

# **Current perspectives in psychiatric nursing**

**Issues and Trends**

Edited by

**Kneisl • Wilson**

**Volume Two**

**Mosby's Current  
Practice and  
Perspectives in  
Nursing Series**

VOLUME TWO

04480  
R473.74  
E48 K68  
x (b) v.2

# Current perspectives in psychiatric nursing

## Issues and Trends

*Edited by*

**CAROL REN KNEISL, R.N., Ph.D.**

Associate Professor, Graduate Program in  
Community Psychiatric Nursing, School of Nursing,  
State University of New York at Buffalo,  
Buffalo, New York

**HOLLY SKODOL WILSON, R.N., Ph.D.**

Associate Professor and Coordinator of Research,  
Department of Nursing, Sonoma State College,  
Rohnert Park, California; Research Consultant,  
Mental Research Institute,  
Palo Alto, California



**The C. V. Mosby Company**

Saint Louis 1978

VOLUME TWO

**Copyright © 1978 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 volume copyrighted 1976

Printed in the United States of America

Distributed in Great Britain by Henry Kimpton, London

The C. V. Mosby Company

11830 Westline Industrial Drive, St. Louis, Missouri 63141

**Library of Congress Cataloging in Publication Data** (Revised)

Main entry under title:

Current perspectives in psychiatric nursing.

(Mosby's current practice and perspectives in nursing series)

Includes bibliographies and indexes.

I. Psychiatric nursing. I. Kneisl, Carol Ren, 1938- II. Wilson, Holly Skodol. [DNLM: 1. Psychiatric nursing. WY160 C976]

RC440.C87 610.73'68 75-15562

ISBN 0-8016-2731-1 (Paperback)

ISBN 0-8016-2730-3 (Hard bound)

GW/CB/B 9 8 7 6 5 4 3 2 1

# **Current perspectives in psychiatric nursing**

**Issues and Trends**

# Contributors

## **CATHERINE J. ANDERSON, R.N., D.N.Sc.**

Chief, Nursing Research Branch,  
Saint Elizabeths Hospital,  
Washington, D.C.

## **FRANCES E. APOSTOLES, R.N., M.S.N.**

Research Nurse, Nursing Research Branch,  
Saint Elizabeths Hospital;  
Doctoral candidate, Catholic University of America,  
Washington, D.C.

## **VIRGINIA T. BETTS, R.N., M.S.N.**

Assistant Professor, Psychiatric-Mental Health Nursing,  
Vanderbilt University School of Nursing;  
Audit Program Consultant,  
Middle Tennessee Mental Health Institute,  
Nashville, Tennessee

## **BARBARA HAYWOOD BOYER, R.N., M.C.E., M.S.**

Instructor, Preventive Health Care,  
Wesley-Passavant School of Nursing,  
Chicago, Illinois

## **HANNAH DEAN, R.N., M.S.**

Associate Professor, Department of Nursing,  
Sonoma State College, Rohnert Park, California;  
Doctoral candidate, Department of Education,  
University of California,  
Berkeley, California

## **MARY ELLEN DOONA, R.N., Ed.D.**

Associate Professor of Psychiatric Nursing,  
Boston College School of Nursing,  
Chestnut Hill, Massachusetts

**JANET ERICKSEN, M.A., R.N.**

Assistant Professor, School of Nursing,  
University of British Columbia,  
Vancouver, British Columbia, Canada

**KATHLEEN DONNELLAN GARBER, R.N., M.S.**

Psychiatric Nursing Instructor,  
Hunter College of the City University of New York,  
New York, New York

**HELEN K. GRACE, R.N., Ph.D., F.A.A.N.**

Professor and Dean,  
University of Illinois, College of Nursing,  
Chicago, Illinois

**BETTY SUE JOHNSON, R.N., Ph.D.**

Professor, School of Nursing,  
University of North Carolina at Chapel Hill,  
Chapel Hill, North Carolina

**KATHLEEN ASTIN KNAFL, Ph.D.**

Assistant Professor, University of Illinois, College of Nursing,  
Chicago, Illinois

**CAROL REN KNEISL, R.N., Ph.D.**

Associate Professor, Graduate Program in Community Psychiatric Nursing,  
School of Nursing, State University of New York at Buffalo, Buffalo, New York;  
Certified at specialist level in Adult Mental Health Therapy, New York State

**MARIAN T. KRIZINOFSKI, R.N., M.S.**

Assistant Professor, State University of New York at Binghamton,  
School of Nursing; Private practice, Binghamton, New York;  
Certified at specialist level in Adult Mental Health Therapy, New York State;  
Doctoral candidate, Department of Cultural Foundations of Education,  
Syracuse University, Syracuse, New York

**KATHLEEN McQUADE, R.N., M.A.**

General Hospital Psychiatric Nursing Clinical Specialist,  
Saint Vincent's Hospital,  
New York, New York

**JUDITH ANN MOORE, R.N., M.S.**

Assistant Clinical Professor and Vice Chairperson,  
Department of Mental Health and Community Nursing,  
School of Nursing, University of California,  
San Francisco, California

**BETH MOSCATO, R.N., M.S.**

Psychotherapist and Consultant,  
Western New York Institute for the Psychotherapies,  
Springville, New York

**MARLENE A. MULLEN-McSHEA, R.N., M.S.**

Lieutenant, U.S. Air Force; Nurse Psychotherapist,  
Eglin Air Force Base, Florida

**PATRICIA C. POTHIER, R.N., M.S.**

Associate Professor and Chairperson,  
Department of Mental Health and Community Nursing, School of Nursing,  
University of California, San Francisco, California

**JUDITH M. RICHTER, R.N., M.S.N.**

Assistant Professor,  
University of Northern Colorado School of Nursing,  
Greeley, Colorado

**VIRGINIA I. RITCHIE, R.N., M.S.**

Qualified Lay Analyst,  
Child and Adolescent In-Patient Service,  
Dorothea Dix Hospital,  
Raleigh, North Carolina

**JOAN SAYRE, R.N., M.A. (Psychiatric–Mental Health Nursing),  
M.A. (Sociology)**

Assistant Professor, Schools of the Health Professions,  
Hunter-Bellevue School of Nursing,  
Hunter College of the City University of New York;  
Doctoral candidate, Department of Sociology, New School for Social Research,  
New York, New York

**RAE SEDGWICK, R.N., Ph.D.**

Director, Family Consultation Program,  
United Methodist Church; Private practice,  
Bonner Springs, Kansas

**SUSAN REESEMAN STEVENS, R.N., M.S.**

Doctoral candidate, University of Alabama, Birmingham, Alabama;  
formerly Associate Professor, Graduate Program in Nursing,  
Georgia State University, Atlanta, Georgia;  
Certified at specialist level in Adult Mental Health Therapy,  
New York State

**HOLLY SKODOL WILSON, R.N., Ph.D.**

Associate Professor and Coordinator of Research,  
Department of Nursing, Sonoma State College, Rohnert Park, California;  
Research Consultant, Mental Research Institute,  
Palo Alto, California

# Preface

Early in 1976 Volume one of *Current Perspectives in Psychiatric Nursing* was published. As its editors, we attempted to bring together stimulating original papers and editorial commentary reflecting current issues and trends in our field. We chose not to impose any preconceived topics or categories on potential contributors but rather asked them to write about their current interests and work. A threefold organizational framework for the book emerged from what psychiatric nurses themselves defined through their papers as relevant: Perspectives on Ourselves, as persons and professionals interacting with others; Perspectives on Our Practice, wherein creative extensions of our scope of practice were elaborated; and Perspectives on Our Theory, which focused on complex conceptual considerations.

Through a similar inductive process, this second volume of *Current Perspectives in Psychiatric Nursing* advances the thinking of both new and seasoned psychiatric nurse authors into three additional domains: Perspectives on Therapies and Strategies, Perspectives on Dynamics, and Perspectives on Roles.

The notion of a perspective is central to the organizational framework of these two volumes. In Volume one we suggested that psychiatric nurses were beginning to take perspectives that reflected socialized rather than individualistic thinking insofar as our perspectives included an awareness of our own biases, relative judgments, and conclusions. The term "perspective" means point of view, standpoint, or even vision. Our use of it in this second volume also derives meaning from the social psychology of George Herbert Mead. In Mead's work, the ability to "take a perspective" is fundamental to mature, socialized group, and therefore professional, life. According to Mead, group life does not simply consist of relating organisms reacting to stimuli. Instead, the uniqueness of human beings is found in their ability to deal in a realm of symbolic meaning. In other words, people *interpret* what confronts them, formulate goals and plans, and construct activity accordingly. In order to participate in organized social life, psychiatric nurses must not only grasp the roles and ideas of others but also conceive of their own roles from the standpoints of other participants and comprehend the ways in which all are intertwined. Perspectives, then, represent conceptions or interpretations of any defined situation based on one's life experiences and taking into account the standpoint of others. These interpretations have important consequences for constructing our behavior and our science.

Clearly, the philosophical conclusion derived from such a symbolic interactionist

frame of reference is that truth appears to be relative to the vision or perspective of the observer. While no effort has been made in this volume to consolidate into a single inclusive perspective the versatile, and sometimes conflicting, viewpoints represented by the contributors, we acknowledge that building a science of psychiatric nursing must ultimately synthesize divergent views into one that harmonizes them.

This volume, like its forerunner, does not claim to be a comprehensive textbook of psychiatric nursing knowledge. Instead this collage of ideas provides a point of departure for taking a creative and sophisticated look at the complex situations, issues, and trends that confront contemporary psychiatric nursing.

The twenty original papers included in Volume two were selected from scores of excellent scholarly manuscripts submitted for consideration. We were particularly eager to highlight current ideas and subjects such as those reflected in our contents. We wish to express our most sincere thanks to the many psychiatric nurses who have indicated their interest and support for this publishing venture.

During the preparation of this volume for publication, daughters were born to four of the authors—Alessandra to Kathy Garber, Anne Katherine to Kathy Knafl, Eve Elisa to Beth Moscato, and Molly Claire to Holly Wilson.

Special gratitude is extended to Carol M. Szalasny, secretary of the Graduate Program in Community Psychiatric Nursing, State University of New York at Buffalo, and Sally Cochran, secretary to the research team, Department of Nursing, Sonoma State College, for their superb organizational and technical assistance in preparing this manuscript.

Our families—Ed, Kyle, and Heidi Kneisl and Noel, Hilary, Emily, and Molly Claire Wilson—have, again, provided us with strong support and warm encouragement in our long-distance and face-to-face work together.

**Carol Ren Kneisl  
Holly Skodol Wilson**

# **Current perspectives in psychiatric nursing**

**Issues and Trends**

# Contents

## *Part I*

### **PERSPECTIVES ON THERAPIES AND STRATEGIES**

- 1** Sensory integration therapy, 4  
PATRICIA C. POTHIER
- 2** The new therapies and the search for the “real” self, 14  
JOAN SAYRE
- 3** Valuing: *teaching the process of values clarification*, 25  
BARBARA HAYWOOD BOYER
- 4** Milieu management of the patient with anorexia nervosa, 34  
BETTY SUE JOHNSON and VIRGINIA I. RITCHIE
- 5** Geropsychiatric nursing: *using our skills with the aged*, 45  
HANNAH DEAN
- 6** The social contract: *its historical development and use in individual and family therapy*, 52  
JANET ERICKSEN
- 7** Photostudy as a diagnostic tool in working with families, 60  
RAE SEDGWICK
- 8** Clinical judgments in a psychotherapy interview: *a proposal for microjudgment classification*, 70  
JUDITH ANN MOORE and MARLENE A. MULLEN-McSHEA

## *Part II*

### **PERSPECTIVES ON DYNAMICS**

- 9** The “mad housewife” syndrome: *an occupational hazard for women?* 83  
SUSAN REESEMAN STEVENS

- 10** Depression following an acute schizophrenic episode, 94  
KATHLEEN DONNELLAN GARBER
- 11** Sublimation reconsidered, 104  
MARY ELLEN DOONA
- 12** Power struggle in the clinical setting, 115  
JUDITH M. RICHTER
- 13** Negotiative processes in the first year of marriage, 123  
KATHLEEN ASTIN KNAFL and HELEN K. GRACE
- 14** Conjoint becoming: *a basic social process at Emanon*, 135  
HOLLY SKODOL WILSON

*Part III*

**PERSPECTIVES ON ROLES**

- 15** Primary care nursing: *an exploratory project in psychiatric nurse utilization*, 149  
CATHERINE J. ANDERSON and FRANCES E. APOSTOLES
- 16** The private practice model in psychiatric–mental health nursing, 164  
MARIAN T. KRIZINOFSKI
- 17** The psychiatric nurse as an independent practitioner within a general hospital system, 172  
KATHLEEN McQUADE
- 18** Sex-role stereotyping: *a crucial issue in psychiatric theory and practice*, 180  
BETH MOSCATO
- 19** Debunking the humanitarian myth: *a historical-critical review of the rhetoric of Benjamin Rush*, 194  
CAROL REN KNEISL
- 20** Using psychiatric audit as one aspect of a quality assurance program, 202  
VIRGINIA T. BETTS

## *part I*

# PERSPECTIVES ON THERAPIES AND STRATEGIES

The array of chapters included in Part I of this volume is dramatic testimony to the expanding repertoire of therapeutic ideologies, techniques, and tools under investigation by contemporary psychiatric nurses. As late as 1900, psychiatric nursing was primarily custodial, mechanistic, and directed by physicians. In keeping with an emphasis in psychiatric thought on physical needs of patients, psychiatric nurses defined their healing strategies as providing a physically sound environment that would encourage the recovery of patients. Thus, nurses administered medications, supervised the use of mechanical control techniques, and oversaw the nutritional and recreational well-being of patients.

In 1978 we find nurses like Patricia C. Pothier challenging old assumptions about what can be done for psychiatric clients. She points out in her chapter on sensory integration therapy that until recently, parents of mentally retarded children were told either to take their infants home and give them lots of love or take them to the nearest state hospital and leave them because nothing else could be done. In the last 10 years, however, a new, highly goal-directed mode of intervention for severely retarded children has been developed. Pothier's work reflects a comprehensive examination of both research and practice related to sensory integration activities. Discussed in detail are screening processes for assessment of sensory dysfunctional children and the specifics of habilitative and remedial programs aimed at normalizing tactile stimulation, integrating remnants of reflexes at the brainstem level, facilitating normal equilibrium reactions, and fostering the development of body image, spatial relations, and motor planning.

One of the most obvious redefinitions of potentially effective therapy is found in the consciousness revolution of the new alternative therapies. Joan Sayre takes an interesting and objective look at the claims of the new cults of sensory awareness, meditation, and encounter, pointing out that they purport to offer not only solutions to life's problems but also the path to joy, creativity, and total awareness. She describes in some detail both the theory and the practice representative of "new therapies" including Erhard Seminar Training (est), Arica, Rolfing, Bioenergetics, Primal Scream, Rebirthing, and others. Sayre concludes with an insightful critical analysis.

Recurring themes in all of Part I's chapters are a holistic conception of clients and an investment in addressing human dimensions that go beyond psychiatric symptomatology. Not unlike the preceding contributions in its emphasis on human potential is the field recently named "values clarification." Barbara Haywood Boyer takes the reader through a chronological personal odyssey related to the subject of values clarification.

Her purpose is to summarize specific values clarification strategies useful in teaching nursing students. She offers explanations and examples of such strategies including value voting, value clarifying responses, rank ordering, alternative action searches, and simulated games. All of these approaches offer alternatives to teaching values by merely moralizing about them. In using values clarification strategies the learner becomes actively involved in the learning process, and the teacher is a facilitator who helps the student identify personal values.

Ever since Adolf Meyer and Harry Stack Sullivan introduced their ideas on the interpersonal basis of psychiatric disorders into mainstream thought, psychiatric nurses have potentially been central figures in a mode of therapy termed "milieu treatment." Once patients are viewed as becoming disturbed in the context of unhealthy interpersonal relationships, then healthy or therapeutic relationships logically become important in their care. In the case of particularly difficult patients, however, the specifics of milieu treatment have remained more potential than actual. Betty Sue Johnson and Virginia I. Ritchie present an in-depth model of milieu management for the patient with anorexia nervosa, using an approach grounded in the precepts of interpersonal psychiatric theory. They include not only principles of milieu management but also differentiation of roles among the interdisciplinary psychiatric team and specific nursing approaches designed to deal with patterned behaviors of the anorectic patient.

The chapters in Part I are interwoven in such a way as to suggest a vision of promise, awareness, and growth for some psychiatric clients who have heretofore been seen as relatively hopeless. Among the most underserved groups of people in modern society are the aged. That old people are sick, dependent, senile, rigid, and unappealing are among the negative stereotypes identified by Hannah Dean as interfering with effective geropsychiatric nursing work. In her chapter she refutes these negative stereotypes and offers a positive image of the existential value of old people in our youth-oriented society.

The last three chapters in Part I offer valuable strategies appropriate to our more familiar therapeutic work with individuals and families. Janet Ericksen's chapter on the use of contracts in both individual and family therapy presents this tool as an effective mode of intervention and catalyst for client growth. Use of contracts serves to concretize the conception of therapy as a negotiated arrangement between equals. Included in her chapter is a sample family contract illustrating this tool's potential for resolving family conflict, increasing role individuation, increasing recognition of rights and obligations of family members, and making the covert, overt.

Rae Sedgwick's focus is on diagnostic work with families. In her chapter she offers both the rationale for an approach called photostudy and a detailed guide for its use in family assessment. She proposes that photographs provide tangible, longitudinal evidence that can be used to raise questions, validate or invalidate hunches, and developmentally examine family members. Throughout nursing specialties, health assessment skills and tools are being developed and learned. Sedgwick's presentation on photostudy constitutes a highly worthwhile contribution to the assessment tools particularly relevant to psychiatric nurses.

Intervention and assessment are undoubtedly key components of traditional as well

as more avant-garde therapeutic work with clients. Common to both is skill in making clinical judgments. According to Judith Ann Moore and Marlene A. Mullen-McShea, clinical judgments occur at both micro and macro levels. Microjudgments involve the processing of a relatively small amount of data to arrive at a clinical decision, such as whether to focus on thoughts or feelings in an interview. Macrojudgments, on the other hand, encompass a vast amount of data and result in major decisions, such as whether an adult client should be recommended for individual or family treatment. Acknowledging that most research on clinical judgments is complicated and largely impractical to implement, these authors set out to classify the types of microjudgments in psychotherapy. They believe that their microjudgment classification model can serve as a useful tool in the self-conscious examination of decision making by nurse therapists.

# 1 Sensory integration therapy

PATRICIA C. POTHIER

When I first became interested in mentally retarded children, there was very little being done with these children to foster their growth and development. Parents of children with Down's syndrome\* were told to take their infants home and to give them lots of love because there was nothing else that could be done. Parents of severely, multihandicapped children were advised to take their infants to the nearest state hospital and to leave them there to die. Almost all retarded children were eventually relegated to large state institutions. In these institutions children with all ranges and types of retardation were given minimal and in some instances less than minimal medical and nursing care. At a nursery in a large state hospital, I observed that infants were in fact treated as if they were sick and would most likely die. Personnel wore white gowns and masks when caring for these infants, and the most contact made with the infants was feeding, bathing, and changing. There was a minimal amount of stimulation or interaction in these exchanges between "nurse" and "patient." If an infant had any potential for normal development, it was quickly extinguished in this sterile environment.

About 10 years ago some dramatic changes began to occur as a result of both concerned professionals and parents, and Federal legislation that provided funds to support programs for the mentally retarded. The result of these efforts was twofold: (1) facilities were developed that provided services for the retarded in their own communities; (2) services for the retarded assumed a growth and development focus based on the belief that each child is capable of and deserves to develop to the maximum, within the limitations of his disability.

For professionals involved with retarded children, these changes came as a challenge to find the most effective methods to habilitate or rehabilitate retarded children. Professionals who had previously been "medically" oriented in their focus of care found that they were not at all sure what they should be doing as the traditional care roles were in some instances obliterated and in almost all instances significantly altered. For example, the nurses in white gowns and masks were encouraged to wear brightly colored street clothes, to play with and talk to the children, to make areas where the children could be placed out of their cribs on mats and play pens near one another.† With help in overcoming the resistance to change, they were able to do this, but then they began to wonder, "What should I do?" "How can I help these children?" "How should I play with

---

\*A genetically caused syndrome, formerly called mongolism.

†An award winning film, *Somebody Waiting*, developed by this author documents change in nursing care with severely handicapped children. This film is available through the University of California Extension Media Center, Berkeley, Calif., 94720. Purchase price \$300, rental \$22. Place order with billing instructions.