This study documented the history of the development and practice of the kinlein associate. Consumer dissatisfaction with health care, nursing unrest, and increased demand for long-term care-givers were the antecedents for a paradigm shift to "caring with" persons based upon the theory of esca developed by M. Lucille Kinlein. Interested people wanted to learn how to offer care from this perspective, and informal classes were held in several locations across the nation.

The study focused on identifying the teaching methods used by the founder, Miss Kinlein. The methodology was deemed important in an attempt to assure that future kinlein associate teachers reflect the original educational processes and style when Miss Kinlein is no longer teaching. Her methods were considered important for kinlein associate teachers to prepare kinlein associates for practice.

To determine Miss Kinlein's teaching methodology, qualitative research was conducted by observing her teaching, face to face interviews with students and kinleiners interested in teaching, and material gathered from the founder, Institute of Esca/Practice of Kinlein, and the Detente Homer, Alaska. Modeling, coaching, and directed inquiry were the primary methods used by Miss Kinlein and Mrs. Raymond, kinleiner of reference at the Homer Detente, in teaching kinlein associates. It was important to ground their teaching in educational theory and the contemporary interest in constructivism philosophy. Principles were extracted from several articles regarding constructivist philosophy/theory and were aligned with principles from the
theory of esca used by Miss Kinlein. The parallels between the theory of esca and constructivism were striking.

The study concluded by recommending Miss Kinlein and her student teachers examine the constructivism philosophy relative to the Kinlein philosophy and theory of esca. The result of this examination may open Kinleiner interest to explore similar, new ideas and serve as a spark for an intellectual/philosophical interchange among professional Kinleiners and educators. Specific recommendations were given regarding immediate attention to Kinlein associate curriculum, videotaping Miss Kinlein teaching various levels of courses, and developing a course on assisting students in moving in esca in learning.
THE DEVELOPMENT, PRACTICE AND EDUCATION OF KINLEIN ASSOCIATES
by
Patricia A. Carpenter

A DISSERTATION
submitted to
Oregon State University
in partial fulfillment of
the requirements for the
degree of
Doctor or Education

Completed August 11, 1997
Commencement June 1998
I understand that my thesis will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my thesis to any reader upon request.
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INTRODUCTION

The number of personal caregivers in long-term care has expanded during the last 50 years. The lack of formal education to work in this field was shared by many personal caregivers. Nursing assistants, personal care attendants, nurses' aides, and home health aids were some names by which these caregivers were known. Kinlein associates were a new addition to this list of personal caregivers. The role was developed by the founder of a new profession, who also was their teacher. The care was given and studied in a long-term residential care setting called the Homer Detente in Homer, Alaska.

Since the field was new, this study was developed to document its history and practice. Primarily it was to identify the instructional and training methods used by the founder-teacher to ensure successful similar teaching by future kinlein associate educators.

Background

During the latter part of the Twentieth Century the demands and needs in the United States for people to live in residential care settings have increased. Medical and technical advances have lengthened the lives of the elderly, disabled and/or traumatized persons. Family members were frequently unable to perform the necessary personal care. Medical treatments were necessary for some individuals while others only required help with the activities they would normally do for themselves, i.e., bathing, dressing, feeding, as noted in the study by Kragel and Kachoyeanos (1989). The inability to live
independently occurred for many persons, and family members were dispirited by what they feared and saw.

Western science had consistently emphasized techniques, mechanics, and medications to try to alleviate conditions or impairments. This often resulted in the negligence of acknowledging the consequences and untoward effects technology and medicine had on an individual's quality of life. People are more than the sum of their body parts; there is a wholeness to consider regarding human beings. Simply providing the latest treatments for conditions frequently led to overlooking the benefits accrued from being compassionately cared for as a person.

The public perception of physicians personally caring about patients had already decreased, or commonly totally dissolved, by the discontinuation of house calls. Physicians further reduced doctor-patient contact by reducing time spent with patients during office visits. Also, compassionate caring that was foundational to the nursing field was rapidly replaced with emphasis on technical procedures as nurses sought professional recognition for their changing status and responsibilities. Nursing, as a career field, became enamored of, and trapped in, some of the same technical procedures and equipment which physicians embraced.

Health care costs increased and, combined with care that was perceived as lacking the necessary compassion, consumers became increasingly dissatisfied. Health care services that helped in healing the whole person became desirable and holistic health practices flourished.

Today health care has become clustered under "medical management" by which insurance companies pay for care from predetermined medical, diagnostic categories. This was an attempt to contain rising costs and caregivers reshuffled themselves into groups for managed care. Control remained under some form of medical direction as diagnoses were necessary for financial reimbursement by insurance companies. This medical control seems absurd for the many people who are not ill but only require assistance to maintain the health they have.

Many nursing home residents required assistance only in daily activities because of their physical and/or mental conditions. Their care was then subjected to state and federal
category review before financial payments were made to physicians and providing agencies. This reimbursement issue is a concern to families, the public, and national and state legislative budgeting bodies because of escalating costs and the increased number of people in need of care.

Because of consumer dissatisfaction and the increased need for long term care, a new profession and occupation evolved. A theory of "caring with" someone, rather than "for" or "to", was developed from an actual practice and today could be practiced with clients anywhere. It was called the Detente Concept of Care in Living in Kinlein and was established to provide assistive living for people who could no longer live independently. This new concept gave birth to the need for a new coterie of care-givers; those who served society by assisting people in living, particularly the elderly and infirm. The preprofessional caregiver was known as a "kinlein associate", the professional practitioner was called a "kinleiner", and the care was an alternative to what was generally practiced in society. It is unique, personal, affordable, competent and provided without complicated management structures (Mary Raymond, personal communication, February 13, 1992).

The kinlein associate served the resident, called "personadet", from a mutually agreed upon and written contract. A family member may have participated in drawing up the contract instead of the personadet, if he or she was incapable.

The founder of this profession developed a curriculum for teaching the kinlein associates under the sponsorship of the local college in Homer, Alaska. Courses were taught on a predictable schedule by the founder. The curriculum consists of nine courses that include: a study of the philosophy, the components of moving in self-caring, judgements in assistive "caring with," physiological measures, practical experience, and how to present oneself as a kinlein associate to the community. These courses were repeated as necessary when natural attrition occurred in the community and as kinlein associates elected to leave the occupation.
Problem

The Theory of Esca/Practice of Kinlein, from which the Detente Concept of Care in Living in Kinlein evolved, was founded by M. Lucille Kinlein (Kinlein, 1983a,b). She brought about this self-care (esca-exercise of self-care agency) change long sought by consumers and caring people some 26 years ago. Hyattsville, Maryland was where Miss Kinlein opened the first office practice of nursing in the United States. She was honored by The American Nurses Association in 1972 for her entrepreneurship and she was sought to speak nationwide about her practice. From this initial practice, later removed from nursing, kernels of ideas flourished which became the theories in the new practice of kinlein. Miss Kinlein remained the preeminent teacher, retained her private kinlein practice and has continued writing about this field since 1971 and, quite naturally, will not be with her successors forever. She has recently expressed a desire to focus her energies on more writing and less travel. She believed the time had arrived to pass on the role of teacher of kinlein associates to other qualified and interested kinleiners. It was also time to trace and historically document the Detente Concept of Care in Living in Kinlein and to study Miss Kinlein's teaching methods for emulation by future teachers of kinlein associates. A concerned question was two-fold: what were Miss Kinlein's teaching methods and how could they be preserved for emulation by future kinlein associate trainers?

The five purposes of this study were to:

1. document the history of the development of the kinlein associate role,
2. study the application of the curriculum content by kinlein associates,
3. study the instructional methodology used by the founder-teacher,
4. ground the current teaching in educational theory, and
5. infer implications from current instructional methods for emulation by future kinlein associate educators.
Miss Kinlein was the primary formal teacher of kinlein associates. She identified the practical aspects of a person moving in self-care, "esca", from physiological, spiritual, intellectual and excitational perspectives.

Classes in Alaska were conducted by Miss Kinlein on a prearranged schedule. Students were encouraged to participate in discussions with respected, but few, ground rules agreed to at the beginning of a course. As a mentor, outlined by Overpeck (1994), Miss Kinlein provided an access to resources and served as a role model with social status, offering inspiration and idealism. A final curriculum course concluded with identifying the elements necessary for contracting with clients as each student developed a personally tailored contract for providing Detente Concept of Care in Living in Kinlein.

Teaching methods used by Miss Kinlein included modeling, shadowing, mentoring, directed discussion, Socratic questioning, coaching and an interpersonal model of the use of self. The directed discussion, or inquiry, as identified by Overpeck (1994), was expertly used by Miss Kinlein. Many open-ended statements, problem analyses, resolution issue-oriented discussions with comparisons and contrasts were used in a true atmosphere of acceptance and tolerance for everyone's ideas. Every gesture, use of silence, humor, pause, tone of voice and selection of words was precise, calm and assuring; each important for the kinlein associates to observe. These actions were modeled for kinlein associate observation, identification, consideration, selection, assimilation and integration for their application in practice.

Miss Kinlein's teaching methods were examined from the constructivist philosophy relative to education. Process was not sacrificed for outcome-based objectives as the processes of learning were as necessary for the kinlein associate to incorporate as the content. It was essential for the "caring with" when they worked with personadets. Miss Kinlein constantly encouraged students to think for themselves which was in keeping with the constructivist's view of education (Zahorik, 1995).
Significance

The significance of this study is the impact the future kinlein associate teachers will have in assisting future kinlein associates' learning by emulating the founder's teaching. Equally significant was determining what, from the curriculum, was known and applied by kinlein associates in practice.

The historical documentation of the kinlein associate will be of interest to the Research and Educational arm of the National Center of Kinlein on the Organizational Chart of the Profession, 1994, (Appendix A). This study may serve as the basis for a volume regarding Detente in a book currently being written on the history of kinlein. The study findings may affect the Detente Concept of Care in Living in Kinlein as it presently functions and is articulated. The professional distribution of information from this study will:

1) inform other health caregivers of the Detente Concept of Care in Living in Kinlein,

2) be exemplary of a method of caring which provides for human dignity by recognizing and encouraging the use of the inborn powers all people have to retain a self-determined quality of life,

3) describe Miss Kinlein's method of teaching from a theoretical perspective,

4) serve as a reference for faculty of kinlein associates, and

5) suggest the study as a future reference for health administrators, educators and care providers interested in innovative approaches to teaching and/or "caring with" individuals who require assistive living care.
Another potential benefit from this study could be a reduced cost for long-term care. This reduction was noted in a pilot program that compared kinlein associate care costs with a local hospital and nursing home costs. Individuals who contracted for this 24-hour care valued the financial reduction because Medicare does not financially reimburse for home or group home care except by waiver. Private and small group living was paid for personally. Computing health care charges based only on the actual care required, in contrast to potential medical emergencies, would financially benefit many families.

Finally, the prime use of this study would document how kinlein associates were taught by Miss Kinlein. Teaching methods used, skills, and characteristics of Miss Kinlein's, which facilitate the success of her teaching, would be preserved in writing for future teachers' emulation in their teaching.

Methodology

This qualitative descriptive study was conducted on existing documents beginning with the 1971 independent practice of M. Lucille Kinlein through early 1997. The research methods used were described by Leininger (1985), Lincoln and Guba (1985), and Marshall and Rossman (1989). Included was reviewing the history of the Detente Concept of Care in Living in Kinlein from papers, speeches, communiqués, proceedings of Kinlein National Assembly Meetings, kinleiners, and kinlein associates. A class for kinlein associates held in Alaska was observed with excerpts qualitatively analyzed and described. Kinleiner and kinlein associate interviews were audiotaped face to face as permitted. Second interviews were conducted via telephone one year later. Open-ended questions were developed to gather data (Appendix B and C) with the second interview (Appendix D) conducted to compare findings with the initial interviews. Two kinleiners and two educators reviewed the questionnaires for content validity and readability. Related literature was retrieved from public sources. Five kinlein associate educators and six kinlein associates affiliated with these educators participated in the interviews and class observations. Subjects were purposely selected based on their active expertise as a
kinleiner or kinlein associate. Ages of kinlein associates ranged from 24 to 60 years. Consent forms and cover letters explaining this study were distributed, signed and returned to the investigator before scheduled interviews. Confidentiality and anonymity of subjects were assured as data was viewed only by this researcher and the major professor. An exemption under the guidelines of the Oregon State University's Committee for the Protection of Human Subjects was granted and permission to use copyrighted kinlein material was given by Miss M. L. Kinlein.

Upon completion of the study all tapes will be erased or returned to individuals interviewed. Consent forms will be locked in a box with the researcher having the only key. There will be no way to identify participants unless they specifically give consent to be named in the study.

Since the founder was predominant in teaching kinlein associates and set the standard for this training, the basic questions addressed in this study were:

1. What do kinleiners need to know or do to be able to teach the kinlein associate curriculum?

2. Does the curriculum include everything that was presently necessary for kinlein associate training?

3. What methods and processes were currently used to teach the content necessary to become a kinlein associate?

4. What methods do other kinleiners anticipate using or have they used in their affiliation with kinlein associate training?

5. Were there specific personality mannerisms necessary to become a kinlein associate?
6. Were the kinlein associates integrating and applying the necessary, identified departures from other care-giving fields within this curriculum?

7. An optional participant comments space was provided.

Qualitative data were transcribed and carefully analyzed for meaningful sets of responses. The responses were analyzed into units, then grouped in similar/dissimilar categories with inferences and conclusions drawn by this investigator.

Educationally, Miss Kinlein's teaching was analyzed with the constructivist theory currently represented in the literature. This was to ground Miss Kinlein's teaching in educational theory. Principles from each theory were compared with teaching practice and final recommendations completed the study.

Researcher

As the researcher for this project, my educational qualifications include a Diploma in Nursing from Harrisburg Hospital School of Nursing, Pennsylvania; a Bachelor of Science in Nursing from the former Alaska Methodist University, Anchorage, Alaska; and a Master of Science from the University of Alaska, Anchorage.

Experience includes professional practice in clinical nursing, beginning in 1958, school nursing, and nursing education. I retired on January 1, 1994 as an associate professor of nursing from the University of Alaska, Anchorage where I taught nursing assistant (nurse aides), vocational/practical nursing and associate degree nursing courses. Other teaching experience included practical nurse education at the Cache' LaPoudre School District, Fort Collins, Colorado; School Nursing at the Kenai Peninsula Borough School District, Soldotna, Alaska; Anchorage Community College and the University of Alaska Anchorage, Anchorage Alaska; and a private contract for nurse assistant training at the Alaska Psychiatric Institute, Anchorage, Alaska.
I was associated with early kinleiner education from 1979 through 1983 and had a private practice for two years. Currently I am a psychosocial clinical nurse specialist and an advanced mental health nurse practitioner. Several years prior to retirement from the University of Alaska, Anchorage, I maintained a part-time practice as a private advanced nurse practitioner while continuing as a full-time nurse educator. I am not a kinleiner but have intermittently taken several of Miss Kinlein's courses between 1983 and the present.

Summary

This qualitative descriptive study was conducted upon a new paradigm of "caring with" people. The double foci were:

1) the teaching methods used for the kinlein associate training by the founder-teacher, and

2) the new occupation of kinlein associate as a practitioner of care from a new perspective of "caring with."

Qualitative data were obtained from observations, written materials, and interviews. The collection of this data was done by one researcher. The results were deemed important for the training of future kinlein associates, kinlein associate teachers, those individuals supportive of Miss Kinlein's theories of "caring with" people, and the present and future family members requiring assistance in living.

Educationally, Miss Kinlein's assisting students in moving in esca in learning was compared to the constructivist theory of teaching/learning. Principles from each theory were compared with their applicability described from observed teaching.
PRELUDE

This study identified the instructional and training methods used by the founder/teacher of a new paradigm of "caring with" people. Analysis of these methods was considered necessary for the successors to teach this paradigm. It also included history of how and why the kinlein associate role was developed and described how the practice differs from traditional long-term care. The following, therefore, includes the historical circumstances that led to the emergence of this new paradigm of caring. It was this writer's belief, that without knowing the past, the need for the new would not be clearly understandable. The view described by Wheatley (1996), of the past being the catalyst to the self-organizing, which occurs from a period of chaos, to a better way of understanding our humaneness more suited to living in the present and future, is accepted by me.

Background, history and concerns

Health care reform as a presidential topic for debate declined in popularity during 1996. The factors that forced the issue, however, did not disappear. The escalating cost of health care, increased numbers of the aged and disabled Americans living longer, and an even larger group becoming elders during the next millennium remained. This led to a concern that demand for long-term care would be increased during the next century. Long-term care, as known, includes medical and skilled nursing care, rehabilitation, physical therapy, etc.

Individuals over age 65 years comprise 12 percent of the population in the United States and were projected to reach 21 percent by the year 2030 (Gerety, 1994; Koff, 1988). Seniors 85 years old and over were recognized as the fastest growing age group in the U.S. (Koff, 1988). This growth trend was predicted to continue beyond the year 2000.
Miller (1991) projected that frail elderly seniors would then number twelve million, and require some form of long-term care. Kinsella (1993) recognized Sweden as having the world's oldest population with more than 18 percent of its citizens aged 65 years or over. He further said many persons may not realize most of today's growth in the numbers of elderly was occurring in developing countries. This concern for long-term care was, therefore, not limited to the United States. Countries throughout the world were looking beyond their borders for clues about restructuring and financing health care systems. They were avoiding primary reliance on institutional care and promoting family and home care for their aging populations. What was a major concern in the United States now was a glimpse of the global impact to come.

The arrival of Medicare in 1965 in the United States found most older Americans concerned with financial devastation from an hospitalization. Thus, Medicare was to provide health care funding for disabled and elderly Americans. Today that same threat to financial security stems from the need for nursing home care (Gerety, 1994), more appropriately termed long-term care; a term used to differentiate from acute hospital care. Medicare regulations provided for only 120 nursing home days in a lifetime and shorter stays of 35 years ago were negligible for long-term care. Medicaid, the nation's program for medical care for the poor, covered long-term care. Aaron (1995) noted those services made up about 70 percent of Medicaid costs. It essentially became the payer of last resort for many elderly persons, who were forced to impoverish themselves to qualify for services. Many individuals placed in nursing homes required long-term care, but everyone did not necessarily require regular medical or nursing care.

A majority of the elder population was healthy and independent. However, they were more likely to have many coexisting medical conditions which were helped (and in some cases, compounded) by multiple medications. "Despite the common view that most elderly live in nursing homes, only about 5 percent of the elderly do so at any given time" (Miller, 1991, p. 8). They required more considerations regarding disability, home
support, functional status (Lindbloom, 1993), and economic considerations. Nursing home costs kept increasing and this was, in part, because of the costly medical supplies and equipment available for possible crisis use as well as the 24 hour skilled nursing care. Today many critical patients are cared for in nursing homes to permit early discharge from hospitals for reasons of their cost containment.

Kraegel and Kachoyeanos (1989), supported the notion that many elderly did not need to be in a nursing home. They noted that supervision was helpful, though not necessarily from a nurse. Caregivers could be taught when to seek medical attention and how to provide the comforting assistive care necessary for the activities of daily living (ADL's): e.g., bathing, eating, dressing. They could act upon that knowledge if the number of people cared for was not so large that the focus became getting work done over caring for the person.

Traditionally elder care was given in homes by family members, and some still did that service. Many others opted for nursing home placement for themselves or relatives. The institutions increased in number from the 1950's to the present because of the elderly demographic and societal changes of more women employed outside of the home. These changes increased the demand for more nursing homes. Also, as medicare and insurance companies began controlling lengths of hospitalizations based on the federal diagnostic regulated guidelines (DRG's) patients were being transferred to nursing homes for recuperation or extended care. Each institution had its own mission and philosophy and differing levels of nursing care (identified by federal regulation) were given in either different institutions or different wings within the same institution. Many nursing homes, now referred to as the extended care facilities, increased their medical and technical services, which were once only found in hospitals, and fees for long term care continually spiraled upward. The complex mix of patient needs in many nursing homes changed as they attempted to keep up with gaps for necessary services.
Long-term Care Models

When institutional nursing homes were established, they followed the "medical model" (Brodeur, 1993; Keane & Richmond, 1993; Older Alaskans Commission, 1993). Medical advances and technology led to the supposed necessity of intense medical interventions to preserve life at all costs for elders. The importance of treating elders with dignity and respect has not been openly recognized by physicians or the general population of this country. Nursing homes were based upon what physicians and others thought the elderly or disabled persons required. In recent years the control of many medical conditions has been achieved. Since medical care was not always necessary, growing support began for considering this as the right time for long-term care to move away from the "medical model" (Brodeur, 1993; Keane & Richmond, 1993; Morel & Raymond, 1983; Ostrom, 1992). It was considered the right time to critically examine the actual needs of the elderly and disabled, and decide how to best provide for what was needed. Several sources concluded that some form of assistive living provided an excellent alternative to the nursing home (Keane & Richmond, 1993; Miller, 1991; Morel & Raymond, 1983; Ostrom, 1992). Both the expense of long-term care, which depleted life savings, and the national resistance to withholding more social security dollars led to fiscal restructuring proposals. Methods for payment of extended care are being explored with plans offered by some private insurance companies.

Several sources suggested redefining long-term care based upon the abilities of people and not age (Brodeur, 1993; Gerety, 1994; Keane & Richmond, 1993). Miller (1991) described several, successful long-term care models based upon differing individual abilities. Such models were based on the person's assessed physical, mental and/or social abilities. Effective and compassionate caring could occur with little or no medical intervention. Matching people with the care required would depend upon their ability to do personal care activities. Gerety (1994) said President Clinton suggested a long-term care program for persons of all ages. To qualify, an individual must meet specified conditions related to personal self-care. With the medical advancements that resulted in
the large and unprecedented elderly demographics in the country, the effort to determine long-term care services based upon abilities was sensible. It also may be desirable from the person's perspective of being among people with similar abilities. Relatives often have difficulty accepting their parent(s) being among people with obvious, different limitations.

Issues

Lloyd (1991) identified the four most consistently challenging concerns for providing long-term care as availability, affordability, quality of life and the loss of individual power. A fifth related concern identified in the literature was the quality of that care (Mitty, 1990; Sheridan, White & Fairchild, 1992; Williams, 1991). Williams (1991) described quality of life as multidimensional. She said it represented a dynamic synthesis of the physical, intellectual, social, emotional and spiritual well-being of an individual. Quality of life also included a basic economic security. People needed access to living arrangements, activities, and service appropriate to their needs and interests, which fostered independence and interdependence while preserving dignity and feelings of self-worth (Teileman & Priddy, 1988).

Consumer and Nursing Dissatisfactions

By the 1980's advances in medical and nursing technology had extended the average life expectancy another 16.9 years (Koff, 1988), from 65 years to 82 years. Care in institutions had become "high tech" and "low touch", terms used freely by those in health care fields. Consumers complained that they felt depersonalized and commonly expressed distrust and disregard for treatments perceived as interpersonally cold and expensive. During this time, registered nursing leaders were also involved in asserting nursing's professional image as independent and separate from medicine -- a struggle of long duration. Nursing "burnout" occurred often with dissatisfactions affecting both the nurse and patient care. Many nurses left the field for different work with more pay and
Caring was identified and known as the essence of nursing. In the nursing field care was two dimensional: 1) that which was given when performing the treatments and skills specific to the field, and 2) the emotional concerns or interest regarding the person. The latter was the central and unifying domain for the nursing field's body of knowledge and practices (Leininger, 1981; Watson, 1985). Nurses had public support and respect because of their expertise in giving personal service to people. The members of this occupation, predominantly women, began devoting much energy to being recognized as a distinct profession, and it was a time of unrest. Pepin (1992) wondered if nurses, under the influence of the technological era, relinquished their advocacy role and humanistic roots to identify with the apparently more valued scientific growth in order to achieve the idealized, desired professional status. With nurses professionally agitated, increasingly complex patients to care for, and staffing ratios remaining at previous levels, little time during a shift remained to give care that was satisfying to both patients and nurses.

Swanson (1991) defined care for all caring relationships as: a nurturing way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility. Patients expressed their displeasure about the uncaring caregiver attitudes (Bowers & Becker, 1992; Sheridan, White, & Fairchild, 1992). Many nurses were themselves unhappy about work situations but were effectively impotent to changing the system. In nursing homes residents judged staff "good" based upon the caring attitudes and consideration displayed toward them. "Good staff", identified as a major factor of quality care, was necessary in the National Citizens' Coalition for Nursing Home Reform study (1985). Good staff was identified by patients when the caregivers demonstrated both dimensions of care previously identified.

The primary, personal caregivers in long-term care settings were nursing assistants, also called "nurse aides". They were supervised/managed by registered nurses (RN). The RN service role changed and was filled with management and documentation responsibilities. This provided accountable data required by the many governing state and
federal regulations for long-term care. It also assured the institutions remained accredited, financially reimbursed for services, and remained open for business.

Middle management filled the nurses' role but few RNs had formally studied management principles. Women have been the predominant gender in direct bedside care, and nursing reflected the ambivalence of our society concerning womanhood and caring (Fagin & Diers, 1983; Reverby, 1987). The increased status of being in management legitimized some nurses' professional worth. Pepin (1992) might have had some basis for her concern about nurses relinquishing their roots in caring as they sought power in management.

Philosophy, Attitudes and Practice

Long-term care institutional philosophy was written either by the nursing staff collectively or by the director of nursing. Wording often included that care was administered from a whole person perspective of body, mind and spirit. In practice, visible physical care was attended to predominantly because caring for six or seven elders required time for ADL's. Sometimes even that was not up to a family's personal standards. Nurse aides provided the manual labor and cut corners where they could to get the shift's work done (Bowers & Becker, 1992). Not all nurse aides employed in long-term settings wanted to work with the elderly. Many aides were immigrants, women, single parents, and had incomplete or no interest in formal education, but work for pay was necessary to survive. Nurse aid positions were and still are abundantly available. Some undesirability for working with elders grew from viewing this care as unresponsive and undramatic compared with the highly technical care associated with acute hospital care. It was known as intense manual labor with a lot of lifting required of those doing bedside care. Many people also found it uncomfortable to witness the loss of youth or life and often denied both by avoiding the aged. The status of working in a nursing home lacked professional prestige and was considered a low status job by many nurses and nurse
aids. When a person did enter this area of work with the vocational desire to care for the elderly, their passion and enthusiasm quickly waned. The necessary nurturing and encouragement to retain them in the field was seldom exerted or available.

Federal Mandate

Long-term care was not valued in the United States until many families and seniors themselves complained about nursing home conditions. Caregiving concerns were expressed loudly when elders became organized in the American Association of Retired Persons and used their collective political voice. People needed help, and quality standards were not reported to be strongly evident from what was available. Quality was that grade of characteristics described as having a degree of excellence, as defined in Webster's Encyclopedic Unabridged Dictionary (1989). Where there was no valuing, quality suffered. This was the sad plight of both patients and nurse aides.

Sheridan, White and Fairchild, (1992) related quality care with today's effective human resource management practices of "Total Quality Management." Their hypotheses regarding quality care were based upon Tellis-Nayak & Tellis-Nayak's (1989, p. 312.) observation:

...of the institutional culture prevailing. Within it aides are only the hired hands; no one provides for their affective needs nor care if it alienates them. And being in constant company of dependent elderly residents, the aides too, begin to individualize their problems. They make their wards the ready target of their discontent and resentment. And that completes the vicious cycle. Two parties, both powerless, little respected and hardly recognized by society, are made to face each other in a difficult setting not of their own making. They are bound in an intimate association, but enjoy little intimacy. Neither party controls the institutional environment in which they exist, neither can break the negative cycle and so the problem feeds on itself.
These are compelling words to those concerned about people. They described a sad, situational cycle among the elderly and their caregivers. Long-term care was overdue for positive, compassionate change and was increasingly under serious examination by researchers, legislators and the public (Bowers & Becker, 1992; Sheridan, White & Fairchild, 1992; Tellis-Nyak & Tellis-Nyak, 1989). Effort was directed toward discovering the reasons for substandard and impersonal care with the foci on organizational systems, management styles and the nurse aide education and practice (Bowers & Becker, 1992; Burgio & Burgio, 1990; Filinson, 1994; Heiselman & Noelker, 1991; Scheridan, White & Fairchild, 1992; Tellis-Nayak & Tellis-Nayak, 1989). Federal policy for nurse aide education resulted. Unlike professional staff, who directed patient care, the primary hands-on caregivers, nurse aides, were untrained and most had little education.

The consumer complaints and concerns were finally recognized on the political scene. In 1987, the Omnibus Budget Reconciliation Act, Nursing Home Reform Amendments, (PL-100-203) was passed. It specified the mandatory formal education and clinical experience required to qualify to take an exam for state certification as a nurse aide with a 1991 compliance date. Programs were established to provide the training for all currently employed and future nurse aides. The intent was to change inadequate care to a quality standard. Quality care was considered a contributor to a person's quality of life, which consumers and families loudly demanded. These issues of quality care and quality of life, expressed aggressively by consumers and caregivers from the mid-1970's through the 1980's, remained an essential and constant concern through the 1990's.

Organization and Management Considerations

The nurses and nurse aides who wanted to work with the elderly continued to give as high quality care as time allowed. Some even stayed overtime or returned when their shifts were completed (Bowers & Becker, 1992). They liked working with the elderly
despite circumstances and operated from an internal source of gratification which included involvement with the person. They approached what they did with an attitude of caring about and wanting to know the resident as a person as described by Tanner, Benner, Chelsa and Gordon (1993).

This concerned caregiver was wanted by many directors, and Bowers and Becker (1992) described how the certification mandated by the government did not remedy the long-term care concerns. The American Nurses Association (1986) and Kane (1989) warned that the legislation was based upon an untested assumption that poor care was primarily related with a deficit in nursing assistant skills or knowledge. Sheridan, White and Fairchild (1991, p. 340) described what more realistically may be the cause of dissatisfaction with the care in nursing homes: "As suggested in this study, the nursing home's organization climate may also prove to be a fundamental distinction between homes that provide high-quality resident care and those that fail to meet acceptable quality standards." Where there were strong interpersonal relations and task orientation combined with the enhancement of the caregivers sense of self-worth, the leadership effectiveness of the supervisors was reinforced. Long-term care organizations, therefore, might have benefited their employees and residents with principles of leadership identified by Covey (1991), stewardship by Block (1993), and the "how to's" by Carr (1995) with the commitment of Gandhi described by Nair (1994). Holden (1991), however, warned of the dependency of some caregivers for receiving approval. She supported an organizational climate conducive to facilitating growth and responsibility, which would include the responsibility for satisfaction in a job well done. In nurturing the caregiver, this might be accomplished by directing attention to the work that is performed. "On this account, the task of caring becomes the object of nurture while the 'carer' is, consequently, nurtured in relation to the caring role" (Holden, 1991. p. 894). This shifted the focus from person to task and reduced further "infantilism" of the caregiver. It permitted the caregiver to recognize their personal power and responsibility for providing the two dimensions of care.
"Empowerment" was frequently found in recent literature relative to improving quality service, regardless of the field. It was a natural outgrowth from the powerlessness expressed whether someone was an employee, a recipient of some service, or a victim of a crime or substance abuse (Connelly, Keele, Kleinbeck, Schneider & Cobb, 1993; Wallerstein, 1992). Businesses, schools, and self-help organizations addressed this topic as did long-term care institutions (Lloyd, 1991; Malin, & Teasdale, 1991; Murrell, 1992; Spaulding, 1995). The intent was to change this perceived helplessness of persons to take charge of their personal and/or social responsibilities. Holden (1991) might have approved of this view of personal responsibility.

Empowerment as defined in Webster's Encyclopedic Unabridged Dictionary (1989) was: to give power to. Inherent in that definition was that it was never there in the first place but that assertion was debatable. Murrell (1992) identified empowerment as a theory, which moved beyond a positive view of people as well as beyond a participative management philosophy. Malin and Teasdale (1991) reported the "new nursing in Britain" was based on the ideology of partnership with patients. Spaulding (1995) spoke to the powers present within the students themselves, which was supported by Kinlein's early practice based upon the inborn power of persons (1977) and the claim by Connelly, Keele, Kleinbeck, Schneider and Cobb (1993), that only clients can empower themselves.

Boleman and Deal (1995) also saw leadership as offering an opportunity for the worker to empower himself. Block (1993) and Nair (1994) took management leadership further by exemplifying stewardship and the commitment to service. This had a sense of spiritual equality to it with people accepting personal responsibility for their actions. This seemed foundational to what Holden (1991) supported by focusing on the tasks of caring as the object of nurture rather than the person. It provided an opportunity for the person to come forth with his or her own power to do what is good and right for the benefit of all, whether other people or an organization. Spaulding (1995) noted the distinction between an individual having the right or the ability to exercise power. She decided the personal belief of both were at the heart of empowerment and motivation. She further stated this
belief came from an internal source of power rather than external. Spaulding (1995, p. 494) concluded with "genuine empowerment could only result when one's power is used in an ethical and socially conscious manner." This was consistent with assertions by Kinlein (1977), Block (1993), and Nair (1994).

A Link to Quality Care

The direct caregiver was identified as a crucial link to assure older persons remained actively involved in self-care (Bowers & Becker, 1992; Tellis-Nayak & Tellis-Nayak, 1989). The nurse aides hungered for recognition and value for their work and themselves. They wanted to be treated with the same dignity and respect they were expected to give to their patients. Indeed, the linkage between the philosophy of care, the caregivers, the organizational systems, management and supervisory practices, and the perceptions of the recipients of care were essential for predicting the tendency toward satisfying outcomes. Caregivers were a central link to quality care in long-term care systems. Their internal reasoning for actions was a key to the quality of care they gave.

Departure

Caring, rather than curing, had been associated with the nature of nursing since the time of Florence Nightingale for "nature alone cures" (Macrae, 1995 p. 10). Swanson (1993, p. 354) defined one dimension of caring as "a nurturing way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility." This caring and curing (medical goal) differentiation remained unclear for many nurses as their practices were filled with responsibilities to both. Kinlein (1977) spoke of the confusion which occurred between nursing and medicine, depending upon the time of the day or night that nurses could do what. Medicine legally controlled many nursing functions as state nurse practice acts were written. Diagnosis and treatment of disease, in attempts to cure, were considered the domain of medicine, but caring by nurses included much more
than carrying out functions and skills. The caregivers who differentiated caring from medicine found this an important point of departure essential to the emergence of a new paradigm of caring. Profoundly aware of consumer dissatisfaction, the lack of quality care, quality of life concerns, and the escalating cost for health care, a theory of caring and a new profession was founded by M. Lucille Kinlein with roots in her 1971 private practice.

**Kinlein**

Miss Kinlein was the first registered nurse to open a private nursing practice in the United States. Initially she practiced using the nursing theory of Dorothea Orem (1971), and advanced it to new concepts of caring. Ms. Orem’s theory included identification of the patient/client self care assets and deficits (Orem, 1971) which loosely translated to what they did or did not do for themselves that was conducive to promoting health. Miss Kinlein eventually discarded deficits and built upon the assets and abilities the person brought to appointments. She described phases in appointments and sought to identify the heart of what she considered independent nursing care. She was recognized professionally by national organizations and was in demand across the country as a speaker and teacher regarding the concepts and theory of her practice (Torrey, 1981). She was widely acclaimed for her vanguard courage in opening an independent nursing office.

Miss Kinlein described her ideas regarding "caring with" (rather than "for" or "to") people and sparked a deep knowing and desire to learn more in other nurses. Over the years, people joined her from other "caring" field, i.e., physical therapy, education, ministry, law, etc. Clients said this was not care they had received from medicine or nursing and they began calling the care "kinlein care" (Torrey, 1981) as did her students. She periodically returned to teach those around the country who were interested and aware of a resonance this caring stirred within them. Many described it as the reason for which they had initially entered their field of service. For nurses, and perhaps others, this
was premised on the unchanging concern they had for care of the person (Kinlein, 1977). I likened it to the vocational calling of service to another: the whole person, which seemed missing or lost within an age of high, intense, and fast paced, technical practices. People were lost in a sea of professionals and contradictory recommendations for treating conditions and diseases. Many people lost confidence in the western scientific methods and/or did not want to subject themselves to the consequences of chemotherapy, surgery and radiation. They frequently sought assistance to understand and learn how to sort through this information mania. Often they spoke of living and the desire to place illness and health in perspective in regard to their lives. Miss Kinlein and her followers offered a practice which assisted them to break through such confusion and determine what was good, true, and just for them as individuals.

Paradigm Shift

This paradigm of caring shifted the ownership of power from one to another. It shifted power from the care-giver to the care-receiver. Instead of a medical system dictating what, when, where, and how predetermined needs were met, this new paradigm acknowledged each person's power to exercise self-care agency (esca). The triangle showing the power driving the actions had been inverted (Miss Kinlein, class presentation 1992) as in Figure 1.
Figure 1. Control of Power Shift.

This care was about assisting people in taking responsibility for the exercise of their self-care agency (esca). Esca was eventually defined as "that moving power within every human being to take action in living life on a day to day basis" (Kinlein, 1995). In 1979, Miss Kinlein officially declared that what she was doing was no longer nursing (Torrey, 1981). The practice emerged as a new profession, the profession of esca, and was studied at the doctoral level by Torrey (1981) and Ravin (1989) from the professional perspective. Kinleiners, from my data, describe the practice as a practical theory of how human beings function and are assisted in regard to anything in living life.

Kinlein Care

Esca was the acronym Miss Kinlein chose to represent the exercise of self-care agency (power) regarding a person's health state (Kinlein, 1977). This was Miss Kinlein's advance from Orem's (1971) theory about self-care assets after she cropped Orem's deficits.

Miss Kinlein and her follows have developed this new profession of esca over the past 26 years. This whole new concept was unique in its application and practice. Clients
remarked that it was self-validating and satisfying, and eventually it became known as the Theory of Esca/Profession of Esca/Practice of Kinlein (M. L. Kinlein, personal communication, March 5, 1995).

In addition to esca, other new words were used to describe other concepts within this new caring practice (Glossary). Kuhn (1962) considered using existing terms in a new paradigm inappropriate because of the associated meanings within the old paradigm. Likewise, Monsignor J. McAllister (1995a, p. 5), Professor Emeritus (deceased) at the Catholic University of America, stated it was appropriate for a new profession to have new language. This specialized vocabulary was developed from the insightful analyses of concepts and processes by Miss Kinlein and her followers from their perspective of caring. The practitioners became known as "kinleiners" in the practice of kinlein (kinleining), and they saw clients by appointment in private practice settings. Ernst (1992) described a practice in her dissertation and Williams (1987) studied specific concepts within the theory of the practice. Kinleiners have studied and been certified by the Institute of Kinlein to practice at the professional level.

Over the past 26 years there have been continual theoretical developments through the efforts of Miss Kinlein and those who continued to study with her. Much of the thinking and terms were based upon philosophical teachings and languages of ancient times, i.e., Socrates and Aristotle. Some terms of the theory's language were identified as Latin, after the fact, not in the process of naming components. This practice was based upon the phenomenon of moving in esca.

Philosophy

Philosophically Miss Kinlein referred to what was good, true, just, and charitable about people. MacAllister (1995b) commented that in esca it was assumed that people innately knew right from wrong in regard to truth, justice, and charity. Miss Kinlein recognized there was not always good in the world but the focus with clients remained on
the positive. The Greek values of the "moral man" (Kane, 1990) were considered when she referred to "the natural moral laws" of mankind. As interpreted from the ancient writings about the Greek wars, those who acted badly did not prosper. Some were exiled and other did not survive. A person of courage, moderation, and piety received success. Moral courage, piety, discipline, and fun were all admired. From this perspective, one might wonder if there was a connection today between the losses and unhappiness expressed by people and the introduction of new illnesses that continue to be identified? This is not to say the gods punish as some ancient interpretations read, but might be seen as the consequences of actions which were one's personal decision. Piety in some instances today could mean sacrificing the acts which resulted in instant pleasure of life, or lifestyle, to selecting those with rewards of a more long-term nature. In the human condition, this philosophical foundation embraced what was good, just, and charitable for self and others. It included the interrelationship of a human being's intellectual, physical, spiritual, and excitational natures. Each part considerably affected the other three and that in essence, was a modern version of an early Greek message. Prosperity and character enhanced one another, from the Greek perspective, when the values were positive, or favorable, to the gods. Today it is not for the gods to say, but we, ourselves, from our source of knowing.

Esca

Every profession had a formal object which defined its focus and the profession of esca, practice of kinlein, was not different. The focus of the new paradigm in the field of "caring with" was moving in esca. Some years after the acronym esca had been selected, it was found to be a Latin word for sustenance for a long journey (Beauchamp, 1991). Since life may be a long journey, kinleiners were delighted with this serendipitous discovery. As the theory of a human being moving in esca developed it was defined as that moving power that every human being has within him or herself to take action in
living on a day to day basis (Beauchamp, 1991; Kinlein, 1995). Thus, in the theory of a human being, intangible parts of a person are identified and depicted on a static "I" Gram. When the person is living, it is actually moving, and then is called the dynamic "I" Gram. This "I" Gram was developed by the founder and kinleiners and was foundational to the theory (Kinlein, 1995) (Appendix E). It included the tangible body of a person as well. Both the tangible and the intangible parts work in concert at some level at all times while engaged in life.

Ravin (1989) described several ways kinleiners described the focus of the practice. Admittedly, with new terms it was confusing when someone first heard of esca. Anderson was quoted by Raving (1989, p. 119) as having found the following description helpful:

...people respond to "life force," it is something that is unique within us, it's always been there and individuals seem to respond to that. It's there and assists us in taking action on a daily basis...

In the practice of kinlein, a two-way relationship, the focus of care was the moving in esca of the person being assisted. The focus was on the person's movements within the intangible self (animate) identified in the theory with the relationship of effects to the tangible self (corporeal). Every person's movements were recognized as uniquely individual, therefore, the kinleiner has no standard "caring with" to offer for categories or situations. Theoretical knowledge was used in the practice, but each client and appointment was unique.

Characteristics

Miss Kinlein made the following statements in a class in Homer, Alaska, descriptive of the moving in esca:

Every human being is moving in esca every moment of life; it is universal.
Every human being in moving in esca engages in actions that are unique to that human being.
The 'I' of every human being is manifested in two major components; self animate and self corporeal, which are tools used by the 'I' in moving in esca.

Major components of the self animate and the self corporeal account for the nature of the actions of thinking, feeling, acting in the spirit, metabolizing substances within the body, speaking, and doing anything.

Later, Kinlein, James and Martin (1993, p. 30) described the characteristics of moving in esca as:

1) every human being has "I"-ness in moving in esca,
2) it is unique in every human being in its very nature, and
3) moving in esca is the same power in all persons (universal) and yet, paradoxically, it is different in each person (individual). The best example is that all people have fingerprints, but each person's fingerprints are unique to that person. Moving in esca is the "fingerprint" of the invisible, intangible part of the person.

These changes reflected the refinement in the development of this theory by those involved in its study and practice. It was evident, from examining these characteristics of esca, the unique wholeness, with which someone using this theory considered the human being.

Principles

The principles of the theory of the profession of esca and the practice of kinlein were identified as:

1) esca exists in every person,
2) movement in esca is affected by the acceptance of the person,
3) movement in esca is affected by the process of full listening without interruption,
4) movement in esca is affected by recognition of the dignity of every person,
5) movement in esca is affected by the sense of responsibility and the sense of control,
6) movement in esca is affected by the realization that a person can know self better than another can know that self, and
7) movement in esca is affected by a sense of respect for self and others (obtained while Miss Kinlein taught at Homer, Alaska).

Ipse

In the theory, there was first the idea of tangible and intangible components of a human being, then processes of how a person moved in those components, identification of different phases of consciousness, and lastly, but supremely, a universal source of life and knowledge. This too was depicted on the "I" Gram. A person's words, spoken, written or signed, were analyzed from the perspective of surfaced and coalesced intellectual, physical, spiritual, and/or excitation (IPSE) natures of that person. It was from the words that movement in esca was determined. Miss Kinlein stated the processes have been validated by the analyses of thousands of client appointments. In fact, this theory was developed from dissecting and analyzing the practice; not the reverse.

Cordising

The concept of cordising was described (Kinlein, 1994) in the caring. The term "cordising," from the Latin word "cordis," meaning from the heart, was used to describe the movement of caring that was shared as two or more people related in a positive and intentional way. It was essential to kinlein "caring with." If a person truly wanted to serve, by caring for another (as in a vocational calling), it was a charitable gift that they offered. This was very different from a caregiver who approached with the attitude that "this is my job to do, in my way and in my time to do it." Different also from another person saying, 'I know what is best for you." The way of knowing persons was through cordising: offering assistance by observing truth, in justice, and with charity. This was from the caregiver's authentic self, according to kinleiners. It permitted an environment in which trust could develop. Professionals of every field recognized this climate as a must
for an honest authentic, relationship to prevail, and, whereby, assistance offered may be accepted. The cordising philosophy was considered essential and necessary to this practice.

**Kinleining**

Professionally, the kinleiner greeted the person when he/she arrived for an appointment and walked to the door with the person when departing. The utmost in courtesy was offered to people, and it was a hallmark of the kinlein "caring with." Miss Kinlein, in a telephone conversation with me (April 10, 1996), referred to the practice as "assisting in the concept of the theory of cordising versus caring" which she preferred because of the overuse of the word "care" or "caring."

**Listening**

Briefly described, in an appointment the kinleiner assisted from the words an individual said, wrote, or signed. The person was listened to, without interruption, while the kinleiner wrote every word. The intentional listening was described by Kinlein, James and Martin (1993), in the book, *The Joy of Listening*. After an appointment, people frequently said that they had never been listened to so respectfully and completely. In today's word, that, of itself, must have seemed miraculous.

**Assisting**

From the client's words the kinleiner engaged in an ongoing process which reflected self-illumination, such as by a mirror, regarding that for which the appointment had been made. It was not investing what to do in the expert. It also was not a counseling method. The person came to understand self more clearly from the focus the kinleiner used. Through a client's own words, and with assistance, he or she recognized
the fact that the individual alone has the power to take action known by and for self. Seeing their actual words written, and understanding what they said, by a kinleiner's judgments and gentle nudges, an opportunity was offered for people to truly clarify their thinking, desires, intentions, etc. They came to know the truth about and for themselves. It was almost always an impressive and inspiring "Aha" experience for the client and satisfying to the kinleiner.

Judgments

The client's disclosures were not judged right or wrong, good or bad, but the kinleiner did make professional judgments from the words regarding the person's moving in esca. These judgments were objectively verified through one's selected verbs, the root definitions of words, and grammatical syntax used. The actions were judged, through a grammatical and mathematical process, to be predominantly physiological, spiritual, intellectual or excitational in nature. This calculations was called an IPSE index. The kinleiner incorporated this in assisting the client in moving in esca. As the appointment progressed the kinleiner selectively commented and/or drew pictures or diagrams to form the essence of what the person disclosed about self. The appointment concluded, through assistance, with the client determining the selection of actions and steps to take.

Practice

People make appointments for a variety of reasons, and the practice has been differentiated from other professions because of the focus; assisting in moving in esca (Kinlein, 1994; Ravin, 1989; Torrey, 1981). It built upon what was good and true within a person, and he or she leaves the appointment with a direction which the client decided rather than one the professional directed. The person also departed with a positive attitude for making that decision for action and the self-satisfaction of a job well done in the appointment as Holden (1991) described is an essential for growth. Ravin (1983) saw
this as a theoretical and practical paradigm shift which captured the essence of a
humanistic, self-determine model of caring. Stahl (1995, p. 16) said, "it (the theory) has
made a substantial contribution to society by bringing forth a distinct and dynamic view of
the human being." The profession of esca/practice of kinlein was established as a practice
philosophy (Kinlein, 1994).

Detente

During the early years of kinlein practice, satisfied clients requested Miss Kinlein
expand her kinlein practice to care for their elderly relatives who needed long-term
assistive care. They especially wanted them to retain personal dignity, control, quality in
their lives, and live in a caring, affordable environment. Control was an important and
significant factor for the hardiness of seniors' well-being in Steige's study (1986). That
control added to the quality of their lives by the acknowledgment of their right to make
and do things of their own selection. Control and power have a striking similarity as they
are linked conceptually by definition (Spaulding, 1995).

Miss Kinlein responded to the requests. She identified principles that were
effective to assist those persons who elected to live together for mutual benefit, and the
concept of caring was called "detente" (Morel, 1983). It was a concept that made it
possible for persons to live in a family-communal setting while participating in a unique
helping relationship (Morel & Raymond, 1983). Miss Kinlein selected the word "detente"
meaning a relaxing of tensions (Webster's, 1989). In the Detente Concept of Care in
Living in Kinlein, it referred to persons living harmoniously together for mutual benefit
(Kinlein, James and Martin, 1993, P. 70). It was envisioned as a place where no more
than eight persons resided for assistive living within professional concepts other than
medicine. The uniqueness of detente was attributed to the tenets from the profession of
esca/practice of kinlein. The practice was based upon the belief that each person had the
power within him/herself to act on their own behalf regarding life and they could live
together harmoniously for mutual benefit (Morel, 1983). The focus of the caregiver in a detente was assisting the person in moving in esca in regard to living on a day-to-day basis. The profession of esca/practice of kinlein was extended to those in a detente: a concept that was practiced in a residence for all ages (Morel & Raymond, 1983). The home, with several residents, was ultimately called a Detente Dwelling where the Detente Concept of Care in Living in Kinlein was offered (M. L. Kinlein, personal communication, January 1995).

Early Detentes

The first, or pilot, Detente Dwelling was opened in 1978 at McClean, Virginia. It was in operation through 1981 but was closed because of Miss Kinlein's increased demands to develop her theories, commit them to writing, teach her theories in many of the United States, and maintain an active practice of kinlein in Maryland. She still vigorously maintains these activities today.

The second detente was opened by Nancy Kohorn, a kinleiner from Wisconsin, who had "cared with" an individual in a private residence within the Detente Concepts of Care in Living in Kinlein from 1980-85. She opened this detente after her assistance was sought in "caring with" an elderly person. Currently Mrs. Kohorn has caregivers who assist her son who requires long-term care. These caregivers have chosen to become "familiar" with the Detente Concept of Care in Living in Kinlein in order to care from this perspective. Within a group of kinleiners, and with Miss Kinlein acknowledged as the Master Teacher, there are those who considered Mrs. Kohorn to be the most masterful of learners about teaching.

Homer Detente

The Homer Detente was opened in 1981 and was incorporated as a nonprofit organization in 1986. It became the third Detente Dwelling where the Detente Concept of
Care in Living in Kinlein was offered. In 1981, Alaska kinleiners struggled with bureaucratic red tape for a state license to have the Homer Detente established and open for business. There were many requests from community residents for assistive residential care. A building, planned by the kinleiners was built by former satisfied clients who wanted to see this care continue. They then leased the building to kinleiners who rented the home to the individuals who wanted to live there. The home was eventually licensed by the State of Alaska as an adult residential home.

Independence and dignity were the terms heard repeatedly when seniors in Alaska were asked what service they wanted in long-term care. Older people wanted to remain independent as long as possible in the homes and communities that comforted and sustained them. When they might need care they wanted providers to recognize their fundamental right to human dignity (Older Alaskans Commission, 1993). Kinleiners were confident that the Detente Concept of Care in Living in Kinlein could meet those desires.

Cost

Nursing homes and hospitals in Alaska, depending on the level of care, were charging $8 to 12,000 per month, per resident according to Mrs. Raymond, the kinleiner of residence at the Homer Detente (personal communication with Mrs. Raymond, January 1992). She, however, provided residential care for up to six residents for $2-3,000 per month, per resident. The differences in fees were due to non-standard, unique caregiver and resident agreements for the care offered and accepted at an agreed upon fee, rather than standard charges for all residents based upon an equal division of costs among the population of the home. It offered home care over medical care, and the residence had no equipment for potential medical emergencies found in a hospital or nursing home: all that was available in Homer, Alaska. Physicians and public health nurses were called, as required. The Homer Detente was managed frugally, but there was money for necessities and more. One of the biggest reasons for the difference in cost came from practice based
upon the theory of esca itself. The components of relating to another from truth, justice, and charity were a cornerstone of the philosophy. Each component was expressed by the managing kinleiner, the kinleiner of reference in a Detente Dwelling. There was truthful accounting, equitable rent and fees charged for services, as well as the charitable offering of caring with persons. None-essentials were deliberately avoided which contributed greatly to cost controls. Individuals, families, and sometimes community contributions were accepted. The Homer Detente was budgeted as a personal residence, which it was—a personal residence for the personadets who lived there.

Support

Articles and letters have been written about the satisfying care residents received in the Homer Detente. The town inhabitants valued and supported the independent spirit and courage expressed by any one in the community. In actual fact, in Alaska, Homer began and continues to stand out as a bastion of independence and frontier spirit. The town fathers certainly valued those qualities in Mary Raymond, the kinleiner who initiated, co-founded, managed, and served as the kinleiner of reference for the Homer Detente in their community. The Detente Concept of Care in Living in Kinlein, so persistently and tenaciously extolled and practiced by Mrs. Raymond, met an important requirement the older Alaskans identified and drafted into their 1993-97 state plan (Older Alaskans Commission, 1993). That requirement was to have caregivers who recognized the fundamental right of persons to be treated with human dignity and kindness whenever care was delivered. Based upon my observations and information, Homer Detente had been providing this since 1981.

Kinlein Associate

The primary caregiver in the Detente Concept of Care in Living in Kinlein was called the "kinlein associate." There were now two practitioner roles identified to practice
this profession of esca: the professional kinleiner and the preprofessional kinlein associate. Each had his/her own prescribed education and scope of practice. A kinleiner of reference was and must be affiliated and available for consultation to practicing kinlein associates.

Professional kinleiners, by appointment, assisted clients in moving in esca and "escinga" in regard to living life. Escinga refers to the moving that was focused on during an appointment. Kinlein associates, with a kinleiner of reference available for consultation purposes, assisted personadets in moving in esca in regard to living life on a day to day basis in a private home or Detente Dwelling. This assistance was in regard to eating, bathing, walking, etc. Often what was seen looked like care in other residences until someone had spent some time there. The harmony was apparent by the way the kinlein associates assisted personadets and each other.

Kinlein associates were viewed, from the time of the pilot program, as pivotal, or as a key link, to the success of the Detente Concept of Care in Living in Kinlein. All persons, or a family member in lieu of someone unable to decide, elected to live together in harmony for mutual benefit in a Detente Dwelling. The kinlein associate caregivers were considered satisfied, valued members of that family even though, individually, they were not present during the daily 24 hours. Quality was added to the personadets' lives as the kinlein associates expressed confidence and satisfaction in a job well done. They felt satisfied with the quality of care given and recognized their personal responsibility and accountability for its achievement. This occurred because the organization of relationships within a Detente Dwelling was based upon concepts that eliminate any situational cycles that Tellis-Nayak and Tellis-Nayak (1989) described. Mrs. Raymond's leadership style also was reminiscent of what Holden (1991) advised when changing task behavior; focused on that task and the job well done while relating interpersonally. The milieu, established by the kinlein associates "caring with" persons, was very calm, relaxed, and noted by anyone who visited this home. It was of the quality Block (1993) and Nair (1994) best described as stewardship and soul, yet with plenty of the joy of which Kinlein, James and Martin (1995) wrote in regard to listening.
Kinlein Associate Difference

Five important differences between a kinlein associate and the vocational prepared nurse aides were apparent in this new paradigm of caring. They were:

1) The kinlein associate and personadet together contractually decided what assistance was specifically offered, desired, accepted, and agreed upon. This was committed to a written contract which could be renegotiated at either individual's request. This was a significant variation and responsibility compared to that of a nurse aide who had an RN assign him or her tasks.

2) A kinleiner was in contract with the kinlein associate, for consultative purposes rather than as employer, and a kinleiner of reference was present or available to kinlein associates at a Detente Dwelling. The responsibility for assistance was considered directly and foremost between the individuals offering and accepting assistance.

3) Responsibility and accountability were clearly delineated. The chain of contracts flowed—personadet with kinlein associate with kinleiner. Also, a personadet and/or kinlein associate may have appointments with a kinleiner as desired. In contrast, the nurse aides employed to work in long-term care settings were in contract with the institution, not with the nurses whom they assisted, nor with those to whom they administered that assistance. State nurse practice acts designated the nurse aides worked under the supervision of an RN.

4) The fourth difference was in the caring. The focus of care was on assisting the person moving in esca in living day to day. Kinlein associate assistance was of a cooperative effort with the personadet or family member in control rather than merely giving care to someone with the caregiver in control, as was practiced in many, traditional long-term care facilities. This difference, though subtle, was significant in its implications. Assistance was offered from the perspectives the
personadets presented; the physical, excitational, intellectual and/or spiritual components of the self. When assistance was accepted and participated in, it was perceived, from observation, as intentionally and naturally flowing with a spirit of harmony, among everyone in the Homer Detente.

5) The final difference was the educational process itself. Miss Kinlein avails herself of each student's unique abilities and affords them the modeling of respect and dignity that she anticipates they will utilize with the personadets. She uses humor easily and carefully nurtures the learning opportunities unique to each student's learning style.

Currently there are 13 kinlein associates with the largest group located in Homer, Alaska—a small rural town. The founder of the Theory of Esca/Practice of Kinlein, Miss Lucille Kinlein, and kinleiner, Mrs. Mary Raymond, have been the primary teachers of the local kinleiners. May 1995 saw the first certification for kinlein associates through the Institute of Kinlein.

Examples of Kinlein Associate "caring with"

I observed and was told of several situations at the Homer Detente in Alaska and, after careful analysis, interpreted the care as very different from that in other residential settings. Three incidents of "caring with" are described. Two from observation and related to me by the kinleiner of reference.

The day area in the Homer Detente consisted of an open living-room, dining-room, and kitchen area. The colors were earthy and warm, furniture was firmly stuffed but comfortable, and natural light entered through many windows. This was the hub of the house, and visitors, after being greeted, were invited to join residents for coffee, cookies, or in any activity occurring, e.g., game, folding laundry, puzzles. I immediately noticed the kinlein associates hummed and sang as they worked. They also intentionally included the personadets in whatever they might be doing. They did this by either talking to them,
singing songs, or suggesting they engage in an activity with each other and/or a kinlein associate. One afternoon the game was hitting the balloon. It went back and forth among kinlein associates and two personadets resulting in each one laughing. A kinlein associate observed one personadet involved in the activity breathing hard and heard her say, "oh, my!" as she sat down. Rather than direct a change in activity because of the personadets possible limitation, the kinlein associate said, "oh, I have laughed so hard I must sit a minute." This was an offer for the personadet to decide what she needed, which she did. She chose to go rest in her room for a while with the kinlein associate offering to stop by in a few minutes. The personadet accepted the offer. There was a subtle, but strong, intention here to offer the opportunity for the person to care for self, basic to the focus being on the person moving in esca. Another model of care would have had a caregiver take charge and insist the person go to bed, possibly before that person even became aware of what was needed for the self. All too often the traditional care model resulted in a person being told what to do, thereby, generating resistance to the suggestion of the caregiver. Thus, the caregiver decided what the need was, not the person. In this example of "caring with," the person was assisted in moving in esca in the physical, excitational and possibly the spiritual nature.

The second situation involved an elderly, mute woman sitting in a recliner in the day are. The kinlein associate knew this person napped after lunch but required assistance regarding mobility. The nap and mobility assistance were negotiated with the woman's daughter who had taken care of her mother before she came to the Homer Detente. The kinlein associate got on her knees, talked very softly to the woman, told her it was time to walk and that she was going to rub her feet and lower legs gently to help her prepare for walking. This she did very gently as she continued either in silence or to chat about lunch, the events of the day, or whatever topic she thought would be interesting to the elderly woman. After a few minutes another kinlein associate asked the kinlein associate on her knees if she was ready for some help. The answer was, "Yes, thank you," after suggesting to the woman that she was ready, giving her time to prepare for the next action. She
maintained eye contact with the person while she told her every step before doing it. With a kinlein associate on either side of the woman, she was assisted to a standing position. Finally, after another suggestion, the personadet shuffled one foot one to two inches forward, the kinlein associates waited for her balance to stabilize, and then one used her own foot to assist the personadet's other foot forward. This process was repeated very slowly and deliberately with gentle directions from the kinlein associate directing the moving. The woman had to walk about 30 feet to her room, very slowly, taking all the time that was necessary. She did, indeed, walk to her bed with assistance. A wheel chair and lifting would have been used in a nursing home because of the time involved. No one there would have begun to spend the time it took to assist her out of the room to her bed. But the benefits derived from "keep moving," which are well-documented and expressed by many health care personnel, would have been deprived her. Since humans are whole beings, she was not deprived of the benefits of mobility on the physical body, to one's spirit, excitation and the intellect, let alone one's dignity.

The last situation described the elderly woman above when she first came to the Homer Detente from a nursing home. As noted, she did not walk, was not eating, nor drinking fluids to the amount the body required for hydration, she also had multiple bladder inflections and was incontinent with a urinary catheter in place. Her daughter was distraught to see her mother this way and moved her to receive care in the Homer Detente. The kinleiner and kinlein associates, with the daughter, devised a plan to help. Everything that was done with her took a very long time--time to have the words heard by the woman, to be registered, interpreted, and understood, and then accepted, all before implementation. Fluids to her liking were offered during the waking hours of the day. They had to be offered every 15 to 30 minutes to provide the necessary amounts required to flush the urinary system and maintain it infection free. Over time, this was accomplished, and she has had no bladder reinfections since she has been in the Homer Detente. She began eating, even though it took hours to consume the food. Kinlein associates would reheat it as necessary, and she kept eating. Her strength grew, and then
she began the assistive walking, and the bladder control training to overcome incontinence. To quote Mrs. Raymond (personal communication, April 19, 1996), "There is no better care given anyplace than in a Detente Dwelling." From the examples given one may judge for him/herself, but personadets and families alike are very satisfied. Dignity and respect for other persons was constantly demonstrated by the kinlein associates' words and deeds.

Kinlein associates "caring with" personadets were observed employing principles of the theory of esca when practicing the theory of assisting a person through cordising. In the examples above, the kinlein associates were providing "caring with" within the boundary of their agreed upon contracts. They approached the personadet(s) with smooth movements, calm, quiet voices, respectfully explained what was to be done and waited for acknowledgment of understanding, acceptance, or verbal disagreement. If a person was not ready to go to bed at night they were asked what they would like to do: read, talk, watch television, or have someone sit quietly with them. The personadet might have given an estimated length of time until they would be ready for bed. The kinlein associate would listen without interrupting, refresh and offer nearby fluids, and inform the personadet when he/she would return to see how they were doing. They might have had to help another resident or were free to sit with the personadet as they folded clothes. Laughter or discussion from what was on the television might occur as it does in one's home. The spirit of harmony and peace prevailed with mutual self-respect expressed by word and action of each person. Each person's movement in esca shared in a sense of responsibility and control.

During the night, as residences moved loudly or called out, the kinlein associate would knock on the door before entering, as, "May I help you?" or "Let me help you to the bathroom," always respecting the dignity and response of the personadet. Again, fresh fluids were offered or placed within the resident's reach. If a bed required changing, it was suggested the personadet would feel more comfortable if it were done. As he or she agreed, each step of the process was intentionally described by the kinlein associate,
before or during the "caring with," depending upon the kinlein associate's discernment. The philosophical principle that control of self resides in a person was observed, and it was offered with respect and dignity for another human being. This paradigm shift, from traditional caring, embodies the notion of "caring with," together, rather than "giving care to" and "taking care of" by doing to or for another.

At times these behaviors may be observed in a traditional nursing home, but in a Detente Dwelling it is the way because kinlein associates are taught to be aware of their intention, selected words, and actions. They are to search their minds, when applying the theory, for ways to offer "caring with" from their IPSE nature as well as identify the IPSE nature of the personadets. This requires attentive listening without interruption, with the realization and respect that a person knows him or herself better than another can know that self. Traditional caregivers frequently make a decision about what a person needs before the person has made a request. Frequently it is the wrong decision, and the person wanting something becomes frustrated about not being listened to, and often perceives their self or their desires as not valued by the caregiver.

Flow of Learning

The previous descriptions were examples of the kinlein associate in relationship with the personadets integrating what they had learned of the theory and applying the behaviors modeled by Miss Kinlein and Mrs. Raymond. The kinlein associates expressed themselves as valuing the personadets through their selection of words, actions, and effects from the milieu.

The flow of learning and application was from Miss Kinlein to Mrs. Raymond to kinlein associate with value-added education having an impact upon the personadet (Figure 2.) as emphasized at Maricopa College, Arizona (personal communication with
Sylvia Orr, Ph.D., June 1997). It was readily apparent to this observer that the process of "caring with" was accomplished by kinlein associates incorporating abstract values into their action congruent with Miss Kinlein's vision.

Miss Kinlein ---->Mrs. Raymond ---->Kinlein Associate ----> "Impact" on Personadet

Figure 2. Flow of Learning and Impact.

Summary

This chapter described the background of medical and nursing concerns leading to change desired by consumers from the perceived cold and purely technical care. Care was differentiated by definition in two ways: interpersonal and physical. Registered nurses were professionally dissatisfied and nurse aides were the direct caregivers in long-term settings where the elderly and disabled populations were increasingly growing. Medical advancements were extending life expectancies without recognizing quality of life issues.

A paradigm shift was described for assisting people in living day to day. This theory became known as the theory of a human being by those who studied it or were recipients of care from this perspective. Miss Kinlen was the founder, and her theory was briefly described. Practitioners were delineated at two levels: the professional kinleiner and the preprofessional kinlein associate. Miss Kinlein developed this new paradigm of caring to meet health care consumer demands. It developed and has application to all of living, not just health related concerns. A successful long-term residential setting in Alaska resulted and was described along with examples of care, different from what had been traditionally available. Principles of Miss Kinlein's theory were listed and the chapter concluded with the flow of learning so important to this study regarding the replicability of her instructional methods.
CURRICULUM AND INSTRUCTION

The beginning concepts for the Detente Concept of Care in Living in Kinlein were put into practice in 1979. They were identified and taught by Miss Kinlein to those who assisted in the Virginia Detente Dwelling. People requested assistance in caring for their elderly relatives, there were those who were willing to help, and Miss Kinlein knew how to offer and provide care, and teach. The perspective taught was the kinlein "caring with," and it included some of the "hands on" skills for those who needed direct personal care. Residents were offered assistance that they either accepted or refused. This care was not done to or for people as in the nursing paradigm, but assistance was offered, accepted, modified or refused. The "caring with" approach was from a sense of "I would offer this..."

The necessity for teaching several kinlein associates at one time began with the 1981 opening of the Homer Detente and remains today. The successful practice of kinlein associates "caring with" persons continued, and people from adjacent towns inquired when they could get their Detente Dwelling (Personal communication from Mary Raymond, 1992). Developing more Detente Dwellings would necessitate more kinlein associate training.

The material that follows was gathered from many sources over several years. Observations and interviews added to the fullness of this study. The refinement continues for the theory of moving in esca by the kinleiners as it also does for the kinlein associate role.

Kinlein Associate Training

The basic practice of the concordant (cordising) theory of caring was evidenced in actions and words of early caregivers even though the theory of assisting in moving in esca was not fully developed. Early kinlein associates were presented with the theory as then known and received added information when Miss Kinlein held further classes. The training evolved from on-the-job training to more formal classes held on prearranged
scheduling. The following is descriptive of how kinlein associates were trained in Homer Detente taken from observation and interviews.

Early Years

Mary Raymond, one of the initial caregivers at the Homer Detente was instrumental in its origination. She had been a registered nurse and practiced in Homer, Alaska, for many years. People knew her, trusted her judgements, and had confidence in her. The new residence was designed and built by the efforts of Miss Kinlein, Mrs. Raymond, and former satisfied client family members. They wanted to see that the availability of this "caring with" persons continued for other people when it was needed as expressed in "A Doorway to Dignity" (Appendix F). Therefore, it became necessary to have more caregivers trained in this practice. Mrs. Raymond remained the kinleiner of reference and continued to informally teach caregivers as they sought association with the Homer Detente. Kinlein associates considered those they "cared with" from a whole person perspective. Special attention focused on the person's moving in esca and his or her preference of care; a contrasting approach compared to traditional long-term care.

Words are a manifestation of moving in esca. The root dictionary definition of the selected words used by clients and caregivers were given great attention when "caring with" or teaching persons from this theory. Miss Kinlein frequently referred to a person's words, their meaning, and how a person's intent agreed or not with defined meanings. Clarification, correction and specificity of words were key ingredients for a person's intended, congruent expression. Messages were often very different from what was actually intended. This resulted in inaccurate communication about and to self and others. Miss Kinlein encouraged clarity in thinking and then precise expression.
Teaching Methods

Miss Kinlein had teaching experience as an assistant professor of nursing at The Catholic University of America and Georgetown University, both in Washington, D.C. Since this was a practice discipline, the methods she used were common to such fields. Her particular style was considered exemplary by everyone responding to this study.

Initially the apprenticeship method of teaching and learning was used for kinlein associate training with occasional classes held at the Homer Detente. These classes were informal with minimal structure but similar to the clinical conferences of nurse and nurse aide education/training. The kinlein associates apprenticed directly under Mrs. Raymond because caregivers were immediately needed. She personally demonstrated how to assist people in physical movement, personal hygiene, etc. As kinlein associates assisted residents, Mrs. Raymond verbally confirmed they performed assistance properly, and she would gradually release her constant supervision of a specific task. They performed, within the theory of esca, to her standard of assistance offered and provided. This was on-the-job training in its purest form.

Miss Kinlein periodically returned to Alaska to teach the kinlein associates the theoretical concepts of what they observed Mrs. Raymond practice. Many kinlein associates said they "shadowed" Mrs. Raymond for months to learn how she performed her caring. They listened to her speak to the personadets with a calm, quiet voice—not raised in a shout as though people were hard of hearing. She modeled movements with a confident grace and gentleness which the new kinlein associates were eager to emulate. They saw her offer what personadets said was comforting, as she assisted in physical movements intentionally, gently, and safely. This caring was demonstrated and discussed as Miss Kinlein had done when assisting Mrs. Raymond in learning about kinleinining. From modeling by Miss Kinlein to modeling by Mrs. Raymond, early kinlein associates began giving care after being assisted in preparing their contracts with the personadets. It was Mrs. Raymond who determined when the individual kinlein associates were ready to
practice. By necessity, the preservice and inservice learning was blurred because caregivers were needed as they were being trained (Miss Kinlein, personal communication, April 26, 1996).

Later Years

Miss Kinlein traveled to Alaska three times a year and held classes for the kinlein associates to enrich and deepen their knowledge of the theory of moving in esca. Initially informal classes were held because caregivers needed to understand the difference between "caring with" people by the Detente Concept of Care in Living in Kinlein versus the caring within a nursing home. Miss Kinlein developed a curriculum, and theory courses were developed and taught. She and the kinlein associates compared and contrasted the Detente Concept of Care with other care familiar to the kinlein associates. Together they explored concepts, questioned and challenged each other until learners comprehended the whole person perspective and how this effective caring, that was just, charitable and loving, could be offered to residents.

Kinleiners were preparing themselves to teach the kinlein associate courses by studying the teaching of, with, and by Miss Kinlein. The kinlein associates in Alaska expressed their desire for more frequent courses taught over an extended time period, rather than having the present short, intense sessions. The consideration to formalize kinlein associate education was beginning.

Learners taking the kinlein associate curriculum conveyed to me knowledge of the theory at differing levels. Most were unable to say, in their own words, the meaning of presented theoretical terminology. However, they said that the person "cared with," and his/her preferences, were most important to respect. Some had prior classes with Miss Kinlein, and they had varied kinlein associate experience of a few months to six years. Classes taught by Miss Kinlein during the week of observation were at different theory levels. She held a separate course for new learners to the theory. Everyone, including the newcomers, joined the course with practicing kinlein associates. She welcomed comments and questions, clarified perceptions, and inspired them to examine
theoretical concepts with application relative to Kinlein associate practice. Miss Kinlein offered time allotment for individual sessions if desired. She also was willing to add any short courses learners desired. It was an intensive week.

This way of training Kinlein associates served the emergent needs, but now the time had come for courses to be taught in a consecutive, organized manner for academic credit. Kinlein associates recognized the effort, time, and cost to them to study this field. They believed in it, liked being self-employed, but wanted their study efforts rewarded by receiving academic credit toward a certificate or associate degree. Miss Kinlein had spoken of this for the future, but they were ready in the late 1980's. Miss Kinlein and Kinleiners were aware of this need and dedicated themselves to meet it outside of established academia because the University of Alaska's funding cuts terminated new courses. These cuts eliminated any Kinlein associate courses at the local college in Homer. Therefore, the first certification of Kinlein associates was granted in 1995 by the Institutes of Esca/Kinlein at Hyattsville, Maryland (untitled paper from Homer Detente, 1995), and the commitment to develop Kinlein associate curriculum and faculty to teach became a goal.

Kinlein Associate Curriculum

The Kinlein associate curriculum consisted of nine courses (Institute of Esca/Kinlein Course Catalogue, 1997). They were specific to the theory of assisting a person moving in esca at the Kinlein associate level. The focus was on the person moving in esca and the "caring with" that could be accomplished any place requested by an individual. A Kinlein associate could offer caring within a nursing home if the institution would or could permit it. The course titles and descriptions were:

Curriculum for Kinlein Associates

I. Introduction to Concordant Philosophy

This course in concordant philosophy introduces the practical aspects of the
phenomenon of moving in esca. Esca is that moving power within each person to take action in living life on a day to day basis. The focus is on the person living in his/her intellectual, physiological, spiritual, and excitational aspects.

II. Self in Action in the Intellectual Component
This course in concordant philosophy explores expression of thought as one of the Routes of Knowing by looking at the consonance and harmony of the words spoken as the results of the thought process. The effects of pausing on the part of the speaker and the effects of waiting on the part of the listener will be explored. Exercises which illustrate these points will be part of the course.

III. Self in Action in the Physiological Component
The person moving in esca projects his/her body through space and time through use of the knowledge of the internal functioning of his/her body. A new view of anatomy and physiology of a person from the perspective of use of self in the physiological component is incorporated in the course.

IV. Self in Action in the Spiritual Component
In this course the spiritual component of the Self is viewed in as broad or as narrow a definition as the student wants to view it. The definition used in the course is: breath of life that sustains the Self Corporeal. Beauty and orderliness in the environment are included. The Routes of Cordising and the Phases of Consciousness are included in this course.

V. Self in Action in the Excitational Component
The excitational process in the theory of moving in esca will be studied. The notion of energy flow which represents the transmission of an excitation will be analyzed and experienced through structuring of examples.
VI. Caring Through Assisting the Person in Physiological Measures
This course in concordant Philosophy will help the student integrate assisting a person in moving in esca in regard to physical measure of cleanliness, comfort, exercise, and nutrition.

VII. Caring Through Judging Ways of Assisting Persons in Moving in Esca
This course will present to the student guidelines to use in making judgements in assisting persons in moving in esca on a day to day basis. Actual situations in the Detente Concept of Care in Living in Kinlein will be discussed and the nature of the challenge which faces the kinlein associate will be the focus. The difference in moving in esca manifested by each person in the ipse components will be emphasized. This will always be the perspective within which techniques and tasks are viewed. The importance of the environment will be discussed. The course will analyze the process of making judgements in assisting persons in moving in esca.

VIII. Practical Experience in Assisting Persons in Moving in Esca
Situations for the student to assist (personadets) in moving in esca to be planned.

IX. Presenting oneself as a Kinlein Associate to the Community
This course covers the status of a kinlein associate as an independent contractor, prepared to assist people in the Detente Concept of Living.

The courses were intended to be taught in the order listed with a possible exception to course number VIII, Practical Experience. This course could be integrated as a clinical or cooperative experience after course number I was completed. Course number VIII also was not yet developed, but was urgently needed. Course objectives were developed for most of the remaining courses and the course descriptions suggested an order of building.
M. Lucille Kinlein's Teaching

Miss Kinlein and Mrs. Raymond were model caregivers for the learners of kinlein associate assisting. One taught theory, and the other application; however, both taught from the same high standards. There was a common thread noted by me among kinleiners, kinlein associates and teachers which was foundational for each being in their chosen field. That common thread was a genuine caring about people. Kinleiners and their associates manifested it when assisting people in moving in esca in regard to living, and teachers manifested it when they assisted people in regard to learning.

Miss Kinlein emphasized that in teaching, as with personadet, "caring with" each class participant, or person, was respected for his or her uniqueness because no two people where identical physically, excitationally, intellectually, or spiritually. Acceptance of someone just as he or she was paved the way for their moving in esca in living or in learning. This basic principle was common to "caring with" and education (Tuckman, 1995). The interpersonal authenticity and genuineness was perceived by clients and students from voice tone, body movement, use of the drama, silence, laughter, and the openness of self to another. These behaviors were then emulated by kinlein associates when "caring with" personadets.

Establishing Relationships and Class Readiness

Miss Kinlein preferred to arrive early for her classes to show the teacher was ready, eager, and she could be alerted to any last minute changes. She used this time for greeting each person as they arrived and introducing herself to newcomers. With a smile on her face, after greeting everyone by name or nod, she waited to begin class on time. Sometimes she sat quietly, and other times she talked with class participants. When class time arrived she reintroduced herself, declared her preference in being called "Miss Kinlein," related a humorous experience from her trip, and expressed her appreciation in being with the learners in Alaska again. Her voice modulation was low, firm, and expressive; word cadence was measured, eye contact was given each person and held long enough for recognition of the contact. By her smiles she projected warmth and
genuineness. She then suggested self introductions by everyone around the room. Even though many of the kinleiners and associates knew each other, she explained there were those present who were new. She further suggested everyone might also benefit by knowing why they were there. Finally, she asked about their comfort with the room, seating, and lighting conditions and noted the location of water, coffee, snacks and restrooms. These things were all intentionally done to establish personal contact with each person and to convey consideration of their physical needs. She did this by holding her attention on each person who spoke, made positive comments about those she knew, and gave welcomes and exclamations of joy for new learners to her class. These words and actions were her way of assisting student preparedness intellectually, physiologically, spiritually and excitationally for the delight in discovery and learning ahead of them. She set the stage by her own joy and total pleasure relative to learning. Any latecomers were welcomed, briefed as to what the group was doing, and Miss Kinlein said that "... the group is complete now that so and so is here."

Next, the week's schedule was presented, and she asked if there were any suggested changes. If there were, the group decided by consensus how items and times were to be arranged. Specific changes were written on the flip chart for everyone to provide input and view the changes. Miss Kinlein then checked for each person's (all 13 present) personal agreement or disagreement with decisions. If there was a difficulty for anyone she looked to the group for accommodation. She took everyone into consideration until there was consensus.

Class Management

At this point, Miss Kinlein reviewed the processes for her classes. The cardinal rules were one person talked at a time and no one was to interrupt another while they were speaking. She never really said to raise hands for questions, but so many adults were used to this from prior schooling that she incorporated it by responding, after completing her thoughts, when they did. If one person monopolized discourse she would break it by a joke, or laugh about herself in regard to only one person hearing her. If
several hands were raised or someone spoke before she responded, she said, "Hold those thoughts! Who had their hand up first, second, etc?" and named the learners to whom and in what sequence she would respond. A person who spoke out of order quickly learned that raised hands got the attention.

Miss Kinlein rarely gave rules of conduct except for those already described. She was adamant in supporting all comments as relevant and reminded participants that every question or comment was important. She elaborated with something like, "What is illuminated in one mind may suggest another idea to someone else and everyone benefits from the string of thoughts." Also, adult learners had the right to leave and return to the room when they desired, or could suggest a break for group consideration. Sometimes the group was in such a creative discussion they declined a break. Other times they agreed or deferred to the request because of the rationale presented. The idea of the learner knowing what he or she needed at any time and attending to it was respected. It was expected, however, that those needs would be attended to with the least disturbance to everyone in the room.

Class members acknowledged to Miss Kinlein their commitment to the schedule and rules, and she then verbally indicated the readiness for the course to begin. The course title for this intense session was stated, and she began writing on her flip charts. The tape recorder was turned on, after hearing no objections, and the dictionary location was noted for anyone to use.

It was interesting to note Miss Kinlein's declared demarcation from other communication courses, which was not to interpret another person's actions, consistent with her theory. Yet, she deliberately used herself to convey an expected congruency between caring behavior and the selected spoken words. This congruency between action and word was most important in caring and in teaching. Being honest with self develops authenticity which leads to trust with students (Schmuck & Schmuck, 1992). This behavior and trust was also characteristic of and integral to the theory in practice whether it was educational theory or the concordant theory.
Behavior Relative to Theory

Class management could be viewed as following the concepts within Miss Kinlein's theory of care. Cordising, as previously described, includes giving from the heart in truth, charity (love), and justice. This concept called for fair and courteous action with consideration to others. When these concepts were taught in the theory, Miss Kinlein used the polite actions one extended to another person coming into their home as an example of cordising, and then asked how it would be used in the Detente Dwelling. Or, as situations arose, she might have referred to the theory again and asked what the relationship was to what was happening right now. The relativity of these questions to their work quickly got the learners to thinking, discussing, exploring ideas from different perspectives and relating to their caregiving situation or personal lives. Most joined into the stream of discussion with excitement from learner relating to learner. Miss Kinlein was a learner at one time regarding the explanation of a principle from a male's perspective. She laughed at herself for never having seen something he brought into the class to demonstrate his point. This apparatus in turn demonstrated to Miss Kinlein that he indeed did understand the moving of the concept discussed.

Sometimes they concluded, "Ah--, this is us in (or out) of the theory right now." This often had an audible, powerful, and noticeable excitational impact upon everyone in the room. Miss Kinlein's behavior emphasized this impact with silence. She encouraged it by putting a finger to her lips and rhythmically, but very slowly, moving her other hand as in time with music. Every one just held the moment. Often a person new to the class asked, "What just happened?" or another would offer how they felt or the inspiration they had during that silence. An insightful discussion followed regarding the learner's metacognitive processes (Garner, 1987) -- their moving in esca in learning. The identification of one person's metacognitive processes stirred the motivation for others to describe theirs. Miss Kinlein listened or sometimes described her own moving in esca which modeled to the class how to identify what occurred in their thinking. Ideas were occasionally held for later discussion by notation on the flip chart. And Miss Kinlein
always returned to them! Following through with what was offered from each person was a characteristic must.

Miss Kinlein's Approach

Miss Kinlein and other teachers knew of Bloom's Taxonomy (Bloom, 1956), and recognized the six major classes listed by Bloom, Anderson and Sosniak (1994, p. 15) as:

1) knowledge - information stored and remembered
2) comprehension - know what is communicated, translate, interpret, extrapolate, and use when specified
3) application - use appropriately what was communicated without being prompted; student shows correct use of principles
4) analysis - breakdown of material into its constituent parts and how organized
5) synthesis - putting together parts to form a whole
6) evaluation - conscious making of judgement, from criteria and standards, about the value, for some purpose, of ideas, works, materials, etc. Evaluation may be of means and/or ends.

Miss Kinlein identified her philosophical and instructional approach as assisting students in moving in escA in regard to learning. This basically referred to using the theory of a human being applied to learning. The teacher was open to the best way of doing that at the moment for the individual and/or class. She called it the process of "culadaconvality" in the student's learning and listed five processes for which she was attentive (Memorandum from M. L. Kinlein, April 4, 1996). "Culadaconvality" was an acronym for her unique pedagogical listening process described in The Joy of Listening (Kinlein, 1993). She described it as a process of culling from the spoken word, adding judgments and converting the result to a response.
The five processes for assessing student progress, with definitions by Webster, (1989) were:

1) apprehending - to grasp the meaning of, especially intuitively

2) comprehending - to understand the nature of, grasp with the mind

3) integrating - to bring together or incorporate parts into a whole

4) understanding - To perceive or grasp the meaning of and to be thoroughly familiar with character, nature or subtleties of; to be conversant with

5) application - the act of putting to a special use or purpose - relevance

When comparing Miss Kinlein's culadaconvality processes with Bloom's Taxonomy one can see similarities and differences. Miss Kinlein's processes were viewed in relation to Bloom's first class: knowledge, with the comprehending, integrating and understanding relative to Bloom's comprehension, most completely, with analysis and synthesis additionally. Application was correspondingly the same for each. Bloom had a separate category for evaluation of what the student learned, and Miss Kinlein had none listed, but she constantly assessed each individual's progress. She used her processes to identify the needs of the student at the moment for the sake of planning her approach to instruction and acquainting the learner with his own progress and deficiencies (Cronbach, 1983). True to her philosophy, she did this without identifying where the learner was wrong, but by guiding the student to self-analyze his/her thinking and correct any error. This was a constructivist approach to critical reflection described by Henderson and Hawthorne (1995).

Miss Kinlein said, "Students are assisted in conveying (and she was identifying) their moving through the five processes in learning the subject matter. Thus, they are more confident when, as kinlein associate independent contractors, they assist persons in moving in esca in living life on a day to day basis" (Communication from Miss Kinlein, 1996). This was important because the experience gave individual reality and meaning for what was applicable when "caring with" people.
When the five processes, relative to the theory of moving in learning were examined, it became clear that the descriptions and ordered sequence were inclusive of describing some of the processes of the dynamic "I" Gram from her theory of moving in esca. When a student apprehended, it was by perceiving the meaning of something with a flash of intuition, a vision, or a thought. Next, the comprehension was expanded through the use of the other routes of knowing, minding, or pooling and integrating the points explored into a whole concept with actions. Finally, learners understood and were conversant with the nuances and subtleties of the idea, whereby they could explain it to each other. The relevancy by application was the final, ultimate goal since this was a theory used in practice. Miss Kinlein held in her mind the assessments of both the class discussion and the individuals through these five processes. She wove among the five as questions and comments dictated to assist the learners to achieve their expressed and desired understanding for their care giving. She approached and reapproached a notion in many different ways: words, diagrams, analogies, drama, humor, pictures, etc.

The methods of measuring kinlein associate application of curriculum in "caring with" people were reportedly being developed. These methods would be most important for assessment. The processes demanded Miss Kinlein's attention for the analyses and assessments she performed during class discussions with students, both in and out of class. Often she would bring an insight or points discussed by or with someone during a break for everyone to explore. They would be scrutinized, compared, and contrasted for consistency and accuracy relative to the theory, and were important for everyone to apprehend, comprehend, and integrate in their use as a kinlein associate. Time was essential for these processes. Time to break the nuances down into workable components, relate them to what was known and then the whole put together relative to application in the Detente Concept of Care. Sometimes Miss Kinlein would tease a point of the theory with a word, definition, or a letter in spelling. She would often move herself physically to the side of the room, not the front, which encouraged the students to take over without her comment. They would question and probe an idea until someone would grasp it and restate it relative to what they knew. Others also saw a related idea and in this manner the students transformed for themselves a concept or principle relative to practice. Then,
when silence came, she might add something or congratulate them on their excellent work. Miss Kinlein's teaching was pure artistry to behold and the students were very well pleased with themselves. Their desire for more was evident in their smiles and chatter. Learning and knowing had become a pleasurable experience.

Grades and evaluation were another thing. Miss Kinlein remembered who interacted, had expressed what, and explored topics during the week. She also identified students who were reticent in a group and would offer a chance to hear their wisdom which she just knew they had inside. And by her encouragement, students did so, acknowledging they had difficulty to self-initiate speaking in a group. They usually had some valuable insight to add for the group's elucidation. Miss Kinlein often said anyone had the right to remain silent in their learning but she also stated she liked to hear everyone's words as she could then make judgments regarding their learning. This assessment was presumably where they were in the five processes of "culadaconvality." When courses were over, she either said, "I know what grade you each earned by how hard you worked together, and you are all A students." If there was an assignment to be completed, written down, and mailed to her she would say a grade would be forthcoming after she received the completed work. Presumably the grade would be on the returned paper with comments. The students and Miss Kinlein seemed comfortable with these evaluations, and the participant numbers were small enough to be effective. One wonders how many students would be too many to effectively monitor?

Kinlein Associate Comments

Six kinlein associates and five kinleiners participated in this study. Alaska kinlein associates' educational backgrounds were varied with all participants being adult women seeking caregiver work but one. Another person had been a kinlein associate for one year and recently became certified as a kinleiner. Since her experience was as a kinlein associate she was included in that group.

Prior to working at detente three participants had nurse aide experience, one was newly certified as a nurse aide, one had been a teacher and another a medical technologist.
The idea of formal classes was not exciting to some because of prior uncomfortable school experiences. Several said they were not good students, or good with "theoretical stuff, book stuff." One person said, "I take the classes because I am fascinated with the theory, but more importantly, with the way Miss Kinlein teaches. Student learning and interest would be greatly improved if more teachers taught like her." Another said, "She really makes you learn. She uses words I never knew, and now I carry a dictionary with me wherever I go! Especially to class!" Another comment was, "I like not going exactly by a book, an outline, the syllabus. She has one but if something else comes up that remotely relates to our discussion she will take the time for us to explore it. Then she relates it to the topic of the day. It is not so rigid!" It seemed unanimous that she was considered an excellent teacher by her students, but no one could say how her teaching differed from other teachers they had. It just was!

It must be remembered this is a group of adult learners, motivated by desire for classes which they deem helpful both personally and occupationally. They had the additive factor of a genuine respect from and for this teacher. The combination resulted in an ideal education/training milieu. Miss Kinlein knew her content well and why she was teaching it.

Physical locations for the classes during this week varied among offices, civic chambers and a community center. Miss Kinlein was comfortable teaching anywhere, and the only tools, beside herself and the students, were the flip chart, dictionary, references, marking pen, tape recorder and clock. The recorder was for manuscript typing later, as well as to replay the words someone had just said. Listening skills became important when several learners said they heard things differently. The need for accuracy in listening was considered when the tape was replayed but never was it pointed out that someone was talking or not paying attention. The tape recorder was used and usually the person said so him/herself. The point was, these were adult learners in charge of what they were committed to learning. Knox (1990) said adults engage in education mainly to enhance their proficiencies, and for the kinlein associates that was true initially. One person attended class for personal growth, another to learn what this caring was, but most came to deepen their theoretical knowledge for application in their "caring with" personadets. It
might be important to recognize that after many years of studying together there was also the comforting familiarity from being with each other repeatedly. They were a group apart, as in standing out, both philosophically and geographically as Miss Kinlein told me. Classes were welcomed.

The "I" Gram was always the basis for discussion of the theory, and Miss Kinlein reviewed this with each class by drawing the diagram and concurrently presenting relative material didactically. This was the starting point for discussions to deepen their knowledge of the specifics of the theory relative to the course. Sometimes she would say something was covered further in another course but gave enough to answer their question. The teacher was in control of teaching, and the students in control of their learning. This process allowed Miss Kinlein to assess and evaluate where each learner was, in the five processes of his/her "culadaconvality." She requested a volunteer(s) to help her by naming the parts of the diagram, and she would draw them. Learners demonstrated again which process and content level they had achieved and what required clarification. Thanks and praise were often given for the help offered and received. If someone was incorrect she would hold the pen, poised ready to write or draw, said something like, "You were close or on the right path, but you hit a bump (she turns and laughs) like we all do in our travels, (more laughter) and now would someone like to assist you on the path?" The laughter by everyone, including the person who made the "bump," relaxed tensions and offered inclusion of the participant in his/her learning. Efforts were appreciated, but accuracy and high standards were rigid guides for learning. Students were, therefore, highly satisfied by their own accomplishments.

When studying the theory of a human being, one of the benefits stated repeatedly by kinlein associates and kinleiners was the knowledge applied to all human beings, including themselves. Knowing how a human being functioned—understood, integrated and applied in living -- affected a person's attitude about self and their relationships with others. Kinlein associates said the impact of this theory had changed their lives for the better by their being more tolerant of people of different cultures, ages, and temperaments. They felt they were happier, and others desired to be around them more often. What they
were consciously applying from theory was used not only in their practice, but was incorporated into their everyday living.

There was a situation of discomfort for some of the kinleiners happening at the Detente Dwelling during kinlein associate interviews. They expressed concern mostly for personadet safety, but also for kinlein associates, and the concern was behavior control for one personadet in particular. A kinlein associate who was not distressed, worked increasingly quieter with this disruptive personadet to convey calmness, and it worked. Another kinlein associate, who worked alone became resistive and said she would respond in kind if the personadet struck her. She knew this was not theoretically the correct thing to do but maintained the person knew what she was doing. Needless to say, everyone involved was addressing this situation and attempting to provide personal and personadet control for a safe and harmonious environment. They worked diligently using theory and the principles of kinlein associate "caring with" to help alleviate this unusual distress at the Detente Dwelling. This was included in the study because it was repeatedly expressed in the interviews and, therefore, conveyed to the aware kinleiner of reference. I was probably seen as an impartial party, and the kinlein associates felt free to express what was of concern to them. I just listened, acknowledged their concern, and assured them the issue was being addressed by group process that week. And it was.

Teaching Methods for Kinlein Associate Training

For Miss Kinlein, theory and practice were intertwined. In fact her theory emerged from the analysis of practice and was described as a practice of philosophy. Hickman (1990) described John Dewey as refusing to divorce theory from practice because he saw each as productive. Theory and practice, in his view, were only different phases of a stretch of intelligent inquiry: theory being the "ideal act" and practice the "executed insight" (Hickman, 1990, p. 111). M. Lucille Kinlein certainly taught the "ideal act" relative to her theory of assisting persons in moving in esca. This thread of idealism was repeatedly stated by those who took her courses. Often people in service fields held to idealistic values, and, because of the dissonance between the real and ideal, they would
leave the position or develop ways to perform idealistically. Miss Kinlein did both in regard to "caring with" people and teaching.

The two prime teachers of kinlein associate training were Miss Kinlein and Mrs. Raymond. Each teacher used multiple methods of teaching and the six following methods were the predominant ones seen by this investigator.

Shadowing and Modeling

Mary Raymond, the Detente kinleiner of reference, taught the hands on "caring with" by demonstration, conferencing, and shadowing at the Detente Dwelling. Overpeck (1994) described the teaching method of shadowing as, following and observing a worker on the job for the purpose of learning work behaviors. She noted some elements of mentoring were found with shadowing, and this certainly occurred in the relationship between a kinlein associate and the kinleiner of reference. Mrs. Raymond, the Homer Detente kinleiner of references, served as the role model. She was always available to the kinlein associates. Once again, as Miss Kinlein mentored Mrs. Raymond, she mentored each kinlein associate taught at detente.

Interpersonal Model

A model descriptive of humanistic teaching by Tuckman (1995) came to mind when analyzing Miss Kinlein and Mrs. Raymond's teaching. They were regarded as persons whose interpersonal style of warmth and acceptance was the kind that encouraged trust by being open and honest. This was authenticity described as essential for educators by Schmuck and Schmuck (1992). Teaching was an interpersonal process as was caring in both its dimensions, and each required genuineness of the person whether teaching or giving care. The quality of being authentic was often looked for in teachers and caregivers by students and patients respectively, to validate that they were valued and respected in a situation. It was the cornerstone for trust which is necessary for any method of teaching.
Conferencing

Conferences were held at the detente dwelling to review the "caring with" and accomplishments and to discuss the approaches used for offering assistance. It was a time for reflection, feedback and learning from each other. Feedback from the kinleiner was consistently given the kinlein associates during the shadowing and conferencing. Because of the philosophy of "caring with," very little was said regarding an approach or action that might be considered less helpful, but emphasis was placed on what was correct, good, or creative which touched on coaching. Safety was monitored by the kinleiner and if something required a correction it was done with, "Perhaps you would find it better or easier to try ....," which was focusing on the task as mentioned by Holden (1991). Beside the consideration for tasks and personadets, the respect for the kinlein associate as a person, capable and wanting to do well, was always foremost in a kinleiner's mind. This also was consistent with Holden's (1991) concern for viewing the person as capable. Again the principle direction of the caring flowed from kinleiner, to kinlein associate, and then to the personadet.

Conferences were a time Mrs. Raymond used for introducing skills, techniques and safety precautions for personadets as well as kinlein associates. Particular topics were introduced either by Mrs. Raymond or kinlein associates. This allowed the group to again address concerns they had from practice which would increase their confidence and knowledge for future similar situations.

Socratic Method

Miss Kinlein often stated her method of teaching by students questioning points, ideas, connections, etc., was Socratic. Students asked many questions of her at times and she would answer as asked. Then she carefully built and teased the concepts of her theory by questioning students whereby they deepened and broadened their knowledge of the theory and its application. At times Miss Kinlein stated some point seemed missing, and the learners offered an idea for her to consider. If it was accepted and used she acknowledged it as the "Mary Contribution" to the theory. If it was not accepted she
would hold it in her mind to ponder how and if it could fit, and always responded later to
the learners with her rationale pro or con.

As Overpeck (1994) described, the Socratic outcome was for student and teacher
to mutually contribute to solutions with the teacher constantly monitoring the learners'
progress of constructing new steps accordingly. The Socratic method included inquiry,
discovery learning, and a dialogical method of interactive learning (Brogan & Brogan,
1995; Wilcox, 1987; Womack, 1989). It was associated with critical thinking skills
(Overpeck, 1994) and was reviewed with interest by current educators advocating the
constructivist philosophy (Newmann, Marks, & Gamoran, 1996; Geocaris, 1997).
Proponents were excited for students and faculty to be stimulated with the love of learning
as described by Brogan and Brogan (1995), who saw the Socratic teacher as a
collaborator, coach, and facilitator, not an authority. This again related to the current
interest in constructivist teaching which described student self-selecting resources,
activities and collaborating on problem solving from their diverse viewpoints (Henderson
& Hawthorne, 1995).

Directed Inquiry

The most common teaching method used by Miss Kinlein was directed inquiry.
This method results in discussion and conversations which Smagorinsky (1996) described
so well of Applebee's book on conversations. Some didactic material may be presented
for initial inquiry to focus upon. Then the curriculum provides the domain for
conversation which is the primary means of teaching and learning. "Assessment shifts from
knowledge of a subject to knowledge-in-action, focusing on student's ability to define
interesting questions, express a clear point of view, gather evidence, and structure
arguments according to disciplinary conventions," as Smagorinsky (1996, p. 111) quoted
Applebee. Miss Kinlein encouraged the students to present their views and inquire about
anything. This was descriptive of the interactive constructionist approach (Clough, 1994;
Craig, Bright & Smith, 1994; Smagorinsky, 1996). Students held and presented many
diverse views of caregiving compared to existing practices. She possibly could not have
stopped the students from expressing their views had she wanted to because they were mature adults determined in what they accepted and experienced in life. They knew what had or had not been effective in their own lives as well as others. They came to her classes with experiences and knowledge already, and added to or reshaped this prior knowledge with what was discussed in class. This was recognized in constructivist theory as the way humans learn (Caprio, 1994; Hendry & King, 1994; Lambert, et al., 1995; McNeil, 1995).

Some of the topics Kinlein associates introduced for discussion included dietary changes, rest, activity, use of products, overuse of some and whether something was good for the individual, the country, the world or not. Very little was sacred from their critical analyses, particularly when "experts" published contradictory research findings. Healthy skepticism resulted. Miss Kinlein used this interactive method as the tool to appraise the effectiveness of her teaching and the students' learning. She also assessed their ability to express cogent ideas with rationale.

In teaching concepts, directed inquiry or interactive discussion, dialogue, etc. were the means for learning by students. When the question, "What good am I if I'm not helping?" was expressed by a student, the concept of assistance or assisting people from the theory of Esca was explored. The idea of permission being necessary, before "caring with" occurs is important. People have the right to say, "No," and how this is really done in assisting persons was explored through discussion among students and with Miss Kinlein. Sometimes she would retrace her words to the original presentation of the concept. Or she would model, i.e., "In caring with a person, I struggle in dealing with my desire to care about you because, in my judgment, I see what is happening to you and I know what might be best for you." She gives these statements of what to say or not to say to point out where a caregiver may cross the line and take over for the person. It is important to be clear whether a caregiver is relating something or assisting, and which is appropriate? Sometimes discussions revolving around concepts within the theory, relative to the Kinlein associate practice, take these students into areas for consideration of responsibility never thought of before. They sit there in disbelief, "You wouldn't do...?" Whatever that comment was would then be explored by the whole group, or this
community of learners, as stated in Craig, Bright and Smith, (1994). Miss Kinlein provides the opportunities for group interaction, encourages them to make their constructions and connections, provides scaffolding and assists the students in their learning in socially constructed interacting for knowledge building as stressed by Vygotsky (1978).

Case Study Modification

The next noted method of Miss Kinlein's teaching was an adaptation of the case study method. She had learners bring to class verbatim, written words their personadets had said to them for practical demonstration and experience in analysis. They were read, and participants together conducted a systematic, peer reviewed, experiential learning exercise for making reasoned judgements regarding a person's ipse nature and their moving in esca. She also brought examples from her own practice for learners to review, make judgements, and respond as they would decide necessary. Case study methods have been utilized in law, business, medicine and nursing for years as it pulls together a total approach to the desired end objective of being able to solve problems, or assist as offered, in the field for which one was preparing to practice (Erskine, Leenders and Mauffette-Leenders, 1981; Greenberg & Jewett, 1984; Scheiman, Whittaker and Dell, 1989).

Problem based learning, as described by Savery and Duffy (1995), was relative to the constructivist framework for learning. Case study and problem-based learning both represented the real world.

Miss Kinlein practiced the vocational education principle of relating teaching to the real world described by Evans and Herr (1978) and Miller (1985). The experiences she provided with actual client examples for decision making were opportunities for the learners to construct knowledge for themselves with direct application and connection to the world of their work (Geocaris, 1997).
Didactic

Miss Kinlein used the didactic method sparingly whenever she presented some new information regarding the theory. When presenting terms, or describing concept relationships, she sometimes used this method. It was not her prime method of teaching, and the restriction of its use made for a more interesting class. If students had not built to the next level or depth of content, she might present material didactically. Dialectical, directed inquiry was more her presentation style.

Coaching

The last teaching method noted in use by Miss Kinlein, and Mrs. Raymond was positive coaching. It was incorporated when the kinlein associate took the initiative for some aspect of care and the kinleiner observed. Feedback was required until the associate was confident in performing an action and was used while actually performing tasks as well as during conferences. This corresponded to the coaching Overpeck (1994) described as including observation, practice and feedback but carried out so the one coached was not contradicted. This was accomplished by giving recognition to the task accomplishment, asking how the task could be accomplished another way, or what could be done differently to improve the results. Students usually identified these things and added more on their own. The way the questions were constructed focused on the task, rather than the kinlein associate, as Holden (1991) suggested. It also utilized the genuineness of the teacher in the interpersonal teacher model by Tuckman (1995). Being non-threatening was sine qua non for the Detente Concept of Care, kinlein practice, and teaching. It was integral to Miss Kinlein's theories and the values of constructivist and humanistic education discussed by Lebow (1993) and Tuckman (1995).
Educators Search for Improved Education

The search for improved, efficient and effective methods of quality instruction was a continuous pursuit by teachers (Bateman, 1990; Finch & Crunkilton, 1979; Goldberg & Richards, 1995; Milton, 1978; Moss, 1987; Suzuki & Finch, 1987). An educated person was someone who displayed qualities of culture and learning which enriched their productive and meaningful life in work and leisure. Webster (1989) defined "educate" as the act or process of imparting or acquiring general knowledge, developing the powers of reasoning and judgement, and generally of preparing self or others intellectually for mature life. It included, secondarily, the process of imparting or acquiring particular knowledge or skills as for a trade or profession. Training included practical education (learning to do) or practice, usually under supervision, in some trade or profession (Webster, 1989). To educe was to bring out something hidden, latent, or reserved, bringing out some potential. Teachers were delighted with student discovery, exploration and finally understanding a topic. By exploring ideas through discussion and activities students could perceive, question, and understand something in a different way. Then they could accept or reject information, integrate and apply their new knowledge for personal or occupational purposes. The educators' quest became how to consistently have meaningful learning occur from instruction and activities. How to get from the "I know...," "I understand...," to, "I can use this knowledge [in this way...] [or this way...]" A quality education would certainly impact people personally and occupationally.

Henderson and Hawthorn (1995) encouraged teachers to be more than mere subject matter specialists to their students. They were encouraged to be leaders and morally influential of values with reasoning (Ball & Wilson, 1996; Garrison & Rud, 1995). Garrison (1995) stated Dewey reasoned people desired things that were valued and an educated population was of value to the work force. The principle of lifelong learning (Miller, 1991), promoted by vocational education as an evident necessity in a changing society, remained true personally and occupationally. Hyland (1995) stressed the full intellectual and social meaning of a vocation and stated vocational education was to prepare workers for the operation of markets of all kinds. This consideration changed the view of an educated population as valuable to one of being necessary for a global market.
He viewed business as "...entirely dependent upon the transmission of values of a non-market, such as those linked with active citizenship and "family values," as a response to declining moral conduct" (Hyland, 1995, p 453). Combining the ethical components of practice, technology, and science and having individuals from diverse cultures determine common values might assist them in becoming valued members of the current work force.

Hendry and King (1994) described the traditional teaching method as the transmission mode. This was transferring information to the students and described as the view held by a majority of newly appointed teachers. The assumption was that the meaning of the information was in the words and the students' thoughts were irrelevant. Learning was thought to occur from knowledge taken in from the environment with little thought to what occurred inside the person which was Skinner's (1985) behavioralist view. Testing followed the giving of information to determine the quantity of knowledge absorbed rather than to ascertain the quality of the students' understanding. Zahorik (1995) stated direct instruction was: obtaining the student's attention, instructing, determining if he/she acquired the material, reteach if necessary, practice using the material and then have periodic reviews. Direct instruction was good for reproduction of facts and manual skills (Zahorik, 1995) but it was limited if the goal was understanding, thinking and creating.

With the rise of success in Japanese technology, United States politicians questioned the effectiveness of the educational system. Test scores were said to be low in the critical thinking and analytical areas and educators were faced with the issue of reform since the report, A Nation at Risk (National Commission on Excellence in Education, 1983). This rivaled a prior generation's push for educational improvement due to Sputnik, a Russian spacecraft launched before the United States' attempt. International and technological competition brought forth a flurry of questions about quality education with hopes of returning technical supremacy to the United States: both then and now. Since then, the world seemed to have shrunk even more due to increased travel speeds, international business transactions, and communications technology. The additional factor of being able to relate to people of many and diverse cultures was necessary for today's workers as identified in the 1990 A SCANS Report. Workers must be able to relate to
people with diverse beliefs and values. This takes a willingness to analyze one's own values plus understand and respect values of another. Common values affecting work productivity must be determined and mutually respected by people of diverse cultures for the common good of all. I was impressed with the kinlein associates noting their personal growth in this regard since they began studying the theory of esca.

Summary

Curriculum and instructional practices for the kinlein associate training by the proposer of the theory of esca, Miss Kinlein, was examined in this chapter. Historical information, course descriptions and qualitative observational data were included followed by specific descriptions of theory and Miss Kinlein's teaching. Methods specifically used for kinlein associate training included: shadowing and modeling, an interpersonal model, conferencing, Socratic method, directed inquiry, discussion, case study modification and coaching. The chapter concluded with recognition of the search for improved teaching and learning and people being prepared for the multicultural values of a socially mixed society with the skills necessary for employment.
EDUCATIONAL PERSPECTIVE FOR DEVELOPING
KINLEIN ASSOCIATES

This study describes an alternative approach to both long term care and the training of its caregivers. The paradigm shift of focusing on the person rather than the condition resulted in people being more participative and in control of what happens to them. The same could be said for the learning from the educational approach.

Long-term care developed from the "medical model" (Brodeur, 1993; Keane & Richmond, 1993; Older Alaskans Commission, 1993) where medical and technological advances led to the supposed necessity of intense medical interventions to preserve life at all costs. The scientific interventions where based in natural philosophy where the environment influenced the human being (Maritain, 1962) and the cause of and cure for diseases were seen as externally controlled. People had "things done to them" by medical "experts" for expected outcomes until finally many people were dissatisfied with the approach and results. No one seemed to hear what a person expressed because, within the medical model, people were frequently seen as physical parts or diseases. Change was seriously required.

Miss Kinlein responded to this call for change by "caring with" people rather than "caring for conditions." She heard clients express dissatisfaction and developed her philosophy founded upon the observation that a person knew what was best for him/herself if detailed and specific information about the medical condition was given to him/her. Miss Kinlein (1995) called this the theory of moving in esca, which looked at the whole person, not just the anatomy and physiology. It was a theory of assisting people by building on what was good, strong and wonderful in the human being in living life on a day to day basis, and it applied to persons universally. Identifying in which part of the self the whole person was predominantly taking action (intellectual, physiological, spiritual, or excitational component) permits the caregiver to respond in a manner and direction most helpful to client and caregiver. The concepts of mutuality and harmony are respected and used in the kinlein associate role developed for "caring with" personadets in a detente
setting. Relationships are very important in the practice of this philosophy and the subjectivity of persons is equally, if not more important than objectivity.

In recent years Miss Kinlein expressed a desire for less travel and more time for writing. She also concluded Kinlein associate education must be addressed to assure continued practice and to achieve it Kinleiners had to take over the teaching. More important, though, became the necessity to learn to teach like Miss Kinlein and this study is an effort to communicate her teaching in terms relevant to the educational community.

Miss Kinlein's innovative response to client dissatisfaction with health care is paralleled today by the search for educational reform. Educational demands resulted in teachers searching for a view of learning and teaching which spoke to the relevancy of basic skills as well as the critical creative and analytical skills required for problem solving identified by the United States Department of Education (1991) in America 2000. The contemporary philosophy which is purported to provide for these requirements is known as "constructivism" which is based on cognitive psychological theories as contrasted to the behavioral foundations of traditional teaching.

Traditional Education

A brief review of traditional education is necessary for comparative purposes. Traditionally teaching was believed to be transmitting known knowledge to students from someone called "teacher." Psychological theory supported this thinking which was highly influenced by B. F. Skinner. His behavioral, stimulus-response theory was based in reductionistic philosophy and was applied to how learning occurred, learning being changed behavior. Skinner (1985) analyzed behavior objectively and reinterpreted it as not what a person knew but rather how stimuli altered the probability of learning. Traditional teachers with this philosophy subscribed to giving information and facts to learners and expected their teaching to cause behavior to change. Regurgitation of a predetermined percentage of these facts on cue earned a passing grade and concluded with passing the course. The student and teacher subjectivity were of little or no concern nor was meaning necessarily made by the learner.
Tuckman (1995) stated prior research for teacher effectiveness resulted in prescriptive teacher behaviors and often reduced teaching to discrete mechanistic acts requiring external criteria for judgment purposes. He continued by describing and suggesting greater effectiveness in learning with a more personal approach reflective of the constructivism philosophy.

Constructivism

According to Walker and Lambert in Lambert, Walker, Zimmerman, Cooper, Lambert, Gardner and Slack (1995), constructivism is a theory of learning and also a theory of knowing. Learning involved processes in coming to know something through active study, practice or experience (Webster, 1989). Knowing was having the knowledge or information clearly in mind (Webster, 1989). Learning and knowing were key concerns to both constructivist teachers and Miss Kinlein. Savery and Duffy (1995, p. 31) stated, "Constructivism is a philosophical view on how people come to understand or know." Within this definition was the notable significance of "to come or coming" to know which implies movement toward rather than the giving to from the traditional teaching perspective.

From the constructivist philosophical perspective behavior is understood to begin within the person as he/she interacts with the environment (Hendry & King, 1994) where the world and people are perceived in relationship. Educational philosophy was described by Dewey (1969) as an account of human action or practice in connection with an end. Beck (1974) advised that the perspective a teacher holds affects his/her approach to teaching/learning. Therefore, it was important and relevant for teachers to be aware of their own educational philosophy.

Constructivism and cognitive science were highly influenced by Piaget's theories. Piaget was interested in the ages and stages of children's cognitive and personality development. He considered their learning readiness at specific ages relative to comprehending levels of skills and knowledge. Teachers study psychology in an attempt to understand their students relative to learning and then use this knowledge in teaching.
Generally, in constructivist philosophy, one's personal understanding of anything is built upon interactions and life experiences. Experience builds upon previous experiences and learning becomes cumulative with relationships drawn by the individual. Learning occurs within a person as he/she seeks to solve problems (McNeil, 1995).

Teaching and Learning

Constructivist teaching emphasizes thinking, understanding, and self control. According to Zahorik (1995, p. 8) and supported by Hendry and King (1994), constructivist teaching was called such "...because it is based on the notion that humans are the constructors of their own knowledge rather than reproducers of someone else's." To teach the constructivistic way, one recognizes the human potential for being self-directed, creative and productive. McNeil (1995) added that teachers with a constructivist framework must develop curriculum as it evolves within the classroom which is different from the traditional approach of pre-sequenced plans.

Constructivists allow for different pathways by individuals to arrive at similar understandings as well as expect different understandings from similar pathways due to individual social, cultural, and knowledge differences. They appreciate the different perspectives of people and their working together for problem-solving and the creation of new knowledge. The constructivist approach encourages the development of critical thinking by people rather than just following orders. The concern was for student learning based on personal discovery (Ball & Wilson, 1996). The learner was intrinsically motivated and needed a responsive environment in which consideration was given to the learner's individual style as an active, self-regulating, reflective learner (Cooper, 1993).

Neisser (1996) said of cognitive psychology, where Piaget's theory is considered constructivistic, that cognitive refers to all the processes by which the sensory input transforms, reduces, elaborates, stores, recovers and uses information. These are the higher mental processes (metacognition) which include memory and thought. Cognitive structures are defined as a nonspecific but organized representation in the mind of prior experiences (Neisser, 1996). Caprio (1994) wrote, as new learning takes place it must be
constructed on the existing framework already there. Neisser (1996) asserted that seeing, hearing and remembering are all acts of individual construction. One can begin to see from whence the name for this philosophical view of reality, constructivism, originated. Bacon and Bloom (1995) and Iran-Nejad (1995) wrote of constructivism as a more holistic way to think about the nature of learning. This approach incorporates the idea that learners are generators of their own reality, the constructivist philosophy described by Watzlawick (1984).

In cognitive science the mental, cognitive structures were considered analogous to biological structures, as a framework for new information. Rearrangement of the old structures were made to accommodate for even more knowledge. Basic to Piaget's theory, a child's mind was considered self-organized by a constant antagonism between internal, subjective mental states and external reality (Iran-NeJad, 1995). In constructivistic education the learner becomes part of the experience: the experience in which the learning takes place and the person constructs the meaning. This hints of the wholeness of a person involved in learning.

The assumption in constructivist education was that all knowledge (and meaning) was actively created within (Clements & Battista, 1995; Iran-Nejad, 1995) but neither solved the question of how knowledge was made. In the constructivist theory students already had made constructs from experiences accumulated, from infancy forward, and the new information were linked with existing constructs and associated with stored information which, in turn, generated more constructs.

Hendry and King (1994) theoretically describe the relativity of construction, perception and comprehension from the neurobiological perspective. They wrote of patterns of activity where construction would occur, in each person's sensory receptors of the brain, as being different -- as unique as fingerprints. Knowledge, then, was not able to be transferred but rather was evoked (educed). Communication was the means of evoking the same knowledge when used in the same context, but words did not contain the meaning; meaning was given to the words. The study of syntax was an integral part of cognitive psychology according to Neisser (1996). Sentence structure and grammar gave cognition recognition. He stated we deal with sentences, reformulate them, and grasp
their structure with the same apparatus that structures our own utterances (the mind). If communication was the means of evoking the same knowledge when used in the same context, as stated by Hendry and King (1994), one wonders if this knowledge ever evoked critical thinking or the creation of new ideas? This view seems to limit thinking rather than further thought desired from constructivist learning values.

Newmann, Marks and Gamoran (1996), briefly summed up learning as not being achieved through mere transmitting information to a student who then reproduces what was transmitted. Instead, they continued, the student works on, processes, interprets, and negotiates the meaning of the information encountered. They felt learning was profoundly influenced by the student's prior knowledge, the social context of values, expectations, rewards and sanctions in which the information was given and later expressed by the student, plus the student's self monitoring in the process of learning. They viewed students as constantly trying to make sense out of what they encountered, but how they did that depended more on their own experiences and the nature of social interaction that surrounded the presentation and its later expression by the student.

When the constructivist philosophical approach to teaching was reviewed, teachers wrote of their successes in creating constructivist classes (Caprio, 1994; Clements & Battista, 1994; DeVries & Zan, 1995). Graduate students were excited by the freedom and awed by the responsibility when given the reins for their own learning. Comments included the positive self-esteem experienced/felt when they completed their projects. On the other hand, Wildy and Wallace (1995) described a teacher negating the whole idea because he helped students reach the goals they wanted with his method of teaching. He, therefore, asserted his academic freedom to do what he as the teacher thought best for his students and continued teaching from the direct instructional model (traditional) by transmitting knowledge. He said he helped his students pass college entrance exams on a difficult subject. He represents a teacher teaching for outcome rather than opening and exciting students to all they could learn.
Lebow (1993) warned of theorists treating constructivism as a method for teaching, when it was actually a philosophy, and instructional systems design as a philosophy, when it was actually a method. This confusion, he thought, could lead to believing the two were antithetical when, in fact, the principles of constructivism could provide the basis for instructional design. He also saw the traditional educational values of replicating, reliability, communication and control in sharp contrast with constructivist values of collaboration, personal autonomy, reflectiveness, active engagement, and personal relevance. To the contrary, Newmann, Marks and Gamoran (1996) did not subscribe nor insist on exclusive attention to techniques identified with traditional or constructivist teaching. They thought authentic pedagogy could embrace standards and techniques important to each perspective.

Principles

Lebow (1993) listed principles for teaching which he concluded would result in expanding knowledge personally, meaningfully, responsibly, and intentionally while supporting autonomy and relatedness. Basic to his principles is the realization that each person made sense of experience within the context of his/her world, relevant to his/her goals and interests. Newmann, Marks and Gamoran (1996) emphasized standards for authentic pedagogy in classroom instruction, assessments, and student academic performance. They considered intellectual accomplishment worthwhile and meaningful when a person is authentic and authentic academic achievement was judged to have occurred by the three criteria of: 1) construction of knowledge, 2) acquired through disciplined inquiry, and 3) has value beyond school.

Teaching from the constructivist perspective was not considered prescriptive but there were repeated themes from numerous references (Appleton, 1993; Caprio, 199; Iran-Nejad, 1995; Geocaris, 1997; Lebow, 1993; McNeil, 1995; Overpeck, 1994; Schmuck & Schmuck, 1992; Tuckman, 1995). Those themes included principles similar to those identified by Newmann, Marks and Gamoran (1996, p. 300) as:

1) the teacher must be familiar with, respect, and actively use students' prior knowledge,
2) realizing students are complex thinkers trying to make sense of the world, teachers must emphasize opportunities for higher-order thinking and in-depth understanding rather than superficial coverage.

3) instruction must offer multiple opportunities for students to use conversation, writing, and other forms of expression to process information.

4) rather than an authoritative dispenser of information and truth, the teacher must become a coach, facilitator, guide, or mentor in a "cognitive apprenticeship" who inspires and nudges the student to do the active work of learning, and

5) students and teachers alike must exemplify norms of collaboration, trust, and high expectations for intellectual accomplishments.

These principles would serve a teacher well. The way a particular teacher uses the principles is the artistic stroke in attempting to offer quality instruction. Arrien (1993) wrote of this when she described the way of the teacher as being open to outcome through clarity, objectivity, discernment and detachment, trusting in and being trusted, and using empowering tools such as silence. She described M. Lucille Kinlein, a teacher.

Constructivism philosophy was recently interpreted as a major shift in thinking regarding teaching and learning for both children and adults. It is the contemporary philosophy most prevalent in educational literature and is selected as the framework to analyze Miss Kinlein's teaching. The principles basic to the profession of esca (page 36 of this study), applied when assisting students in moving in esca in learning, encompass principles of the constructivist framework, and the two theories, applied to education, seemed similar enough for comparison.

The theory of esca continues to be developed. It is a view of the responsible, whole person which kinlein associates have to learn. Kinlein associate curriculum and instruction were based in the theory of moving in esca. As students were learning, Miss Kinlein taught from the knowledge she discerned regarding the theory of a human being. She practiced what she was teaching while assisting the students in learning. They learned theory and also learned how to put concepts into practice for their personadets. These concepts were evident from the words and actions observed of Miss Kinlein while
Words are important to both constructivists and those who practice in the profession of esca. Miss Kinlein incorporates the use of language and words to determine meaning conveyed by a person. A part of the theory includes numerically calculating an Ipse Gram by a mathematical formula which requires a detailed dictionary. Meaning is given to words from their root definition and this applies to the words students use to convey their understanding of concepts presented for discussion.

Miss Kinlein's teaching involves intentional consideration of the whole student with specific attention to the power within each student for moving in esca in learning. In class Miss Kinlein was observed carefully considering each student's learning style. The intellectual component of the student is important but could not grow without considering all the components: intellectual, physiological, spiritual, and excitational. She captures a way of exciting a student's desire for knowledge not previously touched by many teachers and the preservation of learning with excitement and joy seem a necessary essential for all educators to know. Constructivist teaching and learning seems to offer the same possibility. This section of the study is, therefore, an attempt to ground Miss Kinlein's teaching in constructivism so that educators can understand her approach to effective teaching.

The following relates the primary principles from the constructivist philosophy with Miss Kinlein's principles from the theory of moving in esca applied in her teaching. The twelve principles are not all inclusive but are representative from various sources.

Principles Compared

Appleton, (1993), Bacon and Bloom (1996), Lebow, (1993), and Savery and Duffy (1995) listed similar constructivist principles to those listed from Newmann, Marks and Gamoran (1996). Twelve principles were selected for comparative review of Miss Kinlein's teaching. She applied similar principles to guide her teaching from the theory of esca -- assisting that moving power in every human being to take action in living
life on a day to day basis (from undated documents at the Homer Detente). Students learned by her assisting them in their moving in esc in learning. Since the knowledge of this theory was significant for understanding how the person they were to "care with" functioned, it was also applicable in understanding themselves and inescapable to Miss Kinlein's use in teaching. Basic to this assisting was practicing the caring dimension of the concordant philosophy described by Kinlein, James and Martin (1993) in *The Joy of Listening*. It was manifested from this perspective of caring when students and teacher related to each other in the classroom through actions and words demonstrative of recognizing the dignity of and bestowing respect one to another.

Many references described constructivist teaching involving communication: discourse, dialogue, conversation. Smagorinsky (1996) emphasized that this was the crux of Applebee's book, *Curriculum as Conversation: Transforming traditions of teaching and learning*. Curriculum was described as the means to provide domains for conversation, and the students, therefore, would experience schooling as a process for mastering new traditions of discourse. Miss Kinlein most definitely is a master at assisting students in this challenge. The descriptions of her teaching, that follow the listed principles, below, vividly illustrate Miss Kinlein's mastery of assisting students in learning.

**First and Second Principles**

1. *Ascertain, consider, and respect what the student already knows* (Hendry & King, 1994; Newmann, Marks and Gamoran, 1996), and
2. *then build upon what he/she knows* (Lebow, 1993; Newmann, Marks and Gamoran, 1996).

Miss Kinlein's related principles are: movement in esca is affected by the realization that a person can know self better than another can know that self, and, a sense of respect for self and others. According to Hendry and King, (1994, pp. 240-241) Ausubel said, "The most important single factor influencing learning is what the learner already knows. Ascertain this and teach him or her accordingly." The second principle is so essential to the first that they are listed adjacently and sequentially: build the new information within the framework of what the student already knows (Appleton, 1995; Iran-Nejad, 1995;
Lebow, 1993; Hendry & King, 1994). Newmann, Marks and Gamoran (1996) stated, in their discussion of authentic pedagogy and student performance, that regardless of a person's formal education, they construct meaning.

When beginning a course, Miss Kinlein stated the title of the course and asked if everyone was in the correct class. She presented the purpose of the course, its scope, and sequential content. In the class observed, hands soon went up with discussion flowing back and forth of how or why this fit where. Already the assessment of where the class was with the material last presented was being made by Miss Kinlein. This permitted her to judge what material to review before she presented new material. In daily successive classes, if there were no questions she would say, "I will begin with reviewing where we left off last time with..." and then the questions would flow. She presented material through question raising described by Appleton (1993). Periodically and yet frequently, she invited questions from the students. There was verbal exchange of meanings with each other and with the teacher clarifying what was questioned. From answers, other students would ask questions in a back and forth rhythm. It was concluded when there were no more questions or discussion and then a new concept, presented by teacher or an unrelated question relative to theory previously studied, would re-initiate the process. Each time the questions allowed her to judge the building of knowledge the students had made. She would assess the breadth and depth of their understanding from their questions. Lebow (1993) described it as the teacher assessing gaps between the students' understanding and knowledge, then the teacher providing support for greater knowledge. Then corrections and/or linkage of prior knowledge could commence for students with assistance by the teacher.

Third Principle

Understand the mental models or styles by which each student best learns (Lebow, 1993).

Miss Kinlein stated she uses pedagogical principles, and this may be one of them. There may be some relativity to the principles of the movement in esca which is effected
by, 1) the acceptance of persons and 2) the process of full listening without interruption. The first implies accepting their style, and the second, listen to assess it.

In order for the student to construct new knowledge, the teacher must understand the mental models each student brought to class for learning, rather than teach from the simple to the complex (Lebow, 1993). Miss Kinlein applied this principle through the many approaches, analogies, and in the drama she used in her methods of teaching. She used many and different ones tackling her concepts from all directions. What she learned about the student's knowing helped her to reason pedagogically for what information to be approached in what manner to best assist a student in learning. She explored comments or questions by, "Tell me how you came to those words?" or "What process were you in to help you reason in that manner?" Students also asked her how she seemed to know what to say or how to demonstrate a concept so each person could understand. She said she knew how each person learned best (pictures, pondering, questioning, explaining self), and she used that knowledge in her explanations. This was a science, art and skill to witness. She used what was known scientifically and applied it skillfully with words and timing as an artist reciting a poem or conducting a symphony. Students always attended when she spoke.

Fourth Principle

Imbue the reasons for learning into the learning activity itself (Savery & Duffy, 1995).

There is no related principle from the theory of esca, however, Miss Kinlein's teaching practices this principle. The teacher would provide a context for learning, or a task, that supported values of personal relevance, active engagement and reflectivity (Lebow, 1993). Learning was considered a subjective experience, and this principle in constructivist teaching was supported in Miss Kinlein's teaching because she was assisting students in learning how to practice from the perspective of the Detente Concept of Care. A specific example was, when she taught the dynamic "I"Gram, she named and described the components and referred students to the whole of humans: tangible and the intangible
human parts. It was necessary to be aware of these parts when assisting people in moving in esca on a day-to-day basis. She described how hearing the personadets' words, and identification of the verbs they used, would indicate in which component(s) of self the personadets were moving. The same approach was used when reviewing the concept of cordising. Many examples were given until students discussed their views, feelings and considered their application in "caring with" persons.

Since everything the student was learning was applicable as either knowledge of or usable in "caring with" personadets, the kinlein associates were self motivated. Practical issues were frequently involved. A course on presenting oneself to the community as a kinlein associate focused on contracting, and the students, after discussing the ramifications and learning the parts that must be included within one, prepared an individually tailored contract. This practice experience was directly applicable to their intended contractibility. Discussions after presentation of these contracts fostered refinement in class through collaborative effort. This was the same collaborative way they were expected to problem solve as kinlein associates in the Homer Detente.

Another example was when a kinlein associate described in detail a time when she ignored her intuition regarding her son on a snowmobile trip. She described the internal knowing she had but did not express, and the result of extreme experience her son was involved in because she negated it. By this personal experience, a student related definitively the understanding of her use of intuition and how she learned to heed it. It also served as an example to other students to describe their experiences if they had any, or at least intellectually consider the process of using, one of the routes of knowing.

Fifth Principle

Provide a context for learning that supports both autonomy and relatedness
(Lebow, 1993).

Miss Kinlein recognized how each individual moves uniquely in esca in learning. Her teaching was less a sequencing of instruction and more of curriculum evaluation as needs arose in the classroom. Miss Kinlein offered the personal relatedness or subjectivity
which was necessary for internalization. The interpersonal atmosphere was of central importance to learning, and all of her principles supported positiveness, trust, and the freedom to be who one was. Students were free to bring up topics triggered in their minds from classes and Miss Kinlein assisted them in making relationships with personadets and theory. In doing so, student and teacher were regarded as persons and were authentic with each other.

This is descriptive of the interpersonal model of which Tuckman ((1995) wrote. It is such that the students feel the teacher is approachable. Just hearing Miss Kinlein speak and laugh promoted ease in expressing self. Recognizing the dignity of every person as a guiding principle impelled Miss Kinlein to approach all students with respect, and she, subsequently, anticipated the same. The autonomy of the student was supported by every word, recognition, attentive listening and in the way she responded. She was direct if pedagogically necessary, but was always considerate that this person commanded respect because he/she was a human being.

Often Miss Kinlein stepped back and had the students continue in a collaborative relationship when exploring a point or an issue. She knew they were constructing knowledge with help from each other and it enhanced and elaborated the use of metacognitive processes. Students were always pleased with their conclusion or looked for some affirmation of their logic. If it was there, Miss Kinlein readily gave it, if not she gave support for what was appropriate, and then, with a direction of relevancy for the learners, she encouraged and supported the students' conclusions with nudges by adding corrections to their thinking, ever so gently but firmly. She often assisted the person to discover for him-herself.

Miss Kinlein moved easily from cognitive material to the interpersonal with humor, anecdotal examples to enhance interest and often would describe verbally her thinking in process to model her problem-solving or self-questioning style by use of the components she was teaching. Other times she suggested the members of the class intentionally use a tool from the routes of knowing within the theory, and then describe the experience to the class. Experiencing the relevance of new information in the theory was very different from
being told about it and when the learners described their experiences to each other; there was again an "Aha" of relevancy and understanding.

Sixth Principle

Responsibility and accountability for the learning belong to each student (Lebow, 1993; Savery & Duffy, 1995).

The theory of moving in esca applied to learning holds that moving in esca is affected by the sense of responsibility and the sense of control. In Miss Kinlein's classroom each person was listened to and afforded respect regarding their thoughts, the rationale for them, and any ensuing actions and/or words. They were certainly accountable for them also. During discussion, if someone's comments were not supported logically Miss Kinlein might ask if he/she cared to revise anything stated, and she waited. If no answer came she asked if anyone else cared to add their ideas and rationale. A holistic emphasis was balanced between the learner's affective and cognitive domains with the teacher giving up control, except for appropriate and accurate content. This provided an atmosphere where trust could germinate and grow (Tuckman, 1995) and students realized it was safe to offer answers and ideas even if they were not totally correct. This awareness encouraged students to risk attempts at more answers.

Miss Kinlein was keenly aware the learning expert was the student, and she offered the notion Caprio (1994, p. 211) identified that a constructivist teacher might say: "There are things you want to know, and I will help you to learn how to learn them." This she did by leading students to intentionally want to learn by expecting, recognizing, and praising their positive success. Miss Kinlein frequently said, "You have the answer... take your time....(long pause)," and the students responded successfully. Sometimes it required "hints" or cues, but students added to their knowledge of the theory. One positive gain led to another, and the students eventually became excited about the accomplishment of learning independently of the material as described in Newmann, Marks and Gamoran
Success bred success and a desire for more learning. Staver (1995) advised constructivists to remember that it was the desire to know, more than the methods, which drove inquiry.

Seventh Principle

Strengthen the learner's tendency to engage in intentional intellectual processes, especially encouraging the exploration of errors (Lebow, 1993; Savery & Duffy, 1995).

In Miss Kinlein's theory of moving in esca in learning, the principle of the movement in esca is affected by the sense of responsibility and the sense of control may similarly apply here. For this to be accomplished by a student, participation in conversation is a must for the teacher to assess student misinformation. Smagorinsky (1996) stated that conversation was what a curriculum ought to provide for, which in turn would become the primary means of teaching and learning. Miss Kinlein made her judgments regarding student apprehending, comprehending, understanding and integrating a concept at a particular level of content based upon their discussions. She consistently stated a concept in many different ways to trigger understanding. She used restating and repetitive review of the relationships among new concepts to those previously presented and understood.

Strategic exploration of error was a strategy for creative dissonance in the student (Lebow, 1993). It was necessary for self reflection and Lebow (1993) stated teachers asked questions for four purposes when students erred. They were:

1. to better construct and diagnose the learner's mental mode,
2. to assist students in understanding their own alternative frame of reference,
3. to help maintain learners within their "zone of proximal development" and then bridge to a new understanding, and

Miss Kinlein would often stop and said that she was considering how best to answer questions in light of the students moving in esca in learning or asked questions to determine where the student was in thinking and to assist them to a new understanding.
Each time this was done, it was with patience, without irritation in her voice, and joy when a student, who was having difficulty, finally understood. If an answer was in error of the theory, Miss Kinlein was relentless in having it corrected or in assisting the student to correct it with hints or nudges by herself or a classmate. Silence and time were offered the student to work with these nudges. She built upon what was positive in the response, but saw it as her obligation to see that the student learned accurate content. Learning was so supportive that it became fun when sparks of insight and acknowledgement of understanding occurred. Sometimes Miss Kinlein literally clapped.

Students were intentionally engaged in intellectual discovery. This was identifiable for the teacher using the theory of moving in esca. Part of the theory describes the volitional phase of consciousness with being willing to give attention to the personadet. This was certainly evident by the students' rapt attention and participation in questions and discussion. Students also assessed their own learning ability from previous schooling. They had been with Miss Kinlein long enough to have reevaluated themselves in regard to learning. Several students who previously attended Miss Kinlein's classes stated they were "not good" in school. Now their motivation to learn was so high they did very well, and Miss Kinlein was sure to hold that expectation and was joyful in their learning ability as they described it. They had made the switch in their thinking by her positiveness and encouragement that she would never give up on them even if not said explicitly.

Eighth Principle

Maintain a buffer between the learner and the potentially damaging effects of instructional practices (Lebow, 1993).

Miss Kinlein practiced this principle by knowing that the movement in esca is affected by, 1) the acceptance of the person and 2) a sense of respect for self and others. Respect for persons and ideas was consistent between constructivist classroom teaching (DeVries & Zan, 1995) and Miss Kinlein's teaching where there would be nothing negative to buffer. The prior negatives students accepted about their learning abilities had been dispelled as described. A new student had to go through the process of learning they
could learn, and any expression of pertinent material relative to the topic at the moment was acceptable for discussion. Sometimes the discussion was off the topic but was of significance to learning about life, philosophy, how to express oneself, use of the English language, etc. Miss Kinlein used her professional judgement to determine whether a topic was pursued and the discussion was continued for as long as she judged learning was still occurring and of value. Often logic, through use of syllogisms, was used as a tool for examining a statement, and students would see the relevance of another subject area. They learned something about themselves as errors in making conclusions were examined, and they learned to laugh at themselves. These were some of the excellent learning times discussed later among the students and expressed to the teacher.

Peer relationships were important when errors were made. When several students presented their positions and the first person who responded had erred, Miss Kinlein offered an opportunity to add or revise his or her statement. Often this person described how, in thinking, something was concluded, and in the process saw the error, and corrected the original statement. The methods to assist the student in moving in esca in learning supported this principle because positive actions or words were the focus. Corrections to maintain the high standard of correct content learned were made, but the teacher supported and verbalized positiveness that the students could learn this material. She did not stop assisting on a concept or point unless it was her teaching judgement to do so or the student requested that the class continue with new material, and he or she would discuss the topic with the teacher after class.

Students, as they perceived their own learning, desired more of this type of teaching whereby their success immensely pleased them. No longer did they consider themselves unable to learn. She was not only the buffer against negative effects from other teaching, but she was assisting them in discovering they could learn and, in her words, to a very high standard. This was Miss Kinlein's purpose in the classroom: to assist the student in moving in esca in learning and success was evident.
Ninth Principle

Great care must be given to not mold the thoughts of another to one's personal view, but to encourage another's expression of their view based upon factual premises and rational logic (Newmann, Marks and Gamoran, 1996).

Miss Kinlein recognized and used in her teaching the principles that the moving in esca is affected by, 1) acceptance of the person and 2) a sense of respect for self and others. These principles of esca may assist in cautioning to not mold thoughts of one to another. To do otherwise would reek of the traditional view of education.

In the constructivist philosophy and Miss Kinlein's theory words are viewed as significant for communicating meaning to one another, but the kinlein associates were learning a theory new to them. Therefore, the theory was explained from their teacher's perspective and philosophy. Often she would comment, "That may be so from another perspective, but not from this theory we are studying," and draw the contrast. When the content was true to the theory, Miss Kinlein did not ask students to adopt another's thinking, but rather to refine their own. Someone might interpret it as "molding" to her thinking since she developed the theory, whereby she logically demonstrated theoretical consistency based again upon theory she developed.

Noteworthy was the recognition that philosophy was reflected by teachers whether they were aware of it or not when teaching, and to know what one had taught, besides subject content, seemed pertinent (Beck, 1974). This was especially done in regard to the values and mores of today. Miss Kinlein considers it her academic freedom to speak on such issues as they applied and were introduced by students. She considered the issues relevant to living life day-by-day and it was within the authority of the teacher to make such a judgement, and not get on a soapbox.

Often students challenged her beliefs, and she defended them by her rationale consistent with her theory. Whether students internalized it for their own lives would be individually explored. The consistency of the theory from her perspective had held, and consistency was an important lesson for application in one's life. These may have been some of the ways studying the theory changed their lives, as kinlein associates informed me.
Tenth Principle

Teachers are to teach with intellectual honesty (Ball and Wilson, 1996).

To Miss Kinlein, honesty is a recognized value within the theory of a human being. Intellectual honesty implies truth and credibility of a person. It includes teachers with integrity respecting the values and mores of the subject matters they teach. Ethics applied to practice was discussed. Included was the understanding that beliefs and values should emerge from disciplined thought and not mere opinion as this liberated a person from the grip of prejudice and bias (Ball and Wilson, 1996). Teachers not only introduce their students to critical inquiry and moral responsibility, they invite their students to demand such thinking for themselves. Miss Kinlein, through discussion, guided the class to look at issues critically and then used logic for processing how one came to a rational conclusion. For many of the students it may have been their first exposure to such intellectual reasoning.

It was important to perceive the concept of respect offered another in cordising. She intellectually presented the perspective of reasoning as what differentiated humans from other animals. At the conclusion of the discussion, recognition of the human specialness left a humbled hush in the classroom. It seemed to have affected them in the excitational component of a human being.

Eleventh Principle

Evaluation procedures should be based on authentic assessment of student work and involve self-reflection (Bacon & Bloom, 1995).

Miss Kinlein made partial use for evaluation the principle that the movement in esca is affected by the process of full listening without interruption. From giving full attention to listening to what a student said she discerned what was correctly understood. When the student further reflected on the concept, translated and interpreted it in words, described it used in a different action, or compared/contrasted with like ideas, Miss Kinlein assessed what the student comprehended, applied, analyzed, and synthesized.
She evaluated if this met the standard of excellence she set for a practicing kinlein associate.

Authentic assessment goes beyond basic recall, and demonstrates knowledge through a product, performance or exhibition. Student assessments were made by Miss Kinlein during participation in classroom discussion. Sometimes students wrote something in class and presented it to collaboratively make judgements. Meanwhile, Miss Kinlein was paying attention to the student's attending, apprehending and comprehending of the material according to her "culadaconvality" for assessing students. The ongoing assessments that she was involved with for each student was phenomenal. Learners selected and attended to what needed to be learned based on their self-knowledge and she was assessing where they were at any given time. Finally, at the end of the course, she evaluated how far each student had moved in learning based upon their discussions, participation, and product (assignment). Some courses were evaluated by a letter grade and others by a system of pass/fail or achieved/has not achieved. The later indicates more study is necessary and not that the student is unable to learn the material. She did this more to fulfill student expectation of a grade than for her need. Miss Kinlein had a course outline prepared with concepts she intended to present but it was not necessarily covered within the sequence in which it was written. Often a student asked something, and she said, "Now that leads me into something I intended to cover later in the course, but if you are all ready to hear that now....?" and she moved with what the class said. It certainly did not go unnoticed by the teacher that the student who asked the question was broadening and anticipating, connecting ideas, and had jumped to a concept different than the sequence before him/her. The class had the responsibility to determine if they were ready for this new topic. Sometimes the answer was no and she assisted them further with the topic being analyzed and held the new one until later.

Newmann, Marks and Gamoran (1996) were authors specifically concerned with teaching to standards. Their prime finding was that constructivism related to teaching which held to a high standard resulted in everyone learning well. Quite the opposite was true if standards of quality were not demanded. Miss Kinlein commented to her students that she expected the high quality which she knew they could do and desired themselves.
She helped them stretch intellectually. Students seemed proud of the knowledge they learned about the responsible, whole human being which had changed their lives for the better. No longer did they feel like victims of the world but rather persons in control of their destiny. And this they wanted to convey to those they "cared with." Students sometimes performed their own evaluations and expressed their own growth. Often they described in detail what specific parts or components of the theory they particularly wanted to increase their understanding, observe or use in practice. Miss Kinlein did not have to tell them; they knew themselves best and informed her. The trust that was developed for students to do this was powerfully strong. The same was true for the teacher because she trusted that they wanted to perform excellently, not just adequately. Excellence was a quality she spoke of in her class presentations, and often the idea was nourished within the students.

Twelfth Principle

**Support self regulation by the student through the promotion of skills and attitudes that enable the learner to assume increased responsibility for the developmental restructuring process** (Lebow, 1993; Savery & Duffy, 1995).

Miss Kinlein's related principle would be that the movement in esca is affected by the sense of responsibility and the sense of control. Her students achieved this as described for the previously described principle. She also modeled sound reasoning every time she presented and answered questions regarding her theory. She challenged student thinking by providing tentative answers described by Appleton (1993). Students then supported their statements using theoretically accurate terms in appropriate context. As stated, when students succeeded repeatedly in their learning to learn, as well as learn the content, it became a challenge and desire to become more participative and responsible for more learning. First they had to learn they could learn, and this she believed and supported by every word and action with them. It was a given from the theory of moving in esca that the student had the power to move in learning. They had control over their own processes. Change inside was for them to decide.
Lebow (1993) stated that the ultimate concern of educators should be to help the learner develop an enduring faith that persistent effort guided by purposeful reflection will result in reaching the person's meaningful goals. After all, learning and related goals truly reside inside the learner and are in his/her control. Teachers are guides, facilitators and mentors who open doors, stimulate, and provide learning opportunities. Teachers determine the content and performance quality required for passing a course and the students learn and perform to their highest capacity. The flow and responsibility of teacher and student intermingle in their respective roles in Miss Kinlein's classes. Sometimes they even crossed. Such are the implications of constructivist philosophy for education. And such are the implications of Miss Kinlein's theory on assisting students in moving in esca in learning.

Summary

This chapter described constructivist education from the perspectives of teaching and learning. It was seen as a positive theory in the current movement to improve teaching and learning. The demand for this improvement was parallel to the discontent in health care to which Miss Kinlein responded and taught kinlein associates in the "caring with" long-term personadets. Now her teaching was considered closely aligned with and analyzed from the perspective of constructivism philosophy. The chapter concluded with twelve principles from constructivist teaching aligned with related principles from the theory of moving in esca.

Examples of Miss Kinlein using these principles were based upon observation of her teaching. The comparisons were strikingly similar as both Miss Kinlein's teaching and constructivistic philosophy hold the student learning of the content as the central focus. They had parallel goals achieved through application of concepts of different names, developed at a different time and in a different place. The difference however, was perhaps one of scope.

Constructivism, viewed educationally as a theory of learning, related to the practice of instruction, and the theory of moving in esca was a theory of a human being
related to the practice of assisting a person in regard to living life on a daily basis in regard to anything. A part of that living may be obtaining an education, and then it was assisting a person in learning. The scope of the theory of moving in esca is interpreted as much larger; all of life in which learning is one part. But is it? Constructivism too was described as a philosophy and applied to living life there may be more similarities than what was examined in this study with the emphasis on education. The parallels were striking!
CONCLUSIONS AND RECOMMENDATIONS

This study documents the history and development of the kinlein associate caregiver within a new paradigm of care. The study primarily examined the methodology for educating the kinlein associate, a new caregiver founded and developed by Miss M. Lucille Kinlein. The purpose of the study was to provide teacher successors to Miss Kinlein with insights into her kinlein associate curriculum and instruction.

I observed Miss Kinlein teach, conducted in-person, audio-taped interviews and analyzed historical documents concerning the practices of kinleiners, kinlein associates, and the origination of Detente Dwellings. Miss Kinlein's teaching was analyzed from the theoretical framework of constructivism currently prominent in educational literature. Principles were identified and compared with those from the theory of moving in esca, which were foundational to her approach in assisting students in moving in esca in learning. This was an attempt to bridge and ground her teaching in a theory understandable by educators.

Conclusions and Summary of Kinlein Associate Practice and Training

Kinlein associate practice involves directly contracting with persons for the "caring with" requested within the Detente Concept of Care in Living in Kinlein. It is provided in a residential setting known as a Detente Dwelling, and the sense of harmony is notable in the family home atmosphere. Kinlein associates' actions and words, that I observed, differ from what is normally seen in long-term care facilities. The residents, or personadets, were in control of the care they received, and this care is similar to the care given by a loving family member. It is a "caring with," not a "caring for" or a "caring to."

The kinlein associates interviewed had a working knowledge of theory when observed in practice with personadets. When asked specific questions related to definitions or how they practiced some concept, the kinlein associates were limited in their responses. This may be because they truly see themselves as "doers" and are not concerned with theoretical terminology. The prime concepts put into practice and expressed repeatedly by kinlein associates interviewed were that they were to respect and
treat with dignity all persons and to assist personadets in moving in esca in living life on a
day-by-day basis. This was evidenced in their courtesy and friendliness extended to me
and all others who entered the home as they practiced their "caring with" personadets at
the Homer Detente.

Kinlein associates were taught by two kinleiners, Miss Kinlein, founder of the
theory, and Mrs. Mary Raymond, kinleiner of reference. They modeled the way that
theory was put into practice, and kinlein associates seemed to exercise well the lessons
about "caring with" personadets. The flow of teaching went from Miss Kinlein, to and
from Mrs. Raymond, to kinlein associates, and finally to personadets. The impact was to
be felt by the personadets as caring from the perspective they desired, deserved and
directed.

Miss Kinlein's teaching involved directed or disciplined inquiry and discussion as
described by Craig, Bright and Smith (1994), Newmann, Marks and Gamoran (1996), and
Smagorinsky (1996). Since the nature of persons was theoretically universal, she used the
theory of esca in teaching respective to each student in the class. Miss Kinlein assisted her
students in moving in esca in learning. Students described the way she taught as an
experience worth receiving. Some said it was like being cradled but urged to take great
leaps in ideas and practice. Kinlein associates stated their confidence as practitioners grew
from the trust Miss Kinlein showered upon them as much as from their increased
experience as a kinlein associate. Because of her faith in their abilities, they endeavored to
live up to it, their learning flourished, and they radiated joy while assisting people. Some
said there was no better place to be then in a detente family. The community respected
this care as well, and kinlein associates knew the pride in being part of something so well
accepted. The personadets and their families were extremely satisfied.

The questions initially asked at the beginning of this study were answered sufficiently
to satisfy me except for "what methods do other kinleiners anticipate using or have they
used in their affiliation with kinlein associate training?" At the time of the interviews, only
one other person had taught kinlein associates. This question was never answered to my
satisfaction when approached in several ways. Perhaps my question was misunderstood or
possibly I was not trusted enough to directly answer.
I was also interested to know if "...specific personality mannerisms were necessary to become a kinlein associate." Responders frequently stated love and compassion were necessary for being a kinlein associate and Miss Kinlein certainly demonstrated, by example, her mannerisms for emulation, but what was apparent, was that the theory was followed in this regard. No one was eliminated from attending classes and succeeding as a kinlein associate. If there were personality difficulties, caregivers were offered suggestions as often as deemed necessary by the kinleiner of reference and fellow kinlein associates. In some instances the person either changed and flowered individually or personally decided that being a kinlein associate was not something they wished to pursue. In either method, the person decided for him or herself what action to take and that was consistent with a self-determining practice of exercising self-care agency. "Caring with" was to be administered with gentleness within certain acceptable standards established by Miss Kinlein and guided by the kinleiner of reference, but it was always offered through assisting a kinlein associate in moving in esca.

Learning and teaching were the main foci for both the constructivist philosophy and the approach by Miss Kinlein. Lebow (1993) reminded educators that their ultimate concern was to help learners develop an enduring faith in their ability to learn. They first had to learn that they could learn and recognize that they had the power to move in learning. Teachers were guides, mentors and facilitators who encouraged and provided opportunities for increasing one's knowledge. The flow and responsibility of teacher and student intercept and cross with a constructivist philosophy for education or with Miss Kinlein's theory on assisting students in moving in esca in learning. The parallels of the two philosophies were apparent and warrant investigation by proponents of both. I believe by critically reviewing the two philosophies a clearer understanding of what one does or does not do that is helpful, while teaching, or assisting in moving in esca in learning, will emerge.
Recommendations

Recommendations fall into four areas: clarifying existing documents, further documentation of training, identifying prerequisite and co-requisite competencies for kinlein associates, and developing systematic professional development for the teachers of kinlein associates. Serious consideration should be given to a more complete documentation of Miss Kinlein's insights for teaching. An important first step would be to videotape her teaching at different levels of kinlein development.

Existing documents for each of the nine courses for kinlein associate training should also be clarified. For example, course descriptions in the syllabi for the four IPSE components should each establish the relationship with the concordant philosophy. For consistency, I would recommend beginning each description with, "This course in concordant philosophy..." as is written in the first two course descriptions. Consideration also could be given for appropriate inclusion to the remaining courses.

Further documentation of methods for assessing kinlein associates in learning is strongly recommended. As an example, assessing how well kinlein associates facilitate the knowing use of concepts from the theory of esca would be beneficial. Research in this area could serve to further support the kinlein associate role.

Prerequisite or co-requisite competencies and courses for kinlein associates should be identified. These could include English grammar, linguistics, logic, world religions, speech, and philosophy. Suggested or recommended courses may include literature, music, anthropology, and multi-cultural values and beliefs. A course on listening should be developed for the kinlein associates. Perhaps this could be a continued course for recertification purposes as well as a new course added to the curriculum.

A systemic program for developing teachers of kinlein associates should be developed. Experiences should address helping kinlein associates to learn based on the principles of esca and teaching principles specific for assisting persons in moving in esca in learning. As in the theory of moving in esca, instruction should respond to student needs in learning, as I observed in Miss Kinlein's teaching, rather than the dictates of official documents required by credit-offering: institutions of higher education.
Prerequisite and co-requisite courses for kinlein associate teachers should be identified: i.e., constructivist philosophy, cognitive psychology, and constructivist teaching methods. A course on listening for the movement of esca in learning should also be required for teachers of kinlein associates. Those kinleiners who want to teach may require advanced work to improve their grounding in the theory of moving in esca and the practice of moving in esca in learning.

The kinleiners who develop kinlein associates will have to be able to teach seven of the nine kinlein associate classes because they are intimately interwoven. The course on contracting is contextually different enough that not all kinlein associate teachers would have to be able to teach it. It is important, however, to understand how it relates to practice with personadets. The "Practical Experience in Assisting Persons in Moving in Esca" may be taught by a kinleiner of reference. This kinleiner would provide for the practicum and the coaching and modeling necessary from the practitioner perspective.

Kinleiners who teach must display certain characteristics which I observed Miss Kinlein display. Some of these are excitational/attitudinal: joy, love of life, an expectancy of the positive, a "you can" approach to life. Intellectually, they must be knowledgeable of the theory sufficiently well to delineate it when questions of other theories arise. Thus, the intellectual honesty must be present with the authenticity and genuine congruency of self involved with what is being taught. In my association with kinleiners, authenticity is so much a part of the self that presentations of such should not be difficult. The kinleiners must also be able to use laughter often and many times at themselves.

The art of listening, timing, when to be silent and when to step aside so the class runs by itself, are also some of the skills each kinleiner that teaches, must possess. The Joy of Listening (Kinlein, James & Martin, 1993) most assuredly would become a text for kinlein associates and their teachers.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;caring with&quot; -</td>
<td>being with another within the Detente Concept of Care in Living in Kinlein and wanting assist as opposed to doing to or for.</td>
</tr>
<tr>
<td>cordising -</td>
<td>giving from the heart with courtesy.</td>
</tr>
<tr>
<td>detente -</td>
<td>living together harmoniously for mutual benefit.</td>
</tr>
<tr>
<td>Detente Concept of Care in Living in Kinlein -</td>
<td>concept of living together for mutual benefit and care from the practice of kinlein.</td>
</tr>
<tr>
<td>esca -</td>
<td>exercise of self-care agency, that moving power within every human being to take action in living life on a day-to-day basis, Latin for sustenance for a long journey.</td>
</tr>
<tr>
<td>escinga -</td>
<td>that moving in esca focused on in an appointment with a kinleiner.</td>
</tr>
<tr>
<td>&quot;I&quot; Gram -</td>
<td>static diagram identifying the tangible and intangible parts of a human being, called dynamic when the same move as they do when a person is in the living process.</td>
</tr>
<tr>
<td>ipse, ipse nature-</td>
<td>intellectual, physical, spiritual and excitational natures of humans.</td>
</tr>
<tr>
<td>Ipse Gram -</td>
<td>mathematically computed Ipse nature of a person's statement manifesting their moving in esca.</td>
</tr>
<tr>
<td>Kinlein -</td>
<td>name of founder of the theory of esca/practice of kinlein.</td>
</tr>
<tr>
<td>kinlein -</td>
<td>reference to the theory of esca/practice of kinlein.</td>
</tr>
</tbody>
</table>
GLOSSARY (Continued)

kinlein associate - preprofessional practitioner in the practice of kinlein.
kinleiner - professional practitioner in the practice of kinlein.
kinleiner of reference - professional kinleiner available for consultation to kinlein associate.
moving in esca - manifested in the words of a person moment by moment.
moving in esca in learning - manifested by words of the learner in coming to know.
personadet - person receiving the "caring with" assistance contracted for within the Detente Concept of Care in Living in Kinlein.
self animate - intangible part of self, the mind - thinking, knowing, deciding part of self.
self-care agency - power to determine care for self.
self corporeal - tangible part of self - the body.
BIBLIOGRAPHY


APPENDICES
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MIDDLE FORK STUDY CENTER

CARING UNDER PROFESSIONAL AUTHORITY

ASSISTING PERSONADETS IN LIVING LIFE ON A DAY TO DAY BASIS

EDUCATION AND RESEARCH

6/10/94 MLK, KC, AJ Middle Fork Study Center
APPENDIX B - KINLEIN ASSOCIATE QUESTIONNAIRE

BACKGROUND
My Age is _______ Gender is M  F  
I have ___ years of experience working as ________________________________________________
I have ___ years of experience working as a kinlein associate.

1. I came to practice as a kinlein associate because...

2. The courses of the kinlein associate curriculum which I have completed are:

   ___A. Introduction to Concordant Philosophy
   ___B. Self in Action in the Intellectual Component
   ___C. Self in Action in the Physiological Component
   ___D. Self in Action in the Spiritual Component
   ___E. Self in Action in the Excitational Component
   ___F. Caring Through Assisting the Person in Physiological Measures
   ___G. Caring Through Judging Ways of Assisting Persons in Moving in Esca
   ___H. Practical Experience in Assisting Persons in Moving in Esca
   ___I. Presenting self as a Kinlein Associate to the Community

3. I develop my contracts with clients by...

4. I use the IPSE components in caring by...

5. Two examples, from my experience, of judging ways to assist a person in moving in Esca are...

6. I maintain a central focus while assisting, so there is a flow in my moving in Esca, by...

7. The particular personal mannerisms or personality traits necessary for becoming a kinlein associate are...

because....
APPENDIX B - KINLEIN ASSOCIATE QUESTIONNAIRE
(Continued)

8. The changes I would like to see from the way I was taught the kinlein associate
courses/s is/are...

because...

9. Other courses or topics I would like to see included in the curriculum are...

because...

10. Other comments I would offer are...
INITIAL AND STRUCTURING QUESTIONS FOR KINLEINERS

BACKGROUND

My age is ________

Gender is ___M  ___F

I have also worked as_____________________

I became a kinleiner because ...

I have been consulting with kinlein associates for _____ years. I currently educate/mentor______ (number) kinlein associates. Totally I have educated/mentored____________ (number).

1. I have been or intend to begin in a consulting relationship with kinlein associates because...

2. The kinlein associate curriculum consists of nine courses. I have taught:

   _A. Introduction to Concordant Philosophy
   _B. Self in Action in the Intellectual Component
   _C. Self in Action in the Physiological Component
   _D. Self in Action in the Spiritual Component
   _E. Self in Action in the the Excitational Component
   _F. Caring Through Assisting the Person in Physiological Measures
   _G. Caring Through Judging Ways of Assisting Persons in Moving in Esca
   _H. Practical Experience in Assisting Persons in Moving in Esca
   _I. Presenting self as a Kinlein Associate to the Community

3. I teach these courses by and with... or how I teach these courses is...

   A.

   B.

   C.

   D.  

   E.  

   F.  

   G.

   H.

   I.
APPENDIX C (Continued)

KINLEINER QUESTIONNAIRE

4. I would like to see the curriculum changed to include...
   because...

5. I would like to see the kinlein associate courses improved by...
   because...

6. I am in contact with these kinlein associates _______ times during a week/month.
   by telephone/in person.

7. The particular personal mannerisms or personality traits necessary for becoming a
   kinlein associate are...

8. Other comments I offer are...
APPENDIX D

KINLEIN ASSOCIATE TELEPHONE QUESTIONNAIRE

1. What two (2) best qualities do you offer personadets as a kinlein associate?

2. I am going to list some characteristics alphabetically. Select one and describe its importance as you care with people.
   adaptability - charity - compassion - flexibility - honesty - love - loyalty - maturity - the Golden Rule

3. What about Miss Kinlein's teaching style has helped you the most? The least?

4. How does Miss Kinlein's teaching style differ from other teachers you have had?

5. What did you learn in the most recent class with Miss Kinlein that made an impact upon you?

6. In your own words what do you perceive esca to mean?

7. In your own word what do you perceive cordising to mean?

8. How have you used cordising in caring with personadets?

9. In your own words how do you decide which nature of IPSE a person is coming from?

10. Give me an example of how you applied your IPSE nature after deciding how to respond.

11. Describe the impact or value that has been added to the work you do from taking Miss Kinlein's classes.

12. What principle(s) of caring with personadets do you use?

13. Other comments:
"I"GRAM

UNIVERSAL SOURCE OF LIFE AND KNOWLEDGE

Routes of Cordising
- Truth
- Justice
- Charity

Routes of Knowing
- Intuition
- Inspiration
- Vision
- Thought
- Dream

Autosmulation

Phases of "I"-Cellular

- Pooling Process
- Enlightening Process
- Minding Process
A Doorway to Dignity

In the quiet little fishing village of Homer, Alaska, a special place exists. Tucked within the tall spruce trees a stones throw from the rhythmic surf of the Pacific tides, stands “Detente-Homer”. Detente, literally defined as “working together for the benefit of each other,” exemplifies a new concept for assisted living.

Too often in our culture, a person alone becomes no longer able to deal with daily living, and must sacrifice his or her ability to be self-directed, in order to gain assistance in survival. Not so, at “Detente-Homer”! A resident choosing Detente, remains fully in control of daily choices to his or her ability. Support staff cares “with” him but not “for” him! As the physical body declines, support people cultivate that which is still blooming. Detente is not a place of “shutting off” but rather a place of “opening up” to all that is possible.

Self-direction on all levels takes place to the best of each residents capability – from choice of foods and bedtimes, to choice of pets and entertainment. Those choosing assisted living may be recovering from accidents as well as be suffering from Alzheimer’s disease. Detente is for many a rainbow at the end of a storm, and as the entrance symbolizes, it is a “doorway to dignity”.

Helen Dicker