INTRODUCTION

The mirror effect is a reflection of one’s self through the gaze of others. It is used in education as a metacognition tool and as a vector of knowledge. The mirror effect can be obtained directly from another person through observation, listening to his comments or by watching a video. This strategy should be applied in education and in learning helping relations. It fosters the student’s autoscopie, hence personal and professional growth.

In practice, the mirror effect reflects a dual interest. It acts as a vector of knowledge because it encourages an ongoing restructuring of the student’s knowledge throughout the experience, allowing him to better identify his self-image which is useful for self-correction.

Throughout its application, the helping relation requires mastering many skills at the personal and interpersonal levels. At the heart of this mastery, there is a body of knowledge which draws from various fields: psychology in its contribution to understanding oneself and others; sociology centred on the dynamics of human relationships; the fundamentals of psychiatry to grasp the deviations of the persons it examines as well as the art of self-expression; communication principles and helping relations.
The conditions under which a nurse must apply these skills is often quite complex. Many of them may be used simultaneously. For example, a man who has just undergone major surgery requiring his leg to be amputated will experience a change in his body image, will have to grieve the loss of his limb, and will have to change his family, professional and social perspectives. In order to take appropriate and efficient action, the nurse must understand his physical, psychological and sociological problems. Another example would be a mother who has had a miscarriage and who then suffers a major depression. One requires a broad understanding of situations involving physical, psychological, and, as in the last example, psychiatric aspects.

Once these skills are acquired, applying them in helping relations requires the integration and ownership of behaviours that make it possible to mobilize these skills at the appropriate time and to act in an appropriate manner. Any helpful behaviour is demanding and difficult to develop. Lectures and books are not sufficient to help the student learn and reproduce their models.

While working in the departments with the person requiring assistance, the nurse or caregiver must obviously master the knowledge and the skills that are solicited. He must be able to apply them in a given situation and to react by demonstrating the appropriate behaviour. For example, in order to deal with the patient’s pain and emotion, aggressiveness or even Alzheimer’s disease, the caregiver must try to grasp the patient’s scattered reasoning and show him understanding by reaching out to him in his own world.

The caregiver’s skills are in fact human relation tools. They help her at the relational level in supporting the patient who is dealing with adversity, suffering or end of life. These skills are also helpful in education, to modify habits and behaviour, or even as tools for conflict resolution.

One must understand the difficulty of this complex learning in which self-perception and self-image are significant elements for organizing and modulating attitudes and behaviour. To this may be added the ability for accurate expression and a deep understanding of the other, which are backbones of the skills that are to be acquired through training. The student must acquire many skills and master them quickly because of the responsibilities that patients will require of her in her work. Learning helping relations isn’t just learning a communication skill; it also means a genuine personal and professional evolution. Helping relations aren’t a mask to be worn in front of the suffering; they are a profound change in ourselves, in the way in which we perceive

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A few objectives of socio-constructivist pedagogy

- Learning is an active process that is built by the student
- She improves by making connections between acquired knowledge and new information
- The student must constantly reorganise her acquisitions
- Learning is conducting by and within the group
- Motivation determines the student’s commitment, involvement and perseverance in her acquisition of new knowledge

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ourselves and others. They are a direction, an opening of the mind and removing the self as the centre.

**Pedagogical choices**
Simulation exercises remain the leading strategy to organise learning. But how can an interactive educational context be implemented in the presence of the person being helped who requires a nurse?

In a learning environment, room must be made for mistakes, strengths and weaknesses must be highlighted and practice encouraged. This would be difficult in a real-life situation. An outsider’s view would also likely have an impact on attitudes. This indirect and unfortunate effect of observation is well known in research and education. It can result in numbing the student’s reactions or reducing spontaneity. However, it risks above all affecting the person being helped.

All effects must be taken into consideration. Among them, there are the **placebo effect**, which is a change that can be attributed to a treatment that one perceives to have been administered; the **Hawthorne effect**, which is the tendency of humans to improve their performance when they are aware that they are being observed; and the **Rosenthal or Pygmalion effect** (Oedipal), which is the subject’s tendency to behave in the manner that is expected of him.

Moreover, in a socio-constructivist pedagogical framework, acquiring the ability to “apply a warm, meaningful and efficient helpful relation” requires implementing an appropriate educational simulation that matches this approach’s criteria.

The application must agree with the reality of caregiving, and conciliate essential components at the cognitive and emotional levels as well as in the ability for verbal expression. All this must be based on a wide range of abilities to which we have already alluded.

A pedagogical approach underlies certain principles that training in human relations must establish, as would be the case in any other form of skills acquisition. A competency-based program is grounded in the skills that the nurses themselves will be applying with patients. The concept of competence is difficult to understand and to apply because it can...
take on different meanings. Some consider it a narrow form of know-how or a simple application of knowledge on a case-by-case basis. Others view it in a broader sense as an act, a mobilization of knowledge and experience to solve problems at the professional level. Here is a definition that groups these principles.

In this optic, expertise is not limited to a rational application of memorised knowledge to a real-life situation. That would translate into a useless recipe in nursing. We must understand complex human situations and be able to analyse them, anticipate problems and complications, assess risks and implement customized means by mobilizing affective and behavioural abilities as well as the appropriate intellectual tools, techniques and organisational methods.

Dynamic methods must be considered when applying this skills-based pedagogy. Beyond the transfer of notions and concepts, it requires assimilation and internal construction by the student. Dynamic methods must all at once make room for the application of knowledge, its evaluation and meta-cognition to allow the student to develop her knowledge and to master the required skill.

Implemented Strategies

The choice of application methods is paramount. For me, there were two strategies to follow depending on the circumstances in which they were used. First, there was micro-teaching with recording and video feedback. Second, there were triads, integrated three-member student teams, without recordings. Both methods are applications that differ slightly, but which both leave room for cooperative pedagogy among peers, problem resolution, meta-cognition and recording self-image by film or through another person’s gaze. The mirror image remains one of the active phenomena under both aspects.

Role-playing strategies

In order to make room for the mirror effect, reality is enhanced through a role-playing game which substitutes a real-life situation. Despite its artificial nature, it nonetheless makes room for a situation that resembles reality.

This strategy is far from being innovative, but is unrivaled when it comes to learning relational skills. Students initially experience problems getting into a character role, but once they really get going and play the game, they even manage to display surprising emotions. This strategy also eases the pacing of the level of difficulty and allows for a more efficient and precise targeting of objectives. This makes the identification of the
learning objectives easier when they can be peer-evaluated, self-evaluated, and the teacher is available to assist the student in the learning process.

**The training program in nursing schools**

Helping relations touch a wide range of realities that are as broad as real-life and human problems. In order to foster a more efficient organisation of the learning process, it is necessary to divide training into sections that encompass knowledge, skills and behaviours that are appropriate for everyone. Its application can include establishing a psychological support relationship - the relation being completed through an educational component or coaching. It is also used in conjunction to modify behaviours and attitudes, in problem and conflict resolution, in crisis situations and to communicate with persons suffering from Alzheimer’s disease. All of these categories include skills that are applicable in helping relations. Some are specific to helping relations, but all are based on solid communication skills. It is impossible to apply helping relations if we are unable to communicate in a warm and efficient manner.

Among these categories, basic training remains focused on psychological support for persons, be they patients or families experiencing difficult living situations or who are in a state of suffering as a result of physical or mental problems.

Learning helping relations is also proposed for continuing education in nursing or education departments. Its organisation follows almost the same lines as training in a school environment, but its content is structured according to the needs and objectives identified by the applicants. It then forms an amalgam with some of the categories mentioned above such as helping relations and validation, or helping relations and educating patients. These realities are all connected to helping relations.

**Preparation of the learning experience**

Preparation is essentially the same, regardless of the module chosen or the level of training, be it for introductory or continuing education. The preparation of theoretical training depends on whether the groups are large or small and on local resources. The
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The formula includes the addition of multimedia components, simple case studies, critical case studies, Pigors method, learning through problem solving or conceptual maps (tree diagrams) prepared by students. Any pedagogical approach must remain dynamic and socio-constructivist.

Under such an approach, the focus is not on teaching, nor on the lecturer who transmits knowledge orally, but on the stimulation, accompaniment and support for the student in his independent search for knowledge in his personal and professional evolution.

**Microcounseling strategy**

Microcounseling is the strategy we retained for training. The micro-teacher can use it as an application in helping relations. The strategy became popular in teacher training during the 1970s (Acheson; Allen, Bush, Clark, Cooper and Rayan). At the time, this method was considered behavioural because of the fragmentation of objectives and time allotted for each meeting.

Microcounseling in areas such as nursing and helping relations allowed us to discover many more humanitarian aspects that are applicable in cognitive and socio-constructivist pedagogy. It is perfectly acceptable to view microcounseling in this light because it assumes that information will be processed spontaneously in a given situation, and even that self-construction of knowledge will occur in settings other than the original training.

The method thereby evolved from a strictly behaviorist concept to a functional interpretation centred on learning. The teacher’s support in a free environment in which the student seeks to evolve is well-suited, even with a Rogerian approach.

This microcounseling strategy involves getting the student to apply the skills objective of the session in a simulated context. For example, she must apply functional communication skills such as beginning a conversation, asking relevant and meaningful questions, summarizing and reflecting. She must also demonstrate emotional skills, such as respect or empathy, that are more difficult to master and which are immediately connected to the helping relation. It might seem surprising to describe respect and empathy as skills; however, the term is appropriate because they are not just passive internal attitudes, but genuine relational work tools.

**Examples of objectives in role-playing games**

- **Orientation phase:**
  - beginning of a conversation
- **Exploration phase:**
  - attitude towards listening
  - varied questions
  - mirror responses
  - demonstration of:
    - acceptance
    - respect
    - empathy
    - confrontation
- **Conclusion**

Organisation
In practice, students are divided into teams of two. Depending on the possibilities and student level, the initial 10-minute recordings can be made one-on-one or in front of a group of students. It should be noted that beginners might feel paralyzed doing this exercise before their peers. Measures should be taken to facilitate this approach, especially for shy students. Over time, these sessions can be extended by 15 to 30 minutes. Previously acquired skills are cumulative and necessary, so it might take a little more time to apply them.

**Suggested settings**

The settings being provided to students must reflect a nurse’s working environment. Details for microcounseling are supplied and outlined on a card that contains the made-up name, age and synthetic description of the student-patient’s physical or mental ailment. If necessary, family, social and professional details can be added.

The student-caregiver’s card has two kinds of objectives: 1) helping relations objectives that are tailored to the given situation such as listening attitudes; 2) respecting the microcounseling goals; for example, by asking certain kinds of questions or applying a stage of the helpful interview such as its conclusion.

The student-patient’s card contains details about her state of mind, her behaviour and her reactions during the interview. This can include difficulty expressing oneself, lack of will to do so, aggressiveness, manipulation, emotional reaction, sadness, suicidal ideation or even a hallucination. The purpose is to expose the student-caregiver to challenging situations that she must learn to deal with. Examples of situation cards are presented in a separate document. They illustrate the pursuit of communication and helping relations objectives in certain healthcare areas.

**Viewing and evaluating**

Individual recordings can be made for those who are shy to act in front of a group; however, viewing the result during retroaction must be done in class. The students in question are asked to self-evaluate the recording. They fill out an informal questionnaire to assess their performance for body language, meaning their body’s position, its distance from the patient, their facial expressions and gestures.

They must also evaluate their verbal expressions and their attainment of lesson objectives, meaning the skills being taught such as a soft confrontation, sharing information with the person or showing empathy in a difficult moment.
The group is then asked to evaluate the tone of the dialogue, the skills that were applied and to make any suggestions regarding possible alternative conduct or to ask the two students any questions on the reasons for their behaviour and reactions.

Then it is the teacher’s turn to highlight first and foremost the positive aspects of the simulated exchange and to make suggestions. It is important to note the application of knowledge, working skills, and interpersonal skills in the dialogues so students can reinforce them.

Respect and objectivity are prerequisites of the training session. It is important that the evaluation be applied only for training in a way that is respectful of the other person’s identity. Keeping personal and professional growth in mind, the teacher’s interventions must be used to generate in-depth reflection in order to bring out the logical, emotional or ethical dimensions that have not been addressed or sufficiently explored. The call for reflection ensures that the exercise isn’t strictly behavioural.

**Learning objectives**

Analysing our training methods is critical to understanding our educational objectives, be it in nursing or in any other field. The analysis provides us with the results of our choice of pedagogy, its strengths and its weaknesses. The microcounseling strategy is quite conducive, allowing for the simultaneous autoscopy by the student-caregiver and clear reaction by the student-patient. The latter observes what is occurring within.

What she perceives stirs within her and within the attending group a vicarious effect through observation during the recording or retroaction. A triangulation is then constructed, encompassing knowledge, outer perception and self-image.
The flow and reciprocal interaction are all carried out in a dynamic mode among all actors involved. They feed off each other. Before the camera, the caregiver exteriorizes that which he has constructed from knowledge he has received in order to react to a given situation. The others interpret it and provide the caregiver with their reinforcing feedback and suggestions. They help each other improve by each restructuring their own knowledge while enhancing and adding to it. This is the benefit of the mirror effect made possible through this pedagogical strategy.

**Audio-visual contributions**
Audio-visual is herein simply used as a tool because of its capability for psychological motivation and to emphasize phenomena that are difficult to perceive under normal conditions. It favours awareness and understanding of deeper dimensions, giving effect to aspects that otherwise seemed temporary or elusive.

The option to freeze an image leaves room for fine observation and in-depth analysis of the recording, which would otherwise be impossible in an ordinary context of observation. It thereby favours feedback that really defines the details of the dialogue. The video makes it possible to freeze sound, images and emotions in a given context that can be memorized and reproduced at another appropriate moment. Video imagery helps develop understanding and memorization. After all, an image is worth a thousand words.

**Mirror effect**
The mirror effect, meaning the mediation of self-image through the other’s gaze and through the film’s specular reflection, conveys learning for the student acting as caregiver. The other acts as a witness, like a reflection of what the caregiver portrays at the physical level - for what he says and for what he does. The other’s presence is enlightening because of her direct observation and feedback.
The mirror effect is an excellent means to acquire self-knowledge. It is through other persons’ gazes that we discover from early childhood who we are and what appears to be right or wrong. Other persons’ eyes project who we are, be they our parents, colleagues or friends.

The other person’s gaze indeed helps to clarify our identity, which perpetually needs to be “redefined”, for we are constantly evolving. This learning and teaching technique only makes use of a natural phenomenon. It also allows us to make use of various forms of intelligence.

Following the work of Howard Gardner, an American psychologist, cognitivist and “developmentalist”, it is now generally accepted that human intelligence is much more complex than previously believed and that there exist certain forms of it that are especially useful in nursing. We seek to develop reasoning through logic, with nursing methods and problem resolution, memory for all declarative and procedural knowledge, and kinesthetic intelligence for the application of caregiving and its techniques, which is great.

However, a human being isn’t just controlled by the brain’s left hemisphere. We must call upon other forms of intelligence in order to fully develop a student. Helping relations clearly allow us to do this. This form of learning and the application of microcounseling forces students to call upon their intrapersonal and extrapersonal intelligence and to broaden their possibilities. Those forms of intelligence make it possible to gain self-knowledge and to understand others.

However, this form of learning also calls upon existential intelligence, which is more global and which focuses on the meaning of life. It also has meta-cognitive and ethical aspects. Signs of these forms of intelligence can be identified in the student’s conversation during the simulated dialogue. These forms can be put into production to foster personal and professional growth among students.

**Triad applications**

In professional development, learning helping relations is obviously influenced by available hospital or school resources. As videos aren’t always available, an alternative method is sometimes used. It also involves simulated role playing; however, the teams number three people. A patient, a nurse and an observer replace the camera.

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In this experience, the same triangulation is applied among the caregiver’s self-image, the other’s knowledge and observation. This time, the observation is reflected by two people - the patient and the observer. This time, the observer notes his observations, which become the conscious and active mirror reflection in lieu of the camera. The outside observer cannot escape the learning process and ends up benefiting from it. The experience provides him with input. His feedback then provides his peers with valuable critical observations and comments.

Everybody wins in this kind of learning strategy, meaning the caregiver, the patient and the group, because there is feedback. It is carried out by sharing what the observer noticed in each team, and the caregiver’s, patient’s, group’s and teacher’s feedback. The teacher’s intervention highlights the aspects that could have been avoided and thereby generates a deeper reflection.

**Mirror effect and self-image**

The operative influence in this mirror effect is that it generates a more defined self-image among students which allows them to correct themselves and to model their roles according to expectations. A meta-cognitive and intrinsic self-correcting effect is bound to the specular image reflected by either the camera or the observer or group’s feedback.

Henri Laborit went further when he said: “We are others. We are what they think of us. I am what people think of me.” [Translation]. This allows us to understand the significant impact of other people’s opinions as a reflection of ourselves during feedback in microcounseling or experiences in groups of three.
The mirror effect binds self-knowledge, which is vital to personal development. “Know Thyself” are the words inscribed on the Apollo oracle-shrine at Delphi. Self-knowledge was synonymous with wisdom and accomplishment for Greek philosophers. They believed that it allowed us to gain awareness of our limits, to overcome our flaws and to develop our qualities.

It should be understood that self-knowledge is not immediately accessible to our conscious mind. We cannot spontaneously identify or control our tone of voice, nor can we sense our facial expressions or our gaze. When we smile, we don’t know what we are projecting, nor do we know what our body language, gestures and postures are expressing. That’s why the mirror effect is useful. It teaches us who we are and which subconscious messages we are sending.

Our self-image may be superficial, but it allows us to discover what is going on deep inside us.

René Magritte
L’heureux donateur (1966)

This image is obviously external, but it adequately transmits what is going on deep inside us. However, those are but a few aspects of our personality; self-knowledge requires
time, reflection and above all introspection. The mirror effect favours this acquisition by revealing the subjectivity that clouds our intimate awareness of ourselves, thereby providing us with a more objective reflection.

There is still another dimension to consider. We are always changing: our way of being, our relations with others and our convictions can all vary at any time. Our self-image is not frozen, because we are constantly evolving. The mirror effect’s contributions in microcounseling or exercises in groups of three are therefore worthwhile. The contributions help build an evolving representation of ourselves, which leads towards an ideal image.

“We cannot enter the same river twice,” said Heraclitus. “This possibility of change opens a door of hope for us educators.”

The pedagogical management of this type of experience remains a sensitive matter for the teacher because the other’s observation can be disruptive. It is true that others allow us to exist; they can also cause deception. Philosopher Jean-Paul Sartre said that others are our hell. That’s why this experience must be guided smoothly so that it is always directed towards personal and professional growth among the individuals that make up the group.

The idea isn’t to fall into narcissism, but to understand how important self-knowledge and qualities arising from it, such as self-esteem and self-affirmation, are important in human relations, especially in the application of helping relations.
Before developing a relationship with another person, the emotional bond is first and foremost an internal connection to find a way to enter the other person’s dimension, to give oneself the strength to handle the other’s problems and suffering while building through empathy an understanding of the other and to build protective distancing for our own emotions.

Professor L’Écuyer, who has been working on self-concept for a long time, provides us with an interesting table of his development. He allows us to make connections with the mirror effect and to show how this effect can influence the student in his development.

According to this theory, over the course of the evolution of the concept of self, there are six main phases that occur from birth to old age. Describing these phases has no direct relation with the student’s microcounseling experience. However, as the influence of the previous phases is still present among young adults, it provides us with relevant information. The phases of maturity and old age can provide us with information on the self-perception of the elderly patient.

**Childhood (Phases I, II, III: 0 to 10 years of age)**
Various perceptions of self progressively develop among young children through different communication experiences.

Beginning at age two (phase II: 2 to 5 years of age), an affirmation of self occurs. We have all seen how young ones seek to call attention to what they are doing. It is especially clear in the development of autonomy. They want to do something by themselves.

L’Écuyer explains how self-expansion occurs in phase III between ages 6 and 10. Interactions with the environment, meaning the family, daycare, kindergarten or school, are greater, more diversified and enriching. They lead to a broadening of the concept of self.

**Adolescence (Phase IV: between 10-12 and 21-23 years of age)**
L’Écuyer calls this period the reorganisation of self because the first major change in the concept occurs at this age, at puberty around age 12. Young people can no longer recognise themselves because their perception of self changes.

**Adult (Phase V: between 24-25 and 55-57 years of age)**
People enter adulthood and maturity during this phase. L’Écuyer explains that the concept of self generally centres around three essential structures that make it possible for the proper functioning of the adult. They are the SOCIAL SELF, which is connected to self-knowledge; the PERSONAL SELF, which ensures a certain relational harmony with others; and the ADAPTIVE SELF, which oversees the maximum adaptation of the person to his family, professional and social responsibilities.

**The final phase (Phase VI: between 58-60 and 100+ years of age)**

The person enters the social category of elderly persons. The concept of self changes deeply, as it did during adolescence. Core values about life are put into question. What once was important is now less important, while other values gain precedence. Self-perception is deeply modified.

**The mirror effect’s influence on the evolution of this concept**

When training nurses, we usually deal with students who are at a more advanced stage of their adolescence, while in continuing education we work with young adults. The personal self, the adaptive self and the social self are all deployed along with the role, status self-image and personal competence dimensions.

It is then easy to understand that a pedagogical strategy which fosters awareness of these dimensions can influence personal and professional development. Correcting speech, posture, the ability to reason, judgment, problem solving, and developing the ability to empathize, are examples of factors of progress for individuals and the group.

This pedagogical approach, which features the student’s dynamism and activity, is an excellent medium.

The abilities, attitudes, knowledge, intellectual strategies, and the resulting adapted emotional reactions combine to allow the student to develop the skill to “apply a warm, meaningful and efficient helping relation”. Certain criteria allow us to determine whether the skill is acquired, as shown in the table.

These learning exercises are valuable because the skill is also evaluated in context with sick actors at the end of training in our colleges. This is the ECOS system proposed by the *Ordre des infirmières et infirmiers du Québec* (OIIQ) for the certification of students.
CONCLUSION

We have seen through the microcounseling strategies and groups of three how learning helping relations is achieved. We have also seen how the mirror effect can become a developmental tool. In the experiences, the student isn’t just a passive recipient of knowledge, but the actor of her own training at the emotional level and in the structuring of her knowledge. The mirror effect is its mediator.

Tell me something and I’ll forget it. Teach me something and I’ll remember it. Make me participate and I’ll learn.

BIBLIOGRAPHY