



Mereness'
essentials
of psychiatric
nursing

Twelfth Edition

CECELIA MONAT TAYLOR

Mereness'

essentials of psychiatric nursing

Cecelia Monat Taylor, R.N., Ph.D.

Professor of Nursing,
Syracuse University,
Syracuse, New York

TWELFTH EDITION

Illustrated



The C. V. Mosby Company

St. Louis • Toronto • Princeton 1986

To the **Deans and Directors** of Schools of Nursing
who have worked tirelessly for the advancement of nursing
education, thereby making a major contribution to the
improvement of nursing care of all persons



A TRADITION OF PUBLISHING EXCELLENCE

editor: Nancy L. Mullins
assistant editor: Maureen Slaten
manuscript editor: Jean Babrick
design: Nancy Steinmeyer
production: Jeanne A. Gulledge

TWELFTH EDITION

Copyright © 1986 by The C.V. Mosby Company

All rights reserved. No part of this book may be reproduced
in any manner without written permission of the publisher.

Previous editions copyrighted 1940, 1944, 1949, 1953, 1958, 1962, 1966,
1970, 1974, 1978, 1982

Printed in the United States of America

The C.V. Mosby Company
11830 Westline Industrial Drive, St. Louis, Missouri 63146

Library of Congress Cataloging in Publication Data

Mereness, Dorothy A.

Mereness' Essentials of psychiatric nursing.

Includes bibliographies and index.

1. Psychiatric nursing. I. Taylor, Cecelia Monat.
II. Title. III. Title: Essentials of psychiatric
nursing. [DNLM: 1. Psychiatric Nursing. WY 160 M559e]
RC440.M38 1986 610.73'68 85-21718
ISBN 0-8016-4895-5

C/VH/VH 9 8 7 6 5 4 3 2 1 03/B/316

foreword to the eleventh edition

1940-1982
the evolution of a textbook

This text has played an important role in my life throughout my entire professional career. It was first published by The C.V. Mosby Company in the spring of 1940 and carried the title *Psychiatry for Nurses*. The major author was Dr. Louis J. Karnosh, Professor of Nervous Diseases at the medical school of Western Reserve University (now Case Western Reserve University) and Clinical Director of the Psychiatric Division of Cleveland City Hospital (now Cleveland Metropolitan General Hospital). Miss Edith Gage, Director of Nursing at the Psychiatric Division of City Hospital, was the nurse co-author.

This book was one of the earliest psychiatric texts for nurses. It became available just as I began a student experience in psychiatric nursing at City Hospital. Dr. Karnosh, who was interested in improving the nursing care of the mentally ill, always gave a series of lectures to each group of student nurses. He was a fascinating speaker who was a favorite of students. I was intrigued by the lectures, the new textbook, and the psychiatric nursing experience. Unfortunately, Dr. Karnosh was shot at his home and severely wounded by a distraught individual 2 weeks after the course began. He was able to give only two lectures to my student group. After 6 months he was able to return to work, but this was long after my experience at City Hospital had been concluded.

I was distressed because I had missed so many of Dr. Karnosh's lectures. Thus it was arranged at the University Hospital in Cleveland that I could be free on the day of his lectures to travel across the city by public transportation to hear the entire

series. My classmates commented that I all but stood up and cheered during those lectures.

Edith Gage died about a year after the first edition of *Psychiatry for Nurses* had become available. Her position was filled by the instructor of psychiatric nursing. This created a vacancy about 6 months after I had completed the nursing curriculum at Western Reserve University. Dr. Karnosh suggested that I fill this vacancy. Although I had been a teacher before becoming a student nurse, and held a baccalaureate degree from a teachers' college, I knew nothing about teaching psychiatric nursing. The opportunity of working with Dr. Karnosh and learning more about psychiatric nursing overpowered my better judgment and I accepted the position in November 1941. Within a month the United States declared war on Japan. I was declared an essential worker and frozen in my position. This began a 4-year stint of teaching an ever-growing student body without an assistant or vacations.

Because of the epidemic of mental illness that the experience with the Armed Forces precipitated among American youth, and because so few nurses at that time had had any experience in psychiatric nursing, our students were a precious commodity. Many of them were made head nurses and supervisors of psychiatric units as soon as they were inducted into the U.S. Nurse Corps.

It was not until the third edition of *Psychiatry for Nurses*, which appeared in 1949, that I was involved in a revision of the text. My name was included in the flyleaf as the collaborator. In that edition I was allowed to add only a few comments concerning nursing care at the end of each chapter. Dr. Karnosh wrote in the preface of the third edition that psychiatric nursing had come into its own following World War II. This revision emphasized the shock therapies. A long chapter on syphilis of the central nervous system was included, and a new chapter on psychosomatic disorders was added.

The illustrations were pictures of actual patients, many of whom were unpleasant looking. Some purchasers of the text objected to these pictures. Since that time, a continuing effort has been made to identify meaningful illustrations for this text.

The fifth edition was published in 1958. My name appeared

for the first time on the outside cover of the book. A chapter on psychopharmacology and a glossary were added.

The seventh edition appeared in 1966. My name was given the position as major author with Dr. Karnosh becoming the collaborator. The name of the text was changed to *Essentials of Psychiatric Nursing*, and the book was enlarged. This edition emphasized self-understanding on the part of the nurse and the development of psychiatric nursing skills. In 1968 this edition was published in the Philippines.

In 1970 the eighth edition was published. It carried me as the only author. Chapters on children and adolescents, individuals with faulty intellectual development, and community psychiatry were added. Additional case histories were included in each chapter and discussed from the standpoint of the implications for nursing. Each chapter was concluded with a list of important concepts that the content of the chapter had covered. Finding appropriate illustrations continued to be a challenge. In the eighth edition pictures of nurses actively involved in patient activities were included.

The ninth edition, which appeared in 1974, introduced Cecelia Monat Taylor as the second author. Mrs. Taylor completed the master's curriculum in Psychiatric Mental Health Nursing, which I developed and directed at New York University from 1955 to 1965. She and I had similar beliefs about psychiatric nursing and we worked together harmoniously. Mrs. Taylor was actively involved in psychiatric nursing at Syracuse University at the time I had left the field to become the Dean of the School of Nursing at the University of Pennsylvania. In this edition the philosophy was revised, the entire content was reorganized, much of the book was rewritten, and all of it was updated. We attempted to emphasize the fact that a great deal of the treatment in psychiatry was being given outside an institution.

In the tenth edition, published in 1978, the word *patient* was discarded in favor of *client* or *individual*. Again the book was enlarged. Emphasis was placed on understanding the psychodynamics of observed behavior and the use of the nursing process.

In 1982 the eleventh edition of this text will not carry my name as one of the authors. This entire revision has been the work of Cecelia Monat Taylor. For the first time this book will be

accompanied by a workbook, the author of which is Carol Lofstedt.

During the past 25 years I have spent many summers, weekends, and Christmas vacations searching for new, appropriate articles to be added to each chapter's bibliography, reading all of the competing texts, doing background reading in current journals, writing and rewriting chapters that were being revised or being added, trying to develop more appropriate illustrations, and desperately trying to meet the publisher's deadlines.

In a sense, the development of this text, which has been published continuously for 40 years and has proved to be the most durable in the field, is the story of the development of psychiatric nursing itself.

*Dorothy A. Mereness
Philadelphia, Pennsylvania*

foreword to the twelfth edition

what does the future hold for psychiatric nursing?

No one has a crystal ball in which to catch a glimpse of the future. However, inferences can be drawn about the future prospects for psychiatric nurses by studying the years since the 1946 Mental Health Act was passed by the U.S. Congress. That act was a direct result of the impact of the mental illness developed by many soldiers after serving in the Armed Forces during World War II. There was a paucity of professional workers to provide therapeutic approaches to the needs of those ill soldiers. When World War II ended, the Congress set about to rectify this serious

weakness. Thus the Mental Health Act provided financial resources for the education of the members of the psychiatric team—psychiatrists, psychologists, psychiatric social workers, and psychiatric nurses. In the fall of 1947, six universities provided programs in psychiatric nursing for nurses interested in this field. The National Institute of Mental Health provided funding for these universities and the students recruited by them. This funding was increased as time progressed, and many more universities were added to the list of those which originally provided graduate programs in psychiatric nursing. NIMH continued to supply educational funding until today, although the amount of assistance has been dramatically curtailed in recent years. In the future, funding for psychiatric nurses from governmental sources will probably be nonexistent.

Since the passage of the Mental Health Act, many psychiatric nurses have developed clinical knowledge and expertise in teaching psychiatric nursing and in providing therapy for mentally distressed clients. Some of these nurses were able to complete a doctoral degree. Eventually, many of the educational leaders in the schools of nursing in this country were originally trained in psychiatric nursing. This fact will undoubtedly have an impact on the education of nurses and on the future practice of nursing. One can expect a continuing emphasis on recognizing and dealing therapeutically with the emotional needs of all clients.

NIMH also funded programs in schools of nursing that emphasized the integration of mental health concepts in all aspects of nursing. Thus the focus of nursing education on the psychosocial needs of patients was increased by this movement. These concepts were viewed as essential to the nursing care of all patients, regardless of the primary health problem. Unfortunately, in some current nursing education programs with integrated curriculums, study of psychopathology and the nursing care of psychiatric patients has disappeared entirely.

As a result of this lack of emphasis on psychiatric nursing at the undergraduate level, the number of applicants to graduate programs in psychiatric nursing is declining. If leadership in the field is to be continued, undergraduates must have educational experience in psychiatric nursing to awaken their interest and encourage them to pursue graduate study in this area.

About 30 years ago, while many nurses were being prepared

as clinical specialists in psychiatric nursing, a new understanding developed about the impact of long-term care in large public institutions. Professional workers came to realize that long-term institutionalization was increasing the illness of many clients rather than improving their mental health. When this idea became widely understood among those responsible for long-term care, many clients who had been institutionalized for years were discharged.

Deinstitutionalization occurred without adequate planning, monitoring, or funding. The result was a lack of follow-up care and a high potential for the abuse of the mentally ill who were discharged into the community.

Many discharged patients were not able to cope at all and returned again and again to the institution that discharged them, thus creating what was known as "the revolving door." Some individuals managed to live away from the institution more or less satisfactorily. A third group did not return to the institution, would not live with relatives or in group homes, and refused to accept any type of help. This group of homeless, destitute, emotionally ill people began living on the streets of many large cities and became known as the "street people." Their presence has been distressing to the public, but no real solution to this sociological problem has developed. It may be that in the not too distant future, the public will demand that facilities be provided for the physical and psychological care of these individuals.

Eventually, this attempt to change the pattern of hospitalization from large, impersonal, long-term care in public institutions resulted in the development of many smaller units in general hospitals and in small private agencies. All of these units provide intensive therapy and short-term hospitalization. In addition, smaller specialized units have begun to develop for the treatment of clients with special problems; examples include units for the treatment of emotionally disturbed children or for clients with alcohol or drug-related problems. Since people are living longer than in the past, a new specialty, geropsychiatry, has developed, which focuses on the treatment of the psychiatrically ill older client.

Despite these positive changes, the mental health system today is burdened with large numbers of both young and elderly patients with chronic psychiatric problems. The needs of this

population place increasing demands on society to provide institutional, community mental health, and psychiatric nursing home facilities. There continue to be few programs for the chronically mentally ill, few funds for community services, and severe fragmentation of the system of delivering psychiatric care. Psychiatric nurses must become more involved in health policy planning to develop well-coordinated inpatient and outpatient supportive services for these clients.

Many psychiatrically ill clients are living in the community in group homes or in single occupancy situations. This provides an opportunity for some psychiatric nurses who are skilled in working with the chronically ill to offer specialized services for these individuals.

Psychiatric liaison nursing is another new area of specialization. These nurses work with medically ill patients and the staff members who are providing general patient care. The psychiatric liaison nurse assists the staff with planning care, serves as a role model for therapeutic intervention, and works with groups of staff members to help them deal with stressful situations.

Independent practice appeals to many psychiatric nurses who have successfully established offices and have been able to support themselves by providing a therapeutic relationship for troubled individuals. The passing of legislation has made third-party payment available for nurses in several states and has made independent practice a realistic goal for some nurses. Initially, independent practice is expensive and uncertain, but when satisfied clients begin to refer friends and acquaintances to the nurse, independent practice can become personally rewarding.

The broadened role of the psychiatric nurse is reflected in the 1982 American Nurses Association *Standards of Practice for Psychiatric/Mental Health Nursing*, which defined two levels of psychiatric nursing: the generalist and the specialist. Certification for both levels of practice, available through the ANA, is becoming increasingly popular as nurses attempt to demonstrate their competency and legitimize their practice. Peer review, another method of validating competency in practice, is being used by clinical specialists and nurses in private practice.

The skillful psychiatric nurse may choose to seek a position in a small treatment unit in a general hospital or one in a private specialized hospital. The role of the nurse clinician may involve

providing group or individual therapy for selected clients or working with clients in a variety of innovative ways. Nurse clinicians may also function in units where treatment is provided specifically for children, for adolescents, for older clients, or for individuals who are hospitalized because of alcohol or drug abuse.

Other psychiatric nurses find the role of teacher in a school of nursing to be rewarding and fulfilling. It is reasonable to anticipate that for the foreseeable future schools of nursing will continue to seek psychiatric nurses to assist in the educational process.

Many psychiatric nurses find unique and innovative ways of using their talents and skills. This includes working with children in preparation for hospitalization or in sex education, working with couples in marriage counseling, helping groups of clients recovering from heart attacks to cope with anxiety and fear, or helping new mothers with feelings of inadequacy about their mothering skills.

Although the health care system is changing rapidly and dramatically, it is reasonable to believe that in the foreseeable future there will continue to be many calls for the special skills of the psychiatric nurse. It is for this reason that a learning experience in psychiatric nursing is essential for all students of nursing and that a textbook such as this is designed.

Dorothy A. Mereness, R.N., Ed.D., F.A.A.N.
Philadelphia, Pennsylvania

preface

This twelfth edition of *Mereness' Essentials of Psychiatric Nursing* has been prepared at a time when the practice of psychiatric nursing is being scrutinized as never before for its clinical effectiveness and cost efficiency. In addition, the number of nurses who are choosing to work in mental health settings is decreasing while the need for quality nursing care is as great as ever. Consequently, this book is designed to introduce the student nurse to the knowledge necessary to provide effective care for the mentally ill while presenting the parameters of the field in a challenging and realistic manner.

As with any new edition of a major textbook, this book represents a reorganization and revision, with the student's educational needs and the current and anticipated future practice of psychiatric nursing used as criteria. I continue in the belief that all nurses should have sound theoretical and experiential preparation in the care of the emotionally ill. At the same time it is important to emphasize that students of nursing who are preparing for beginning professional practice should not be expected to become psychiatric nursing specialists. Instead they should be encouraged to use knowledge learned during earlier learning experiences and in turn to apply skills gained during the psychiatric nursing experience to the care of all persons. As a result, this edition retains material on concepts basic to psychiatric nursing, which includes topics such as personality development and the process of communication, the understanding of which is integral to the effective practice of nursing in any setting and with any client.

It is my belief that an understanding of the history of psychiatric nursing is necessary to fully appreciate its current practice and influence its future course. However, I am fully aware that most students find the history of any profession irrelevant. Consequently, a major change in this edition is the deletion of a separate chapter about the history of psychiatric nursing and the inclusion of an opening section to each chapter entitled "Histori-

cal Perspective” where the historical background of the subject of the chapter is covered.

Each chapter that discusses clinical issues now includes a detailed case study that is analyzed in terms of the nursing process. All chapters begin with learning objectives and end with concluding statements designed to succinctly summarize significant content as directed by the learning objectives. Finally, every chapter is opened by a drawing by Meri Bourgard; many of these illustrations were created specifically for this text. The artist’s sensitive depiction of the content of each chapter provides more than an aesthetic touch; it also conveys a feeling tone not possible to project through the written word.

New material includes Chapter 3—General Systems Theory and Stress and Adaptation: A Conceptual Framework; Chapter 12—The Nursing Process, which includes a list of selected nursing diagnostic categories and etiologic factors as approved by the Fifth National Conference on Nursing Diagnoses; and Chapter 19—Populations at Risk: Adolescents, which includes coverage of common eating disorders and adolescent suicide. The chapters devoted to the subjects of the nurse’s self-awareness, psychotropic agents, substance dependence, antisocial behaviors, and the elderly all have been markedly enlarged and revised.

Dr. Dorothy Mereness, the collaborator and major author of this text from its fifth to tenth editions and whose name now appears in its title, has graciously written the foreword to this twelfth edition. I am grateful for her willingness to continue to share her observations of the current state of psychiatric nursing and her educated guesses about its future. The foreword she authored for the eleventh edition is included in this edition as well, since it conveys much significant information about the evolution of the oldest psychiatric nursing textbook still in print.

The plan of suggesting sources of additional information from easily obtained books and periodicals has been maintained. Thus foreign periodicals or relatively unknown ones have not been cited. In addition, references of several years ago have been retained when they are classics or still contain much currently valid information.

An attempt has been made to delete evidence of sexism in the language of this text; however, this has not always been possible. Therefore, for expediency and clarity, the client is often referred

to in the third person, masculine gender, and the nurse is often referred to in the third person, feminine gender. Pronouns in quoted materials have not been changed.

The *Learning and Activity Guide* that accompanied the eleventh edition has been totally revised by its author, Carol Ruth Lofstedt, and continues to be a welcome and useful adjunct to this text. For the first time, an instructor's guide and a test bank (QUESTBANK) of questions correlated to each chapter will be available. I believe that the use of these additional materials, particularly the *Learning and Activity Guide*, will greatly enhance students' learning in a manner not possible within the constraints of a textbook.

No revision of a textbook is ever accomplished without the indirect and direct support and assistance of many others. The experience I have had over the last two and one-half decades working with students and clients as they interact has proven invaluable in enabling me to develop increasing awareness of the therapeutic needs of clients and the learning needs of students. I thank them! Professional colleagues have consistently provided support and interest in this project, whether they were psychiatric nurses or not. I thank them! Some have gone "the second mile" by offering specific information and insights. Specifically, Linda Beeber, M.A., R.N., a faculty colleague, has developed an understanding of the role of the nurse in regard to the use of psychotropic agents that is rare. She has been willing to share this with me, thus indirectly contributing to the chapter on psychotropic agents. Marianne (Mandy) Miles, M.S., R.N., a former student and now a doctoral student at the University of Rochester, has cheerfully worked endless hours on revising the bibliographies and sharing her expertise on the subject of adolescent eating disorders. I thank both of these women! Finally, Diane Piarano deserves more than mere acknowledgment for her willing cooperation in typing many drafts of manuscript and, rather than complaining, declaring that she had learned something! I thank her!

Dr. Mereness wishes to acknowledge the support and assistance of Margery (Peggy) Garbin, Ph.D., R.N., a friend and colleague who has provided invaluable personal and professional assistance since Dr. Mereness has lived in Philadelphia. We thank her!

Those of you who have used this textbook over the years have indirectly followed the progress of my daughter, Corliss, who is now 15 years old. Two pictures of her when she was 3 years old appeared as illustrations in the ninth, tenth, and eleventh editions of this textbook. They do not appear in this twelfth edition, reflecting the passage of professional as well as personal time. Corliss has never known life without the existence of this textbook and has demonstrated constant love and understanding through its several revisions. I thank her!

It is my hope that this text will make a meaningful contribution to the education of nursing students and that they in turn seize the opportunity to engage in sustained human contact with clients through which both are given the opportunity to grow.

Cecelia Monat Taylor

contents

section one

the context of psychiatric
nursing practice

- 1** The mental health delivery system, 3
- 2** The mental health team, 29

section two

concepts basic to
psychiatric nursing

- 3** General systems theory and stress and adaptation: a conceptual framework, 51
- 4** Personality: its structure and development, 68
- 5** Anxiety: one response to stress, 99
- 6** The determinants of mental health and mental illness, 117

section three

the tools of psychiatric
nursing

- 7** The self-awareness of the nurse, 139
- 8** Effective communication, 162
- 9** Interpersonal interventions, 183
- 10** Psychotropic agents, 204
- 11** The therapeutic environment, 222
- 12** The nursing process, 238

section four

consumers of psychiatric
nursing

- 13** Adults with thought disturbances, 261
- 14** Adults with mood disturbances, 292
- 15** Adults with anxiety disturbances, 331
- 16** Adults with psychophysiological disturbances, 353
- 17** Adults with substance dependence, 373
- 18** Adults whose behavior is antisocial, 404
- 19** Populations at risk: adolescents, 426
- 20** Populations at risk: the elderly, 455
- 21** Populations at risk: the physically ill, 485

section five

interventions in
psychiatric nursing

- 22** Intervention in a crisis state, 515
- 23** Intervention with groups, 536
- 24** Intervention with families, 560

section six

legal and other issues
affecting psychiatric
nursing

- 25** Impact of the law on the current practice of psychiatric nursing, 589
- 26** Issues affecting the future of psychiatric nursing, 607

Glossary, 623

Appendixes

A DSM-III multiaxial evaluation, 637

B ANA standards of psychiatric and mental health
nursing practice, 649

C The code for nurses, 652

D A patient's bill of rights, 653