

Mirror, Mirror: Reflections on Developing the Emotionally Intelligent Practitioner

Tony Warne ¹ Sue McAndrew ¹

¹ University of Salford

Mirror, Mirror: Reflections on Developing the Emotionally Intelligent Practitioner

Tony Warne & Sue McAndrew

Abstract

Nurturance, love, compassion, respect, humanity, self awareness, mind emptying and mindfulness are all qualities considered necessary for the development of the therapeutic relationship which is central to holistic care. Likewise raised levels of academia within nurse education have lead to the notion of emotional intelligence where such qualities, often associated with tacit and experiential knowledge, are inextricably bound with theory, practice and research. In an environment where nursing theory and research dominate, we suggest that such qualities are more likely to be attained if those expected to portray them, students, are themselves in receipt of the same or similar qualities from the organisations, namely education and practice.

This paper explores the concept of preparedness in terms of developing the above qualities with those we educate and what might be required of educationalists in achieving this goal.

Using psychoanalytic concepts of mirroring, holding and containing we explore the role of the educationalist in 'preparing' nurses to become emotionally intelligent practitioners. If we are to move from the rhetoric to the reality of an emotionally intelligent practitioner, nurse educators need to ensure that the student experience, in terms of their own learning, becomes the centre of their educational universe. We believe that this is more likely to occur when we as educationalists are able to personalise the educational process through mirroring love, care and nurturance, thus validating the emotional context of the students' personal experience as a foundation for their learning.

Key words: mental health education; mirroring student experience; emotional intelligence; psychodynamic principles; arts in education

Mirror, Mirror: Reflections on the Emotionally Intelligent Practitioner

**Mirror, mirror here I stand before you bare
Will what you reflect back show I know enough to care?**

The origins for this paper are to be found in the authors' ongoing interest in the emotionality inherent in nursing practice and how as educators we harness this as we prepare nurses for their practice. Our conceptualisation of 'preparedness' recognises the crucial relationship between the technical and theoretical knowledge required for practice and the attitudes and emotions that influence the individual, and subsequently those they are caring for in practice. In the context of acquiring and utilising knowledge for practice, we believe that emotion and learning are inextricably interrelated, interactive and interdependent in terms of individual functioning and professional practice. Combined, emotion and learning can be powerful sources of meaning and direction, supporting or inhibiting individual attempts to recognise and acknowledge the emotional milieu of the here and now encounter (Antonacopoulou & Gabriel 2001). For those able to achieve such insight they will emerge as what has been described as an 'emotionally intelligent' practitioner, capable of integrating all facets of professional practice and subsequently able to deliver, the often elusive, holistic care (Freshwater & Stickley 2004; Warne et al 2007).

Contemporary nursing recognises the impact of self-awareness and reflexive practice on the quality of patient experience. The components of emotional intelligence per se have

been identified as self awareness, self regulation, motivation, empathy and social skills (Goleman 1998), the emotionally intelligent nurse being one who can work in harmony with thoughts, feelings and knowledge, belonging to both her/himself and the patients in receipt of their care. But the ability to manage one's own emotional life whilst attending to and interpreting that of others is complex, requiring a high level of insightfulness and understanding of 'self', a type of 'knowing' that is not readily available to many. The learning outcome driven context of many traditional educational processes can inhibit the development of such emotional intelligence. In particular, recognising the unconscious 'personal self' and the impact this 'self' has on therapeutic engagement can be a difficult process to navigate within the educational setting. However, in moving towards the emotionally intelligent practitioner we believe it is the 'emotional' component of the inter-subjective relationship that needs to be captured through the experience of mirroring.

Primary Holding and Containing: The Mirror Image of Love and Nurturance

Mirror, mirror on the wall

Who will be there to love and help me when I call?

From a psychoanalytic perspective, relationships are formed on the basis of our primary relationship, for example mother and father, and in order to imagine loving relationships we need to experience those primary relationships as loving. Lack of love within the primary relationship and/or the absence of the primary caregiver providing containment for the child's inner conflicts will compromise the child's ability to engage in loving caring relationships later in life (Bion 1962; Cooper 1998; Oliver 2000). Loving primary relationships are crucial in providing the child with a positive image. From an interpersonal perspective Sullivan (1953) described this as a need for reflective appraisal, a concept akin to what modern ego or self psychologists and object-relations theorists describe as mirroring.

Mirroring can include a loving gaze and the kind of loving touch that invokes the child to experience her/his self as being valued (Winnicott 1971). The psychic need for mirroring forms the rudimentary basis of a cohesive self. A cohesive sense of self provides the foundation for discovering one's existence as a temporal being capable of creating meaning. For human beings having meaning is important and has been described as 'an anxiety emollient which comes into being to relieve the anxiety that comes from facing a life and world without an ordained comforting structure' (Yalom 1980: 463-464). As the children grow and develop their sense of security, they are slowly able to let go of priori values conferred by their parents and move towards an understanding that values are created rather than given and always have the potential to change in the light of experience. Such experiences are present throughout our lives and, in developing and mediating meaning, values can be conceived and synthesised to augment one's sense of meaning (Yalom 1980).

When a child is not mirrored in a loving, nurturing way they can experience intense painful shame for wanting their emotional needs met (Kohut 1984). When the process of mirroring becomes distorted the child will be in danger of creating a false self, splitting off their emotional being from their physical/social being (Winnicott 1971). For some nurses similar experiences can result from the dichotomising of the professional and personal self. With regard to nursing, creating such a dichotomy has been identified as having the potential for being caught in the 'socialisation process' (Menzies-Lyth 1990).

Splitting the Intellectual from the Emotional Image

Mirror, mirror pray show me the truth So that I will not become detached and aloof

Learning is an individual dynamic process whereby connections are constantly changing and their structure reformatted (Cross, 1991). Whilst students construct their own meaning by talking, listening, writing, reading and reflecting on content, ideas, issues and experiences (Meyers & Jones, 1993), it is their ability to be creative in their learning that will enable them to make sense of the caring environment.

Creativity depends upon an intimate, flexible and dynamic time/space for thinking. Thinking is the capacity to think the thoughts which already exist (Bion, 1962). But there has to be an awareness of the emotional experience that ultimately prompts thoughts, existing prior to their realisation, in order to learn from experience. It is the essence of thinking that encapsulates the intra- and inter-personal debate, requiring and enabling meaningful movement between the subjective experience and external knowledge.

Nurturing creativity through the facilitation of thought and the subsequent action of thinking also requires a new way of thinking about the traditional roles and characteristics of the academy. This is an approach that can be difficult to effect as often organisational processes in contemporary universities define the parameters of the spaces for thinking and learning. This organisational paradigm often fails to support the dialogic relationships which promote creative developmental thinking, a process intrinsic and fundamental to ensuring creative approaches to learning (Warne & McAndrew, in press).

Creativity, that is imagination, thought, thinking, personal growth and criticality, is often failed to be realised due to organisational policy. Organisationally and individually such policy can displace the 'matrix of the mind' (Ogden, 1986), an environment grounded in healthy dialectical relationships (inter and intra-subjectivity), thus damaging the potential creative space (Winnicott, 1971). For educationalists it is as much a matter of "creating 'spaces' to think as it is about taking 'time' to think" (Wittgenstein, 1980, p. 28). To promote such creative approaches to learning opportunities to extend and link ordinary and extraordinary elements of experience, emotional knowing and knowledge need to be readily accessible to students.

However, at the micro level what students want is trouble-free knowledge (Land, 2004), but given the 'messiness of practice' within which students learn, is unlikely to occur (Warne & McAndrew, 2006). Similarly, what teachers want to give is clear explicit knowledge with which the student can start to learn to perform capably. Arguably, for students, the didactic teaching of theoretical knowledge may act as a hindrance to the processes of 'knowing', in that they may become distracted from what they are experiencing, rather than learning from what is occurring in the here-and-now relationships (Reeder, 2002). Likewise teaching that focuses on skills and competencies, categorised and criterion referenced in such a way that it possibly fails to emphasise to the student the importance of their emotional self, needs to be challenged.

In preparing people to work within the increasingly turbulent health care arena the modern curriculum does not often lend itself to the emotional dimension of professional learning, through the explication of tacit knowledge. The traditional caring discourse whereby emotion is considered to interfere with rational choice is now being challenged, as it is recognised that in situations of indeterminacy emotions can be a useful source of knowledge in promoting decision-making (Johns, 2000). Exposing students to new and/or alternative ways of thinking and knowing will undoubtedly lead to uncertainty and for most will initially challenge them with troublesome knowledge (Meyer and Land, 2005). In dealing

with troublesome knowledge the student will be required to undergo a transformation in their sense of identity as they engage with the multiplicity of discourses that underpin health care.

To facilitate such approaches universities need to foster and support environments and relationships where thinking capacity, developmental experience and productive transformation can thrive (Salzberger-Wittenberg et al 1983). As educationalists we need to facilitate the development of the student's own capacity to create potential space so that any resolution becomes not a matter of exchange, mutuality or reciprocity, but of an ongoing capacity to think, engage and act creatively in and around the space of the 'other'. In doing so, the emphasis is not on identity or mastery but on creativity and the potential it brings for understanding and meaning (Ogden 1986). A good enough institution affords an optimisation of the ongoing engagement between the intimate subjective life of individuals and the work with(in) and between self and other.

Tablets of Stone – Petrified Thoughts

**Mirror mirror the image you reflect at times is obscured
I can only assume it is me that is flawed**

Regardless of organisational policy, educationalist practice and student learning, the ongoing theory-practice debate has borne testimony to how the student nurse can struggle in trying to address the difference between what is taught in the university and what is experienced in practice. The result of such dichotomies is that student nurses become less inclined to question their teachers and, as they move to qualified nurse status, lose all motivation to resist the confining and debilitating habitus of professional practice (Scott 2003). It would appear from the literature that a further dichotomy exists with regard to the classroom being dominated by theoretical knowledge, with practical knowledge being the domain of clinical practice (Feshwater & Stickley 2004). Indeed Gilmartin (2000: 1540) warned of the changing emphasis being one that focuses on 'a culture that values heady academic achievement, with a decrease in enthusiasm for the development of human skills.'

Education that ignores the value and development of such skills is one that does not promote the essence of nursing (Feshwater & Stickley 2004). Pre-constituted theoretical knowledge can be made part of our educational process but only when the contributing concepts are deconstructed and transposed to the practice experience.

However, just as some nurses avoid addressing emotional issues with their patients those delivering the curriculum can avoid teaching emotionality by becoming 'lost' in the milieu of higher education (Warne & McAndrew 2005). If teachers pay little attention to the emotional development of the student then they are likely to communicate to the student a lack of significance with regard to the interpersonal relationships the students encounter in their everyday practice.

A move away from a theoretically driven curriculum to one that uses and makes use of human experience could be more fruitful in reducing the theory-practice, intellectual-emotional gap. In providing a curriculum whereby the unspeakable can be safely explored requires emotional intelligence to become an integral feature of nurse preparation, realised through the educational process and transposed into clinical practice. To this end the culture of the educational environment has to model the expectations of the nurse's clinical practice. This could be achieved by providing the neophyte nurse with nurturance, containment and a safe space to explore self, and self in relation to the complexities of engaging in therapeutic endeavour, with people experiencing ill health.

One way of achieving this would be by making the radical move to a student-led curriculum, whereby after undertaking the minimum requirements in preparation for safe practice, the learning is then based around what the student experiences in the clinical environment and brings back to the university. Students would receive the same university time, but would return to the classroom, as a group, each with a structured reflection based on their clinical experience. Through teacher facilitation their experiences could then be deconstructed, analysed and synthesised against a backcloth of available seminal and contemporary literature. Initially it would be very important to choose the 'right reflective tool' that would enable the neophyte student not only to describe what happened but also to encourage them to think about their own emotional reaction at the time and the emotionality of the other person/people (be it patient and/or colleague) present. As the student progressed through the course, hopefully the creation of a safe environment by their facilitator, and a familiarity with this way of working, would increase their analytic skills and strengthen their emotional self in preparation for therapeutically engaging with others.

Breaking Free From 'Taut' Education – Implications for Student, Educator and Patient

Mirror, mirror on the shelf Confront and challenge until I know myself

In the United Kingdom (UK) Making a Difference (1999) highlighted the necessity for self awareness and the skills of reflection to be implicit in professional nursing practice. In developing the emotionally intelligent practitioner, recognition needs to be given to the centrality of transformative learning, for example, see McAllister 2005 Experiential, interactive and inter-subjective learning activities, which could include art, poetry, media, simulation, to name but a few, provide opportunity for self-discovery and an increased understanding of personal meaning. Such learning activities provide the opportunity to capture the practice experience and the emotionality of the student elicited within their interpersonal encounters in clinical practice. Personalising the educational process through creative transformational learning focuses on the learning experience, thus requiring the student to explicate a level of inquiry and self-evaluation that will enable them to reach new understandings in terms of self and of their practice. Asking the student to situate their self in relation to their practice experiences provides an opportunity for the student to safely deconstruct their experiences in terms of conceptual and experiential ways of knowing.

One example for providing such opportunity is by painting a practice scenario the student has been involved in as this has been found to be useful in encouraging them to tell the story and eliciting the feelings they encountered at that particular time. Initially the student is asked to paint a scenario she/he has experienced with a patient in clinical practice using the colour to reflect how they thought the patient felt at the time. Once that picture is completed the student is then asked to paint him/herself into the picture giving consideration to how close they felt to the patient, if they saw themselves as bigger or smaller than the patient, and to again use colour to reflect how they felt when they were in the presence of this person. Once everyone in the group has completed their painting they tell their story to the rest of the group, their peers being encouraged to ask questions and also give support to their colleague. Commonalities and differences can be captured by the facilitator and at the end of the session the students can be directed to appropriate theories and research which will help them make sense of their experience. (For more see Warne, T; & McAndrew, S. (2008)

Likewise, a current film or TV drama could be shown with the students being asked to deconstruct what was happening through a set of questions. On completion of the questions the students can be brought together as a group to share their perceptions and to

think critically about how and why they have attached specific importance to various aspects of the film and its relationship to health and illness (for more see Morris, G. 2006).

However, whilst we argue that using creative learning activities might facilitate a move towards a reframing and better understanding of the theory-practice gap in nurse education (Rolfe, 1996), how these learning activities are facilitated is likely to be a crucial factor in their success. If the aim of contemporary nurse education is to create reflective, analytical practitioners it is imperative that as educationalists we provide a safe platform and support system whereby such self assertion is able to flourish (Nolan et al 1995).

In order to achieve this some nurse educators will need to broaden and develop their own teaching practices if the rhetoric is to become a reality. In aspiring to achieve the emotionally intelligent practitioner, nurse educators need to learn how to better listen to the students they work with in order to find out what it is they know and understand about the lives of the people they are working with. In so doing they will begin to learn what it is the student wants to achieve and what help is required in order to meet their learning needs. As stated above, this scenario requires that the student experience in terms of their own learning becomes the centre of their educational universe. To expedite this, educationalists need to move away from pre-constructed theory that the student has to fit to their patients' experience of illness, creating opportunity for theory to be deconstructed, re-constructed and fitted accordingly (Warne et al 2004).

Re-Enacting Holding and Containing: The Latent Mirror Image of Love and Nurturance

Mirror, mirror continue to reflect your light Giving me strength and courage with my chosen plight

In expecting students to enter unfamiliar zones, those so doing will need to have their humanity nurtured. As discussed above, giving children an adequate sense of self is integral to them developing personal agency; this is the person I am, what I experience inside matches the information I am given from the outside, and in doing so my identity hunger is satisfied. Regardless of whether or not a child has been mirrored in a loving and nurturing way by the primary carers, we suggest there will be opportunity for re-enactment, where primary relationships can be revisited in the here and now as part of the teacher-student encounter. Whilst the teacher cannot provide 'perfect mirroring', just like Winnicott's (1971) 'good enough mother', the good enough teacher can provide more or less what the student needs. Although the teacher cannot step into the parents' shoes in the process of failed mirroring in the student's early development, by providing what Sartre (1971) referred to as the 'look' opportunity to facilitate the development of a sense of self can be provided. In this instance the 'look', can also refer to a touch and/or a word. If the 'look' is commensurate with a nurturing, loving environment where the students' anxieties are held and contained, the student will be afforded the opportunity to be their true self, whereby self expression and autonomy can be tested out.

For the student nurse such nurturance will facilitate the ability to develop a strong sense of self and not be afraid of functioning as their true self in the clinical setting. In achieving this status within the safe confines of the university, it is anticipated that when engaged in therapeutic practice they will be capable of productive meaningful work through their ability to share inner thoughts, feelings, beliefs, values and vision without fear of reprisal from the patient, colleagues and/or the organisation.

Through The Looking Glass: An Image of Emotional Intelligence

**Mirror, mirror held in hand
Before the looking glass I stand
On close inspection what do I see
A loving, loved, nurtured me
Balanced and strong, able to hold
The emotionality of my nursing career that's about to unfold**

Wanting to be a nurse, and having inner expectations of what being a nurse entails, will only become a cohesive part of self if the educational processes encountered en route to becoming a nurse match with the student's inner thoughts of who he/she would be as a nurse. Providing a curriculum whereby the unspeakable can be safely explored requires emotional intelligence to become an integral feature of nursing preparation, realised through innovative educational processes in order that it can be transposed into clinical practice. Good enough pedagogic relating and academic creativity grounded in, and consistent with, an understanding of human experience rooted in positive dialogical relationships will promote personal transformations and a (re)emergence of capacities for thinking, reflexive practice and creative care (Warne & McAndrew 2010). To this end the culture of the educational environment has to mirror the expectations of clinical practice, by providing nurturance, holding and containing and a safe space to explore self, and self in relation to the complexities of engaging in therapeutic endeavour with people experiencing distress. In doing so nurses may move closer to the emotional intelligence necessary for all human caring.

References

- Antonacopoulou, E. P., & Gabriel, Y. 2001. Emotion, Learning & Organisational Change: Towards an Integration of Psychoanalytic & Other Perspectives. *Journal of Organisational Change Management*. Vol.14, 5, 435-451.
- Barker, P., & Buchanan-Barker, P. 2005. *The Tidal Model: A Guide for Mental Health Professionals*. London & New York, Brunner-Routledge
- Benner, P., & Wrubel, J. 1989. *The Primary of Caring: Stress & Coping in Health and Illness*. Menlo Park: Addison-Wesley
- Bion, W. R. 1962. *Learning from Experience*. London Heinemann.
- Cooper, S.H. 1998. Changing Notions of Defence within Psychoanalytic Theory. *Journal of Personality* 66:6 947 – 964.
- Cross, K. P. 1991. College Teaching: What do We Know About it? *Innovative Higher Education*, vol.16 (1), 7-25.
- Department of Health. 1999. *Making a Difference*. London. Department of Health.
- Freshwater, D. 2002. *Therapeutic Nursing: Improving Patient Care Through Self Awareness & Reflection*. London. Sage.
- Freshwater, D. & Stickley, T. 2004. The Heart of the Art: Emotional Intelligence in Nurse Education. *Nursing Inquiry*, 11 (2), 91 – 98.
- Gilmartin, J. 2000. Psychodynamic Sources of Resistance Among Student Nurses: Some Observations in a Human Relations context. *Journal of Advanced Nursing*, 32(6), 1533 – 1541.
- Goleman, D. 1998. "What Makes A Leader," *Harvard Business Review*, Nov-Dec, pp. 93-102.
- Kohut, H. 1984. *How Does Analysis Cure?* Chicago. Chicago University Press
- Johns, C. 2000. *Becoming a Reflective Practitioner*. Oxford. Blackwell Science.
- Land, R. 2004. Using Threshold Concepts to Identify Troublesome Knowledge: An Innovative Approach to Course Design. *Health & Social Sciences Teaching & Learning Conference*, Coventry University.
- McAllister, M. 2005. Transformative Teaching in Nursing Education: Preparing for the Possible. *Collegian*, 12(1), 13–18
- McAllister, M. & Walsh, K. 2004. Different Voices: Reviewing & Revising the Politics of Working with Consumers in Mental Health. *International Journal of Mental Health Nursing*. 13(1):22-32, March 2004.
- Menzies-Lyth, I. 1990, *Social Systems as a Defense Against Anxiety* (revised), In E., Trist and H Murray (eds) *The Social Engagement of Social Science* Vol. 1 London, Free Association Books.

Meyers, C. & Jones, T.B. 1993 Promoting Active Learning: Strategies for the College Classroom. San Francisco Jossey-Bass

Meyer, J.H.F. & Land, R. 2005. Threshold Concepts & Troublesome Knowledge (2): Epistemological Considerations and a Conceptual Framework for Teaching and Learning. *Higher Education*, vol.49 (3), 373-388.

Morris, G. 2006. *Mental Illness and the Media*. London. Routledge.

Nolan, M., Owen, G. & Nolan, J. 1995. Continuing Professional Education: Identifying Characteristics of an Effective System. *Journal of Advanced Nursing*, 22, 221 – 556

Ogden, T. 1986. *The Matrix of the Mind*. London: Karnac.

Oliver, K. 2000. Conflicted Love. *Hypatia*, vol. 15 no. 3, 28 – 56

Reeder, J. 2002. From Knowledge to Competence: Reflections on Theoretical Work *International Journal of Psychoanalysis*. 83, 799–809.

Rolfe, G. 1996. *Closing the Theory-Practice Gap: A New Paradigm for Nursing*. Oxford. Butterworth Heinemann.

Salzberger-Wittenberg, I., Henry, G & Osborne, E. 1983. *The Emotional Experience of Learning and Teaching*, London. Routledge.

Sartre, J.P. 1971. *The Family Idiot [L'Idiot de la Famille]*, 2 vols. Trans. C Cosman. Chicago. University of Chicago Press.

Scott, G. 2003. Has Nursing Lost its Heart? *Nursing Standard*, 18(13): 12-13.

Stickley, T. & Freshwater, D. 2002. The Art of Loving and the Therapeutic Relationship. *Nursing Inquiry*, 9 (4): 250-256.

Sullivan, H.S. 1953. *Interpersonal Relations Theory of Psychiatry*, NY: Norton and Norton.

Warne T. & McAndrew S. 2004. Nursing, Nurse Education & Professionalisation in a Contemporary Context. In Warne T. & McAndrew S. (eds.) *Using Patient Experience in Nurse Education*. Hampshire. Palgrave MacMillan.

Warne, T., McAndrew, S., Hepworth, H., Collins, E. & McGregor, 2004. Looking Back: Stepping Forward. In Warne T. & McAndrew S. (eds.) *Using Patient Experience in Nurse Education*. Hampshire. Palgrave MacMillan.

Warne, T. & McAndrew, S. 2005. The Shackles of Abuse: Unprepared to Work at the Edges of Reason. *Journal of Psychiatric and Mental Health Nursing*, 12: 679- 686.

Warne, T. & McAndrew, S. 2006. Splitting the Difference: The Heroes & Villains of Mental Health Policy and Nursing Practice. *Issues in Mental Health Nursing*, 27 (9): 1001–1013

Warne, T., McAndrew, S., King, M. & Holland, K. 2007. Learning to Listen to the Organisational Rhetoric of Primary Health & Social Care Integration. *Nurse Education Today*, 27: 947-954.

Warne, T. & McAndrew, S. 2008. Painting the Landscape of Emotionality: Colouring in the Emotional Gaps between the Theory & Practice of Mental Health Nursing. *International Journal of Mental Health Nursing* 17(2): 108-115

Warne, T. & McAndrew, S. (in press) *Creative Approaches to Health & Social Care Education: Knowing me understanding you*. London. Palgrave.

Winnicott, D. 1971. *Playing and Reality*. London. Routledge

Wittenstien, L. 1980. *Culture and Values*. Oxford Blackwell.

Yalom, I.D. 1980. *Existential Psychotherapy*. USA Basic Books.

Yalom, I.D. 1991. *Love's Executioner & Other Tales of Psychotherapy*. London Penguin.