Vienna Psychiatry Program of Training Empathy - A.R.T. Affective Reflective Training New Forms of Knowledge Transfer at the Interface of Self-Awareness and Learning Theories for the Development of Empathetic Skills

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This is a new project where students in training supervision groups are sensitized to themselves and others in their everyday work and learn how encounter can be transformed through attitude. About 10 years ago, a new training concept for students started at the Otto Wagner Hospital to promote reflective skills and to train empathy. The students completed the psychiatric nursing training with a duration of 6 semesters. In the first two semesters, the focus of our training is on the elements of self-awareness, in semesters 3 and 4 on the training of empathy in the encounter with patients, and in semesters 5 and 6 on the form of intersubjective, relational supervision and process design under discussion here.

2010 saw the launch of a new training program for students at Vienna´s Otto Wagner Hospital to promote affective and reflective skills and to train empathy and this training has been further developed into the ongoing A.R.T. Affective Reflective Training ("A.R.T.").

Students are enrolled in the psychiatric nursing training with a total length of 6 semesters. The focus is on training self- awareness (semester 1 and 2), training empathy in encountering patients (semester 3 and 4) which is discussed in more detail in the present article, and more advanced training (semester 5 and 6) in the context of intersubjective, relational supervision and process design [1-5].

The empathy training program at Otto Wagner Hospital has been developed in cooperation with Sigmund Freud University Vienna. The present article summarizes research presented in the book "Empathie als Kompetenz" [6].

The focus of training is as follows: How do insight and knowledge, in the sense of self-awareness, transform into competence for empathetic, mentalizing, intersubjective and relational encounter knowledge?

Introduction to affective reflective training ("A.R.T.")

The importance of the interface for the teaching of psychological phenomena such as empathy and the understanding of non-visible phenomena simultaneously with contents that are to be taught or conveyed is something that many training programs seem to be struggling with. Psychodynamic mental mechanisms are at work in the processes of encounter; so how can these mechanisms be imparted since contemplation of psychodynamics may only take place in the context of a given psychodynamic situation prevailing at the moment of contemplation? Revealing and making it visible will inevitably change the dynamic and open up a permanent dynamic process.

Since our use of language is crucial as to how we see a given situation we may conceive ourselves as psychic beings who need language to make something visible and to learn about ourselves and others in a process that unfolds in the form of self-experience and experience of others.

If we allow the notion of separation to prevail as a guiding principle then the idea of technical skills predominates in human encounter and we are lead to focus on a more scientific view of training. On the other hand, if we only focus on psychic existence there is something missing in terms of description of psychic phenomena and of a metaposition vis-a-vis emotional experience. As we put a name to phenomena or focus on technical analysis we allow for an instant of "freezing" to be able to contemplate and think about phenomena. Experiencing phenomena while remaining open to a variety of descriptions seems to more closely correspond to being embedded in the flow of the dynamic, invisible, psychic activity including feelings and emotions.

Education is considered subject to the danger of supporting conformity to the demands of an institution and thus maneuvering students into an infantile position [7-13]. In addition, as the focus shifts to self-awareness this is prone to intensify an atmosphere of regression, which in turn needs to be balanced out in a kind of pendulum movement to the cognitive meta-psychological level. The flexibility of this pendulum movement is a distinctive element of a dynamically oriented training group that succeeds in making use of both components of affective learning.

The separation of self-awareness and supervision in the sense of formalized technical encounters with patients opens up a kind of gap which allows a field of learning and self-awareness to arise as one's own involvement unfolds. The roles of who is now teaching and learning seem to blur in this context and the training may be more appropriately described as a joint experience.

The training program we have conceived aims at a multi-layered development for students and is based on a form of so-called "observation". It involves the training of empathy in the sense of the development of an inner mentalizing, intersubjective, relational attitude. This cognitive, emotional, interpersonal, relational and mentalizing knowledge transfer uses a multi-layered system in which observations are discussed and emotionally developed. Cognitive knowledge and theories are needed to have a frame of reference for the ideas developed.

The pedagogical development takes place by means of affective group training which provides a continuum of experiential learning including a reflection of group processes. The combination of affect and cognition leads to new learning experiences that anchor themselves emotionally more deeply and thus enable new experiences.

Experiences are constituted by affects which represent a motivational structure and thus a motor for the formation of an organization of the self or the ego on the level of the mental apparatus and neurological processes in relationships and in groups. Relationship experiences form the basis of our inner structure and influence the functioning of our psyche as organizer of our relationships [11,12].

Gaining experience is viewed as embedded in relationships, guided by affects and woven into a common strand of understanding. Learning processes in turn are part of students´ experience and are reflected as such: How do we learn, and what do we experience in learning?

Learning develops within an intellectual framework in which affective resonance linked to cognitive theories. The comprehension of concepts is thus linked to one's own experience. Students are given the opportunity to notice and perceive phenomena themselves and to move on to generalization and abstract theory.

Students' competence is demonstrated and enhanced by their increasing ability to engage in affective processes in small groups and to participate in processes of understanding.
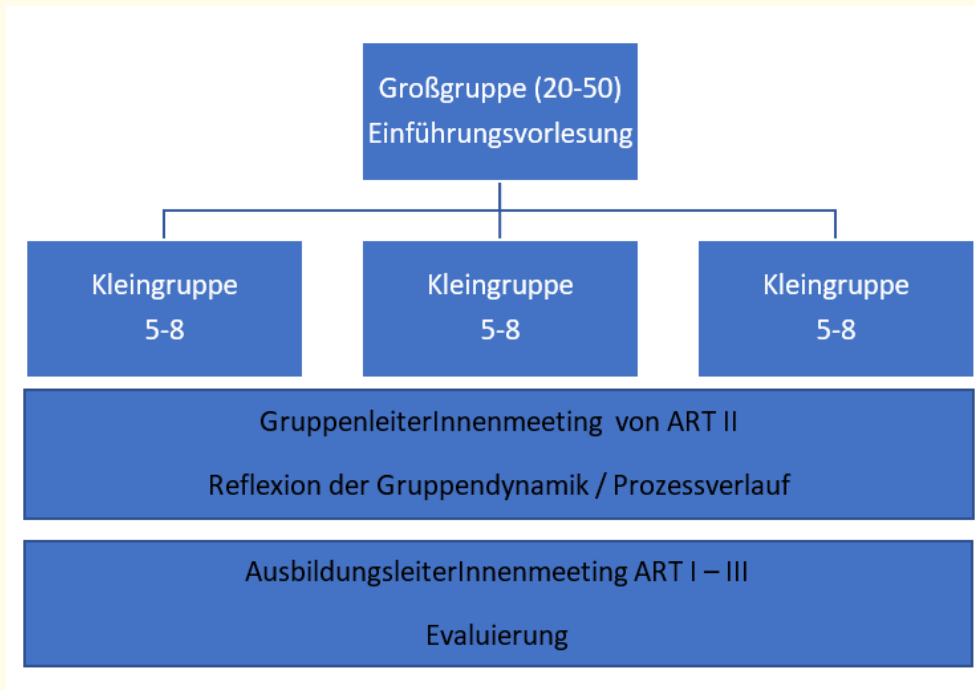
Figure 1: *Affective Resonance Training - group size: large group 20 to 50 persons, which is split up into small groups with 5 to 8 participants each.*

The affective resonance training group

Within A.R.T. the group is used as an affective seedbed for learning empathy and developing an empathetic personality. The feelings experienced by the participants in the group form the basis for cognitive understanding of the psychodynamic material and/or the scenes presented. The cognitive content which may be contributed by the group leader as well as group members is jointly developed as a kind of secondary understanding that is always intimately connected with the affective content. It is worth noting that most group members participate in the discussion and provide cognitive material in case of an affectively charged content.

The group is designed to represent a "safe" space or haven ("sicherer Ort") for all participants and allows to be in touch with and confront stressful feelings and express them in terms of understanding these feelings as meaningful. The group may resemble a body resonating like a musical instrument and implicit emotional worlds may unfold when the group generates its own view on the material presented. Students experience a sense of being uplifted and supported in a peer group rather than being left alone with troublesome feelings and perceptions. The terms used to describe emotions are brought to life in the group and each participant transforms knowledge into a deep, personal learning experience. The cognitively presented material and the theories discussed are not merely grasped on an intellectual level but anchored at a more emotional, deeper level of the self.

The learning experience depends on the ability of the group to contain affects and thus maintain a creative tension in the context of learning and not to be flooded by overwhelming affects such as fear, anger and shame. Cognitive learning is proceeding in a space wherein tension is maintained that allows both curiosity and safeguards towards affects without being steered into "escape mode" [14].

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The peer group process enables students to endow each other with words that describe one´s own feelings and in turn enhance emotional perception. A feeling of freedom may arise in the sense of one´s being able to talk about and express rather than being at the mercy of one´s emotions; the ability to mentalize may go hand in hand with increased self- control. Furthermore as feelings tend to be experienced more consciously and a better understanding be gained of oneself and others there is the insight of not being left alone with one's feelings which may reduce shame and be experienced as a gift at the end of the learning process.

As regards their interaction with patients students benefit from group learning as they experience more authentic encounters with patients and thus react more empathetically and with more understanding. Overall students tend to feel safer once they encounter patients´ affects as no longer triggering intolerable anxiety. At the end of group learning students have succeeded in developing clinical skills and how to fine- tune authentically when encountering patients and experience confidence and self-efficacy. They will have gained self- assuredness in their ability to contain overwhelming affects and found ways to work with and influence clinical situations by calming or modulating emotions they have come in contact with.

During the ongoing group training the distinction between learning and teaching tends to be of less relevance and the group process is viewed more as one of joint development of all participants. Learning and growth are thus an attitude of a jointly created process of experience, deeply anchored in a continuum. Whether attention turns to self-awareness or curiosity of individual group members towards their own neurotic behaviour or suffering is up to the group - to determine focus, interpretation and conclusions in the context of phenomena observed here and now. As always assisted by the group the group leader´s responsibility remains to sum up the construction of meaning in relation to what has been experienced - such as a reaction of the group, an individual´s concern or a reaction of patients - which leads to the co-creation of a common reality. What we may call the "psychological" is seen unfolding in every encounter, we determine the meaning together.

In A.R.T. we rely on small groups for experiential learning. Group participants are invited to observe the group process and reflect it back to the group as a whole. A flexible attitude is encouraged which includes both being involved in the group and being able to look at these experiences from a meta-level and draw conclusions about the course of the group.

Each participant is contributing their respective feelings in relation to the material presented for discussion in the small group, thereby enabling others to be emotionally touched by it and in turn to help shape the process of understanding through their statements, thereby becoming self-aware and developing an idea of meaning and self-efficacy in the group.

The A.R.T. group is embedded within the context of a training institute. By virtue of this close relationship there is an ongoing exchange as regards teaching content and affective participation. In particular the supporting environment of the training institute is of relevance as well as the cooperation and interchange with of the group leaders of the training groups in A.R.T. I and A.R.T. III (semester 1 and 2 and 5 and 6 respectively). Group training is evaluated at regular intervals which includes feedback by students and group leaders. In our training institute A.R.T. is viewed in terms of a cybernetic process that is inherent in learning and may contribute to shaping the further development of the training institute itself.

At the beginning of A.R.T. II we work with all participants of the training course, i.e. the large group of 20-50 students. The students are introduced to the concepts of construction, deconstruction, observation, relational perspective, intersubjectivity and mentalization in a four-hour seminar. Thereafter these concepts will be further developed and elaborated in small group training of 5 to 8 students with a view to providing students with a framework for the understanding of psychological phenomena.

In the course of the seminar for all participants the students are invited to contribute their ideas, questions and feelings. The concepts for discussion together with an open minded approach based on the humanities which values different viewpoints marks a clear distinc-

tion to medical and science subjects which are another focus of students´ curriculum. Students may feel insecure when introduced to the idea that there is no simple truth at hand and often experience feelings of fear or shame or express the idea of being "seen through" or "analyzed" when invited to talk about their feelings. On the other hand students seem to enjoy the opportunity for open discussion. They are encouraged to ask and interrupt and help shape a common process. As a more open encounter unfolds frustration with learning, the institution, etc. may also become apparent. Learning experiences from past school days which may have been remembered as traumatizing are often voiced in an open discussion.

In particular the student group is challenged to gain a new understanding of mental phenomena and to protect themselves against over-identification with a "correct" opinion in favor of more flexible approaches which allow for pro and counter arguments. Theories of different concepts of understanding are discussed including their respective advantages and weaknesses and may provide reference points for further interpretation. With the help of these concepts students are more likely to overcome the shame of having to deal with wrong and right implicit in their statements. They become more courageous in putting their ideas up for discussion in a reflective way.

At the end of the seminar students receive some written instructions regarding the protocols for their contacts with patients and a time schedule for the observation sequences in the respective internships which are part of A.R.T. curriculum. The more detailed discussion about the instructions will be referred to the small groups.

Observation

Students are instructed to observe patients with a view to providing students with an opportunity and encouragement to expand their inner world in order to enable experience richer and more diverse.

These newly gained inner worlds open a larger repertoire for understanding intersubjectivity and relationality and allow students to further develop relevant processes of cognition. In addition, students learn to deal with the frustration that there is no objective observation of reality and no objective truth. Against this background, there is no "right" observation, and students are encouraged to develop an interest in the emotional quality of their observations and thus acquire a feeling for the intentions of others.

Group leaders are responsible for accompanying students in a process of exploring their inner world of perception and letting them construct a subjective understanding of reality - as a co-construction. This co-construction refers to both the inner world and the outer world of students whereas the dichotomization of the world is regarded as a mere construct. Empathy or the understanding of the other person does not develop in a search for reality that satisfies "true" (scientifically based) criteria of objectivity, but rather by way of absorbing affective stimuli that touch us and lead us to mental construction whereby we develop understanding [15]. Because I am at first uncertain about the meaning of the scene triggered in me, a possibility and ability to endure an observation begins to manifest itself within me. Uncertainty is linked to the fear affect and lets us slide into inner enactment, which could now lead to an outer action [16,17].

To which extent can I face and contain a microscene, i.e. hold on to my feelings. How much enactment do I need to endure the observation?

It is only by means of my ability of my observation and acceptance of subjectivity that I grant patients a space of autonomy and thus a kind of freedom in which development can unfold. The group leader explains the subjectivity concept and points out to the group that his or her interpretations of the material and the feelings expressed about it do not correspond to a reproducability required in a scientific setting, but is understood in the sense of the Gadamerian concept of "pre-judgments" that we conceive out of our "tradition"; this represents the reference point for our interpretations which are always considered in a state of change [18-20].

The competence of students is seen developing on the basis of an inner conviction of the equal value of their observation as compared with the observation of group leadership and its concomitant authority. This inner change, in turn, is viewed as fundamentally important for allowing development of patients. Group leaders act as role models in offering different theoretical ideas for the interpretation of their

affects. The students are encouraged to equally employ try different frames of reference for understanding mental experience in terms of metaphors, such as medical metaphors and nosology, psychoanalytical (intersubjective, relational), systemic and other metaphors. Students come to understand subjective attributions regarding our inner world of perception. The more metaphors I have got available, the more space of understanding I can open up for myself. Not everything is arbitrary or can be used to understand our self. We undergo this examination of our cognitive patterns of thought, which are controlled by logic, and recognize in a multi-layered interplay whether a theory is suitable for us or whether we reject it. From this, a common understanding may arise which in turn is culturally or paradigmatically determined.

Students are invited to form an inner reference point of understanding on the basis of from theories that are offered to them; and to acquire structures of inner understanding and to draw upon the implicit wealth gained from the depth of experience. Experienced clinicians are able to change, dissolve and reassemble their theories and thus create something of their own and use the subjectivity of understanding to find out what is implicit in human encounter.

Group leaders demonstrate to students how their observations influence their material. There is no non-influencing of a situation. Observation changes it, and especially the intention of students changes the observation. And furthermore a group observing will influence and change the material observed.

Each conversation about a protocol changes the understanding of the observed scene. Each look influences the result as pointed out by Heisenberg [16,17,21,22].

I allow the scene to penetrate me and allow an intimate encounter within me. Permeability represents the ability to generate one's own images which in turn reflect the emotionality of the other person. The gaze in me confronts the intersubjective totality of an encounter to be formed or the construction of a common reality in which we feel understood [16,17].

Our form of teaching is not about teaching the students what a "correct" observation or interpretation is, but about conveying how an idea of what is happening in observation can be developed by expanding one's own inner experience. The key competence does not consist in applying complex theories in order to understand patients, but manifests itself in opening up to students a space of subjectivity for interpreting and accepting their own limitations based on their own understanding.

The group leadership *"...offering a view of the analyst's knowledge and authority that portrays the analyst as an expert in collaborative, self-authorizing self-reflection, in developing useful constructions for understanding the analysand's experience."* (16, p.227).

The group leader encourages again and again to assume a reflective or mentalizing position as regards what is happening in the group. Why do I react with these feelings to the material presented, which conclusions can be drawn to be able to better understand the situation described? The students learn to work with their emotions in order to interpret the situation and to think about the process. Why, for example, does the group react with these affects to the material presented, and how can this in turn be inferred from the situation? At any moment the process presents itself as a permanent flow, in which each reflection on a reaction of an individual or the group again represents a cognitive or affective change. Each reaction is accompanied by a different thought, which in turn may touch an affect.

Theory is primarily introduced by the group leaders and may be composed of models of relational psychoanalysis, intersubjectivity, work discussion, the concept of mentalization, infant research and field theory. At the same time, the group leadership deconstructs the theory and points out that it is based on its knowledge and that this in turn is relative. We need theories in order to be able to attribute words to the non-linguistic and thus gain cognitive access to it, otherwise we could not find any exchange about it and would be overwhelmed or "washed away" by the feelings that patients trigger within us [23].

Students are encouraged to view theories as a form of metaphor. They are models of understanding in order to transform the non-visible into the visible and do not represent truths, but can only be regarded as blurred, as Heisenberg [24] put it. Mental dynamics may only be represented by metaphor, and any theory that we regard as truth takes us away from the reflective level of understanding, leads the object to ossification and likewise our thinking. In summary, this means that models of thinking about psychological events cannot represent truth, because they lock out or destroy what they intend to grasp.

Those who cannot question themselves cannot question anything and thus cannot formulate a question that transforms "concretist" thinking into an implicit relational world. As a figure of identification, the group leader´s task is one of repeatedly questioning himself or herself and of the theories put forward, and thus contributing to opening up a space in which creativity can unfold or in which free thought play and expression of thoughts are permitted. It is not possible for students to express their thoughts without subjecting them to censorship. Our school culture conveys an attitude that distinguishes normatively "wrong" from "right"; it establishes an inner censorship to which my thought is subjected to - whether it "is clever", "fits in" and whether I get recognition for it, etc. Here experiential learning is of immense importance, and as a starting point we are offering students an opportunity to identify with the group leader.

The group leader subjects himself or herself to the process of change and development. He or she learns through experience, as do the students. The group leaders meet at regular intervals to reflect upon the group processes from their point of view. This transparency also enables the group leaders to become reflectively aware of any competitive situation or pressure to perform.

An observational space is opened up each time a patient or scene is observed. Every form of observation is based on intersubjectivity, and thus the observational space is created and influenced at the same time. My observation shapes and changes the scene and thus remains blurred in terms of objectivity. Mentalizing now means that I can see what my mother saw in me or how she saw me. To open up a space of seeing is related to the ability of looking within oneself. The intersubjective field of observation is co-created by many experiential worlds. These worlds are based on the experience of encountering other reference persons. My mother sees me, so I am. By being seen, I can see my mother.

Thus remaining observant may lead us to self-confidence in our perception or to loneliness due to disconnectedness from the realities of other people. As humans we desire that our own perception may be confirmed and shared by other people. If it may destabilize us, we react with excitement or fear. When we come to think of this instability of the organism we may begin to feel crazy and doubt our senses. Reality consists of construction and influence.

Developing an attentive observing attitude

The observation tasks for students are elaborated and discussed in the small group. Which attitude do I need to develop in order to be able to "perceive"?

In the first small group sessions topics will come to the fore such as how to become a good observer, what fears and fantasies could I be confronted with. Many of the students' fantasies revolve around the idea that an emergency might be happening - can they now intervene or do they "have to" observe this further? How do I develop a "holding", containing, free floating or constant attention? How do I direct my focus away from enactment and towards observing "everything"?

The question of help versus refusal of such help strongly points to the needs of students for guidance of how to react when faced with what is going on in a psychiatric ward. The group leader tends to refrain from giving instructions for action on most questions, as this shifts the dynamics away from the inner life into a possibly incomprehensible world of action. He or she might instead make the suggestion to think about the affect that led to this question in order to fathom the psychological meaning that may be explored.

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To adopt a more passive attitude in which my flood of emotions and level of enactment remain below the level of what is happening in the world around me may be one of the most difficult tasks for students to accomplish. Many students don't consider it difficult to observe something that accompanies them permanently in their lives since they are used to experience a "participating" observation as a relief, but maintaining the attitude of a quiet observer is rather difficult for most of them. This becomes visible and understandable for students as soon as they try out this role. Many students view acting as an activity that is socially recognized and observing as "no work done". At the beginning of our training program some psychiatric wards reacted with ideas of fear and it was suggested that patients might become paranoid. Since the start of the project in 2010 this has never happened. As it turned out the fear thus expressed was the one of the psychiatric ward and not the fear of the patients.

Students have also voiced concerns that there might be nothing to observe at all during an internship. It may also be the case that affectively charged topics accumulate during the course of the training program. These and other issues involving fear on the part of students may be viewed as a "defence" against the training situation.

A further fear mentioned by students is how to put an observation into writing; it is harder to write down a phenomenological observation including all the feelings experienced compared to writing about an "objective" observation describing symptoms. Some groups also talk a lot about "How do I write?" in order to motivate students to contribute affective material by way of observation. It is worth pointing out there is no wrong or right observation.

Progress in development may be seen as students react differently to the transcripts discussed in the small group, in particular as their reactions move on from initially more factual or concrete interpretations to comments which include expressions of feelings and thoughts.

The more I am able to weave my emotions into the description, the more distinctions between concepts of "sick" and "healthy" are seen to dissolve. People become more individual through observation, on the other hand they get closer to me by virtue of my feelings which are triggered by observation. Since patients are understood via my emotions this means that my emotions are the key to understanding what patients are feeling, and thus fears are likely to arise, i.e. fears of similarity of experience with the patients I observe.

Exploring the feelings of students in relation to the material

A more open ambience and spirit of collaboration of the group members will encourage students to contribute more affective content and allow more depth of emotion to manifest itself in relation to the material presented. The group leader asks carefully about fantasies, feelings, states-of-mind and perceptions of students who continue to contribute their thoughts in the course of group discussion and - while reflecting upon the discussion - also get an idea of process and development; such process and development may alternatively be seen as one of the material, one of the group or one of the individual group member. The group constructs a reality together using the material as a basis for this process, and students begin to realize that the material changes or is in a state of flux each time it is brought into focus by the group or by an individual. It may only be seen dynamically, or the dynamics of seeing will continuously change the process of psychic understanding of the material. This represents an interface between dynamics and location of the material.

As a matter of course this kind of collaborative process will also touch upon deeper conflicts on the part of students, which in turn necessitates a very tactful approach and careful guidance by the group leader. The longer the group is working together and more space for exploration is opening up, the more personal will be the narratives presented by students. This is when an interface between self-awareness and a possible understanding of the material may begin to unfold. It is important that the group leader remains helpful in the process of establishing a link between the feelings of students and the material being worked with. The group should not be allowed to focus entirely on self-awareness. In certain groups a regressive desire for self-awareness may be detected which would rather distract the focus from the material observed and might elevate the group leader towards an exaggerated or maternal-paternal position, thus losing sight of a more collaborative process; in this instance a narcissistic seduction may prevail vis-a-vis the group leader. At the end of the pro-

cess students are required to understand that they need to look within themselves in order to be able to observe, to reflect the observation further and come up with an interpretation. Implicit knowledge will then turn into explicit knowledge. Such transformation may only be achieved in a spirit of collaboration by students and the group. Students and the group serve as a kind of catalyst for understanding at the conscious level.

The group leader should be able to communicate as a person rather than appear mystifying or Delphic when presenting insights or theoretical input. A more oracular approach by group leaders is bound to promote regression of the group. Group creativity may be blocked, or worse students may be forced into a masochistic attitude when listening to leaders´ observations or interpretations. Group leaders are held to redirect the recurring idealization of their person into a creative, benevolent and collaborative relationship. In line with the concept of mentalizing we aim to be able to join together the perceptions and interpretations of all group participants as important and meaningful with respect to the material. Group leaders focus their attention to promoting communication and keeping it going among group members and questioning their very role as group leaders with a view to being released from a "guru status" that may otherwise develop rapidly as is often happening inside hierarchical institutions.

Transcripts

Students make their own decisions with respect to the situations they observe and later record in their written transcripts. They will read transcripts aloud for discussion by the group, and by accentuating the text they will be coloring the presentation in their own way. The group discussion begins with a focus on the overall transcript, and later individual sequences will be explored, and by going back and forth between overall transcript and sequences the group will work out insights and conclusions.

Observational competence

In the course of working together as a group students make an effort to develop observations further into hypotheses which are integrated as well as meaningful. In particular the aim is for them to gain an understanding of the development of scenes and ideas of how these might have originated, i.e. to develop integrated thinking on an overall level.

Summary

The task of each student is to contribute one transcript of a patient observation per group meeting, read out their transcript at least once up to four times per semester and make them available to the other group participants for discussion. Each group member participates in the discussion of the transcript presented to the group. Students contribute their feelings and associations to the material, i.e. their emotional, intellectual and personal reactions. All participants are invited to enter into a conversation about the respective statements. The group also reflects on the meta-process of the group event in the context of the material presented. The small group is key to the training program because it allows the intimacy of a peer group or nuclear family, and thus feelings, idea and cultural aspects may be experienced and shared in a collaborative process. The group enables a way of training in which clinical observation material may be viewed affectively and experienced on an emotional level. It also offers the opportunity to gain an understanding of one's own self-efficacy – to which extent can the individual person influence the whole group? The group may reflect upon the implications of referring to different theoretical models, and vice versa theoretical concepts may be fine-tuned to explain affective group processes. Emotional experience enlivens and is core to theory building. Theory building is itself introduced as a metaphor that underlines the aim of anchoring concepts on a deeply personal level. Students are encouraged to gain insight when encountering patients and form an empathetic attitude that will shape their interventions in the course of their professional career.

Group processes are monitored, appraised and evaluated in terms of the experience gained by students and their conceptual understanding. Group leaders gather in regular meetings, and there are group meetings with the project managers and the directors of the train-

ing institute to discuss the further development of A.R.T. Affective Reflective Training. Thus empathy training is itself subject to change and is credited with inspiring new approaches to training and organizational development.

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