think and do and breathe freely while learning some valuable lessons about themselves and others in terms of experience, in general. By giving them time to enjoy their lessons while learning, I feel, through numerous comments from students, that they felt some worth other than the gathering of knowledge: that they gained some “other” kind of knowledge and insight into people, how they thought and what they felt (Krishnamurti, 1953). It seems that many of them felt a lightness, a happiness and more confidence without worry in their ability to contact people and, above all, to use a little English. Of course, I have not been unaffected by any of these experiences either. As a matter of fact, I am often pleasantly surprised how nicely some of my hunches about what students would like to do have been successful. There seems to be some kind of hidden “subversive element” in having students learn by experience (Weingartner and Postman, 1969).

Discussion

What follow are some classroom techniques or lessons, created over a long period of study and consideration, which are indicative of the ideas explained in the Introduction. In truth, the actual techniques themselves don’t take too much time to create and some careful thought and preparation are important. Prediction of student reactions is also something that has been learned through experience on my part. What has taken so much time is the background, the philosophies of teaching (Butler, 1951) and the long preparation to be able to know how students, and especially Japanese students, will respond. Students in Japan tend to be relatively passive in the classroom, compared to those from other countries. It takes considerable effort for a Westerner to get used to the idea that these students, as a whole, don’t normally “jump” when asked a question or given a task. They must be led carefully and slowly at first, and lessons for them must be

tailored a little differently to what one might create for a class of Western students. With this in mind, please read the following as something which could probably be applied to any cultural group, but was originally made for Japanese students who are studying medicine.

The use of videos in various forms can help students to experience what it’s like to be in a situation or a place without actually going there. Videos which portray certain ideals, events in history, or futuristic possibilities are helpful for many reasons, but in general, are good in making a strong impression on students simply because students are very interested in watching them. In my experience, I have tried to show videos which are powerfully emotional and express some ethical point of view, although I may not agree with that view personally. Essentially, I try to get the students to think about ethical issues by showing them a video, and then give them questions about it. Often, our class has viewed “Gattaca” which is a movie set in the future about a young man who is determined to beat the prejudice of a job system which is based on hiring people according to whether their births were genetically engineered or not. Those of natural birth are seen as risks, since they are susceptible to all sorts of diseases and basic genetic faults. Genetically engineered births create almost perfect humans which are more desirable for a higher class work force. The young man goes through incredible changes in order to fool the system into thinking he is someone else, a genetically engineered human who is ready to face a task which most people will never have a chance to: fly into space and explore a little known planet. The movie is awesome in its breadth of idea and emotion and brings up some very important ethical questions about genetics. (Appendix A. Note that I also ask students their personal feelings about that movie itself, their likes and dislikes, etc. These are really warm-up questions to give them some preparation for the more thought-provoking questions further on.) If there is time, some discussion may follow. But this is the problem in most cases: there may not be enough time. Videos normally take almost 2 entire class periods. To give questions and expect answers the

following week for homework, then prepare for discussion make take up to 4 class periods. Usually, this sort of video exercise can only be done once a semester and must be carefully timed and planned according to the class' schedule in order not to spend too much time on one subject.

Another useful technique for preparing students for "real English" situations is self-created role plays. Although this also takes time and careful planning, since many groups of students will be creating their own role playing dramas and will present them in class, it is the type of lesson that can be rich in resources stemming from the students' knowledge and background experience rather than from the teacher or from a textbook. (These sources are good for more structured courses where many classes depend upon the same curriculum as in the present 1st year English courses at Tottori University's Koyama campus.) Depending upon the students' major, the contents of role plays will vary. Since we are in the Faculty of Medicine, most of our more advanced dramas will be medically oriented. Usually, the teacher is expected to give the students the situation in which they will be doing the role play: a doctor meets a patient and discusses treatment, a nurse tries to comfort a patient, a mother discusses with the doctor and nurse about her child's allergies, etc. An example of a role play, created by 2nd year nursing students, can be seen in Appendix B1. (This particular role play example was also used as a source for getting students to self-correct their English mistakes in grammar and usage by extracting incorrect sentences, and asking students to correct them. (See Appendix B2.) Note the differences between the self-corrected examples and the ones corrected in the dialog as shown in Appendix B3. The difficulty in "correction" is quite a complicated problem especially when language will be used in context, rather than in a one-to-one test type item format which is rather simple and easy to check.) After correction by the teacher (Appendix B3), if the lesson is not used as a self-correcting one, students are then urged to practice, memorize and *learn to act out* what they have created. Correction comes in the form of short interviews with the teacher, where the teacher will correct the

grammar and usage, help with the pronunciation and intonation, inflection of words, etc. and then urge students to internalize and feel what they have written so that they can act out the drama. This is what is known as *learning to act out* and is probably the most difficult part of any language lesson because it calls for exposing yourself to your classmates, a thing which can be very disturbing for some Japanese students because of their reticence or shyness. (I prefer to describe this part of the Japanese personality as "reticent" rather than "shy" or "reserved": I feel that these latter 2 words have some negative nuance and imply weakness or stiffness, respectively, where the word "reticence" can be used as a cultural description, a trait whereby people retain their expression for cultural reasons, at certain times.) For the teacher to expect that students will definitely realize that other cultural systems are at work when they have to speak another language can be a great disappointment at times. Speaking another language may imply that the language learner should try to take on a different attitude towards life according to his or her goals and according to a role model, usually the teacher. In my classes, I would think that some students could try to imitate an American attitude when they speak English, although I don't expect it. If this idea is not made clear to the students, that they may have to think and act differently when they speak English, it may be close to impossible to get them to act out their role play in a convincingly natural way.

Other ways to help students expand their awareness and experience through the English medium really depends upon the creativity of the teacher (and often a combination within the teacher-student relationship). What is important is that the lesson should have a clear goal and make some positive impression on the students. One interesting and surprisingly successful learning task for 2nd year medical students focused on the use of herbs in medicine. The lesson wasn't designed to convince students to believe in herbs as one possible treatment for sickness, but to give students the opportunity to explore their immediate surroundings, find something they normally take for granted and investigate information about it. The task: go outside

and find a plant in any form (flower, stem, leaf, etc.) preferably a plant you are unfamiliar with (and preferably before the office people cut all the weeds down), find out its name in English, Japanese and Latin, draw a picture of it, discuss its reported medical uses and describe some story or myth associated with it. Many of the students' reports were very interesting, but the most satisfying and the most successful part for me, was to read what some students wrote, to paraphrase: "I never even looked at the weeds around the school. They all looked the same. Now, I realize that there are different ones and each may have some special value."

In many classes, to emphasize a need for future medical professionals to develop empathy for their patients, a "blindfold test" was done. In this exercise, students made groups of 3 or 4 people. Each person had to take turns being "blind" by wearing a blindfold, and then having to do various things like open and close a door and a window, get a drink from a water fountain, get on an elevator, dial a number on a mobile phone, buy something from the vending machine, etc. The rest of the group would assist (but interestingly often hindering, sometimes as a joke) the progress of the "blind" person. Questions on the experience of being "blind" and assisting the "blind" were posed to the students when they finished. (Appendix C) These questions included how the students felt to be unable to see, and what were the most difficult tasks to do. Difficulty of tasks varied, some students saying they had more trouble dialing phone numbers, or writing their names, while invariably the majority of students felt some level of fear. Some were not as afraid as others, but this sometimes depended on the type of assistance which was given. A good, caring assistant tended to lend a positive effect to the person who was unable to see, while those who didn't try or tended to sabotage the "blind" person's efforts tended to have a negative effect (unpublished oral presentation in Japanese*). For those who worked at the exercise, they benefited by learning about how blind persons feel and, I hope, this would extend to empathy towards people with other mala-

dies as well. It is hard to have someone pretend to be a heart attack patient, with all the pain, worry and suffering involved in the process. But to let someone experience being unable to see can have a real effect on a person which can cross into other areas of life, provided the person makes some effort to extend that feeling to those areas. Being "blind" for a little while may be enough for some people to understand that all is not well with everyone all the time, no matter what the problem is.

Some other experiential activities which were quite interesting for students were "Spy at the Hospital" where each student was asked to observe the activities in a hospital or clinic for a short period of time (about 1 h) and to report on the positive and negative points of how the patients were treated, "Change Partners" where students were seated with a student they normally had no relationship to in class and interview them about their family, where they were from, what they liked and disliked, etc., and "Daydream" where students were asked to take some time on a nice day to look at the clouds and describe what images they could see. In some cases in "Daydream" and for reasons unknown to me, a few students had recall of forgotten memories. This was an unintended effect of the exercise, but a positive thing, a surprise, whereby a student would remember something, usually about a family member. One nursing student wrote that she remembered her grandfather and how nice he was to her. He also used to tell her to look at the clouds and dream and to find out exactly what she wanted to do with her life. This is how she decided to study nursing. She promised that she would go to visit his grave which she had not done for a long time and which she had totally forgotten about until she looked at the clouds on a sunny afternoon.

Conclusion

Drawing from students' experiences in class by using some of these teaching techniques, it appears there has been some success in getting them to ex-

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perience things in a classroom which they normally would not get the chance to do unless they actually went out into the world and experienced them first hand. This seems to be the nature of the language classroom as opposed to a classroom focusing on a specific subject, especially one like medicine. Learning a language, although difficult and demanding the need for memorization and long study, often lends itself to eye-opening experiences (Holt, 1981). But isn't this also true of the study of specialties as well. I have heard students say that learning about the human body makes them more aware of their health, and less likely to destroy it by smoking or drinking too much or eating bad food. With creativity, and this has been proven from time to time, it is possible to change the way many subjects are taught so that they are more interesting and, thus more enjoyable to the student. And although lecture and rote memorization are necessary to a great degree, do they have to be the normal teaching medium in every classroom? Can students be allowed to experience what it's like to be a doctor, nurse, technician or researcher before they become one? Real life situations in medicine hold many legal difficulties and other serious problems which have to be faced some day. Will lecture be enough to prepare the students for what is ahead? Is it possible to allow more role playing and soul searching in courses where students can get a taste of some of the realities which they will face in their future? In traditional medicine, these things have not been explored to a great degree because of the seriousness of the subject. Language can be played with. Matters of life and death cannot. But still, I believe some preparation in the form of experiential education is one way to help future professionals, and especially those in medicine, to achieve a better degree of success and confidence in their abilities later on in life.

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Appendices

Appendix A

Questions for the movie "Gattaca"

1. Who was your favorite actor/actress? Why?
2. Who was your least favorite actor/actress? Why?
3. What was your favorite scene in the movie? Explain.
4. What was your least favorite scene in the movie? Explain.
5. Do you think this sort of genetic prejudice will be possible in the future? Explain.
6. How do you think this movie views genetic engineering, positively or negatively, or is it equally balanced? Explain.
7. How does this movie show that perseverance can be stronger than heredity?
8. Why do you think the real Jerome killed himself at the end? Do you think he was justified in doing so or do you think he could have found a reason to live? Explain.
9. What do you think happens to Vincent when he gets back from space? (For example, he marries Eileen, has lots of babies, etc.)
10. What do you think is Vincent's future with his family? (For example, he makes friends with his brother, sees his parents, etc.)

Appendix B1 (Role Play – Original Version)

The Hospital — A Drama

- Nurse: Please come in.
Doctor: What's the matter?
Mother: She have a poor appetite.
Doctor: I try to examine your child. Do you feel any pain?
Child A: No.
Nurse: Please come out of the room and wait a minutes. Please come in only mother.
Doctor: There is nothing wrong with your child.
Child B: I found that she was eating snack too much before dinner.
Child A: Oh . . . Great heavens!
Child B: So, it's natural that you should not eat too much dinner.
Mother: Really?
Child A: Eh? Let me see . . .
Mother: Oh, you are a bad boy. You shame on me.
Child B: Ouch! Help me mother!
Nurse: Oh. Good heavens!
Doctor: Carry him here! Hurry up!
Nurse: Yes.
Mother: Oh please. Don't kill my daughter please.
Doctor: Don't worry. You daughter broke her leg. An average man don't die such a thing.
Mother: No, she will be die.
Child A: Mother don't be exciting so.
Child B: Yes, please be calm.

Appendix B2 (selected items for students' self-correction)

1. She have a poor appetite. > She has . . . *[subject-verb agreement]*
2. Please come out of the room and wait a minutes. > . . . wait a minute. *[singular-plural usage]*
3. Please come in only mother. > (various possibilities for correction, e.g., Could the mother come in alone please?)
[word order/word usage/stylistic expression]
4. I found that she was eating snack too much before dinner. > . . . too many snacks . . .
[word order/singular-plural usage]
5. Great heavens! > (various usages, e.g., Oh, my! etc.) *[archaic usage]*
6. You shame on me. > (various possibilities for correction, eg. You make me look foolish, etc.)
[grammar/expression]
7. Help me mother! > Help me, Mom! *[punctuation/usage]*
8. Doctor: Carry him here! Hurry up! > Bring him over here. Hurry!
Nurse: Yes. > OK. *[grammar/usage]*
9. You daughter broke her leg. > Your . . . *[grammar]*
10. An average man don't die such a thing. > The average person doesn't die from such a thing.
[usage/grammar]
11. No, she will be die. > No, she is going to die. *[grammar]*
12. Mother don't be exciting so. > Mom, don't get so excited. *[usage/grammar]*
13. Yes, please be calm. > Yeah, Mom. Take it easy. *[grammar/usage]*

Appendix B3 (Role Play – Corrected Version)

At the hospital — a mother, Ann James, and her children, Sally and Kelly, go to the doctor to find out why one of the children, Kelly, has a poor appetite

Nurse Haynes: Hi. You can come in now. The doctor will see you in a few minutes.

Mrs. James: OK, thank you.

(After a few minutes, the doctor comes into the examination room.)

Dr. Seuss: Hello! I'm Dr. Seuss. What seems to be the problem?

Mrs. James: Well, it's my son Kelly. He doesn't want to eat anything.

Dr. Seuss: *(To Kelly)* OK, let's have a look at you. *(The doctor examines Kelly's abdominal area by pressing in various places)* Do you feel any pain here? Here? Or here?

Kelly: No.

Dr. Seuss: OK. Let's run some tests on Kelly and see if we can find out anything. *(To Mrs. James and Sally)* Can you wait a little while? It shouldn't take very long.

Mrs. James and Sally: OK.

Nurse Haynes: Could you wait in the lobby, please? We'll call you when the examinations are finished.

Mrs. James and Sally: OK.

Sally: *(To her mother)* Is he going to be OK?

Mrs. James: *(Voice shaking, worried look.)* I hope so. I always worry too much about these things.

Nurse Haynes: Mrs. James. Could you come in, please?

(Mrs. James and Sally go into the examination room.)

Dr. Seuss: I'm sorry, Mrs. James, but I can't find anything wrong with him.

Sally: I know what the problem is. I caught him pigging out on candy before dinner.

Kelly: Uh-oh . . . I'm in trouble now.

Sally: So, of course he doesn't want to eat anything.

Mrs. James: Kelly, is this true?

Kelly: Huh? Well, uh . . .

Mrs. James: Oh, you are such a bad boy. I knew it. You make me look like an idiot bringing you here to the doctor for nothing.

Sally: *(Sally's foot gets caught in the chair and she twists it.)* Ouch! Mom, help me!

Nurse Haynes: Oh, my!

Dr. Seuss: *(To Ms. Haynes)* Let's bring her in here and put her on the bed! Hurry!

Nurse Haynes: OK.

Mother: Oh, please. Don't kill my daughter.

Doctor: Don't worry. She only broke her leg. The average person usually doesn't die from such a thing.

Mother: No, she's going to die, I know it.

Kelly: Mom, don't get so excited.

Sally: Yeah, Mom. Take it easy. Ouch! It hurts!

Kelly: Good. That's what you get for telling on me.

Appendix C

Blindfold Exercise

Pre-questions

- A. What would it be like to be “blind”? Will you be able to trust someone to help you?
- B. What would it be like to help a “blind” person? Could they trust you?

Activities

1. Make a group of 3 or 4 people.
2. One person in the group must pretend to be “blind”. The other persons in the group must help the person to do various things such as:
 - a. write his or her name;
 - b. open, close and lock a door and a window (try different kinds of doors and windows);
 - c. get a drink of water from a water fountain;
 - d. count money and try to tell the difference between coins and 1000, 5000 and 10000 yen bills;
 - e. use a pay phone, a mobile phone, send e-mail, etc.;
 - f. close a curtain and blinds;
 - g. use an elevator;
 - h. buy a drink from a vending machine;
 - i. etc.

Follow up questions

1. On a scale of 1 to 5, how much could you trust your guide(s)?
2. On a scale of 1 to 5, how difficult was it to help the “blind” person?
3. How did you feel, in general, being “blind”?
4. What do you think are good techniques for helping a blind person?
5. What things did you do well and not so well as a blind person?
6. What things do you think are impossible for a blind person to do?