Psychiatric Mental Health Nursing

The Therapeutic Use of Self

Loretta M. Birckhead

PSYCHIATRIC/ MENTAL HEALTH NURSING

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PSYCHIATRIC/ MENTAL HEALTH NURSING

The Therapeutic Use of Self

The skills of psychiatric nurses merit celebration. They have been honed over centuries of development. . . . Psychiatric nurses (today) have a remarkable opportunity to use their skills to provide a separate and/or complementary alternative form of treatment for psychiatric patients.

(Peplau H: Tomorrow's World. Nursing Times 83:29, 32; 1987)

*In appreciation of psychiatric/mental health nurses and their
demonstrated efforts in promoting the well-being of clients.*

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PREFACE

The profession of nursing has seen dramatic changes from the days of Nightingale to today's advanced technology. Within each specialty of nursing the scientific knowledge base has expanded, clinical practice has evolved, and skill requirements have increased. Similar to other specialties, psychiatric/mental health nursing has also undergone many changes since its beginning in the 1800s. Developmental theories have expanded the knowledge base of human behavior; advances in pharmacotherapeutics have dramatically altered the prognosis for many clients who were considered "hopeless;" and nursing research has demonstrated the efficacy of nurse/client interactions.

Yet, with all the advances that have taken place, one factor has remained constant: the practice of psychiatric/mental health nursing continues to focus on nurses' interactions with clients. Professional psychiatric/mental health nurses enter into interpersonal relationships with clients in order to assist clients in overcoming emotional or behavioral problems, and to promote the growth of clients and the achievement of optimum levels of mental health.

While other nursing specialties focus on health or illness concerns of particular age groups of health problems, psychiatric/mental health nursing is concerned with all age groups and the achievement of mental health for all clients, regardless of their physical health. Psychiatric/mental health nursing is a key aspect of all nursing care, not strictly with clients who have behavioral or emotional problems.

The objective of this text is to provide nursing students with the knowledge base necessary to intervene with all clients in order to promote mental health, identify mental health problems, and assist clients in their recovery from problems. It provides the necessary foundation for students who will practice psychiatric/mental health nursing after graduation, as well as those who choose to work in other specialties of nursing. The book presents the practice of psychiatric/mental health nursing from a clinical perspective, since nurses interact with clients in a variety of psychiatric and nonpsychiatric settings.

The Conceptual Framework

It would be ideal if psychiatric/mental health nurses could base their practice on one set of principles that would guide all of their interactions with clients. However, every client is unique and has a different biological, familial, social, environmental, and cultural background. Because of the uniqueness of each person, a number of developmental and psychological theories have been proposed to explain human behavior. The conceptual framework of this text integrates these theories and organizes them into the following elements that appear throughout the text.

The Therapeutic Use of Self. Since nurses' interpersonal interactions with clients form the basis of psychiatric/mental health nursing, nurses have a responsibility to work with clients in ways that promote mental health and foster client growth. This concept, which is based on Peplau's interpersonal theory provides clinical direction for effecting useful relationships with clients who have psychological concerns. By understanding one's own self, and with the use of developmental theories, and basic principles of human behavior, nurses can interact therapeutically to assist clients in resolving mental health problems and achieving optimum mental health.

Systems Theory. Individuals do not exist in isolation, but are in constant interaction with other people and objects in their environment. Systems theory enables nurses to focus on the biological, psychological, environmental, societal, and cultural aspects that are unique to each client.

Levels of Prevention. Nurses work with clients at different points along the health-illness continuum. Therefore, it is important for nurses to understand and implement appropriate interventions for clients at each level of prevention. Clients who are healthy can benefit

from early case finding and from gaining a better understanding of psychological principles that will enable them to attain higher levels of mental health and psychological well-being. Clients with psychological problems can benefit from therapeutic interactions with nurses. Psychiatric/mental health nurses do not accept the label "chronic," but believe that human beings are capable of growth if they are provided with an opportunity to facilitate that growth.

The Nursing Process.   Since the nursing process is the framework within which nursing care is delivered, it is used as the organizational structure, where appropriate. Mental health problems are organized and discussed in terms of nursing assessment, diagnosis, planning, intervention, and evaluation.

Structure of the Text

The text begins with general background material essential to understanding the current contexts of psychiatric/mental health nursing practice. Part I includes a historical overview of the practice of psychiatric/mental health nursing, as well as a discussion of the contemporary role of the nurse in mental health practice. The process of working with other disciplines is includes, as are the issues of accountability, autonomy, and authority in clinical nursing practice.

Part I also begins the focus on clinical work in psychiatric/mental health nursing. Communication, a key concept in therapeutic interaction, is presented, as are nurses' attitudes that promote therapeutic interactions with clients.

Part II focuses on the delivery of psychiatric/mental health nursing care, and includes chapters on the nursing process and the therapeutic use of self. All aspects of the nursing process are specifically applied to psychiatric/mental health nursing. Nursing diagnoses are considered in detail, including the diagnoses developed by the North American Nursing Diagnosis Association (NANDA), as well as the recently issued American Nurses' Association taxonomy of nursing diagnoses for psychiatric/mental health nursing.

This part concludes with a chapter on the therapeutic use of self: the nature of nurse–client interactions that are established by nurses to facilitate mental health and growth in clients. The therapeutic use of self is enhanced by a discussion of the nature of the Self of the client, the Others who are significant to the client, and the Relationship between the Self and Others. This chapter also focuses on the emotional life of the client, especially anxiety. Other sections of this chapter present interviewing skills used in psychiatric/mental health nursing, the phases of the nurse–client relationship, and the process of empathy.

Part III presents the theoretical frameworks that guide nurses in clinical practice. Harry Stack Sullivan's work on interpersonal relationships is included, and provides background for the development of Peplau's principles of psychiatric/mental health nursing. Other discussions include the psychoanalytic model, the ideas of Carl Rodgers, ego psychology, object relations theory, and learning theory.

Other chapters in Part III present major theorists from a life span perspective; stress as a precipitating factor in the development of psychological problems; and emotional responses to illness. This chapter includes an important section on family responses to illness.

Part IV presents the intervention modalities in which care is provided. These modalities include individual relationship intervention (the nurse and the client working together); group work; family therapy; crisis intervention; and milieu therapy. Topics such as the change process and resistance to change; short-term therapy; and ethical issues in working with clients are discussed in these chapters. Throughout Part IV professional nurses are viewed as individuals who *intervene* with clients, not as observers of the work of other disciplines.

Part V focuses on responses to the illness processes of depression and mania, thought disorders (schizophrenia), learning and developmental disorders, psychophysiological disturbances, personality disorders, substance abuse, and family violence. All chapters in Part V include a nursing intervention focus, with clinical examples and nursing care plans. A discussion of levels of prevention is provided in each chapter.

Part VI provides a discussion of psychiatric/mental health interventions across the life span. Specific chapters provide information on mental health counseling of children, adolescents, adults, and older adults. Intervention guidelines specific to each age group are provided, and a separate chapter is devoted to nursing interventions in human sexuality. Additional topics considered in Part VI include working with families, women's health concerns, problems related to AIDS, and elder abuse.

Part VII presents an overview of the mental health care delivery system. Separate chapters discuss nursing administration in mental health care facilities, the inpatient system, aftercare and day care treatment programs, and home care. One chapter discusses psychiatric liaison nursing, and the role of nurses working in nonpsychiatric settings, such as medical-surgical units. The final chapter in Part VII focuses on community mental health, a topic of current interest.

The last four chapters focus on special considerations in psychiatric/mental health nursing, including spirituality; legal aspects; political, social, and economic influences on psychiatric nursing practice; and the impact of research on psychiatric/mental health nursing practice. Each of these chapters emphasizes the role of the professional nurse in interactions with clients, other professionals, and other systems that impact on psychiatric/mental health nursing practice.

Special Features

The major feature of this text is its emphasis on *clinical practice.* The roles of professional nurses in working with clients in the mental health system are clearly delineated, and suggested interventions are provided.

Nursing care plans are provided in pertinent chapters to suggest appropriate nursing interventions for use in working with clients who have mental health problems. Care plans are reinforced with *introductory vignettes,* and are supplemented with numerous *clinical examples.*

Each chapter begins with clearly stated *learning objectives* and a *chapter outline* that provide students with an overview of the expectations of the chapter. Content is reinforced with tables and boxes that highlight important concepts. A *chapter summary* and current *references* complete each chapter.

The most current nursing diagnoses approved by the North American Nursing Diagnosis Association (NANDA) are included throughout the text. In addition, the American Nurses' Association's *Taxonomy for the Classification of Human Responses of Concern for Psychiatric/Mental Health Nursing* are included. Where appropriate, diagnoses from the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Third Edition—Revised* (1987) have been included.

Recent psychiatric/mental health research is integrated throughout the text. *Relevant Research* boxes demonstrate principles presented in the text discussions.

Rather than present all psychopharmacology in one chapter, it has been integrated into the discussions where pharmacologic treatment modalities are indicated. Special *drug card* boxes are included to emphasize properties of commonly encountered drugs and nursing care associated with these particular drug therapies. In addition, a comprehensive psychotropic drug table has been included in the Appendix.

Another unique feature of the text is the appendix covering *Psychiatric Emergencies.* This quick reference section includes appropriate interventions for working with clients experiencing a wide variety of psychiatric crises. It can easily be located by the blue border on the top edge of the page at the back of the text.

It is the hope of the author and the contributors that students will be able to share in the special joy of working in the area of psychiatric/mental health nursing. The challenges and struggles of learning about and working with mental health problems are great, but the rewards are far greater.

Loretta M. Birckhead, R.N., C.S., Ed.D.

INTRODUCTION TO THE PSYCHIATRIC/MENTAL HEALTH NURSING PROFESSION

A number of questions and uncertainties arise when students first study and practice psychiatric/mental health nursing. These questions may include "How is psychiatric/mental health nursing different from, and similar to, other nursing specialties?" "What are nurses attempting to do in their interactions with clients?" "What are the legitimate boundaries and limitations to the psychiatric/mental health nurse's role?" "What interventions contribute to effective nurse–client relationships and coordinated interdisciplinary efforts?" More personal uncertainties may also come up, for example, "How will I be affected by this practice?" and "How will I affect clients and my co-workers?"

Although answers to these questions may be subjective and changeable, it is important that students address them using authoritative opinions that express the state of the art and science of psychiatric/mental health nursing. It is hoped that a foundation of concepts and authoritative opinions will assist students in the discovery of their potential as psychiatric/mental health nurses.

It is particularly useful to have a conceptual framework from which to approach these questions. A conceptual framework can help to achieve clarity and reduce ambiguity. At a minimum, a framework should provide a way of looking at the client as a "person," a way of looking at health and wellness, and a way of looking at nursing care within the scope of psychiatric/mental health nursing.

The following discussion introduces the conceptual framework of this book, from which basic premises and philosophies of the text are derived. This framework of concepts and theories is illustrated throughout the book using actual clinical practice examples and case vignettes.

Systems Theory

Clients in nursing and health care are currently viewed as unique human beings whose behavior, emotions, and thoughts are the products of the interaction between clients and their environments. This basic premise, addressed throughout the text, is the principle of general systems theory.

General systems theory proposes that individuals are not isolated entities, but are affected by various factors in their environments. Rather than addressing one aspect of the client, for example, genetic predisposition or psychological vulnerability to stress and illness, nurses should analyze *the system:* the *interaction* of multiple variables that affect clients. It should be emphasized that while clients' lives are the outcomes of the interdependent nature of individuals and their environments, this premise does not rule out individuals' abilities to direct their lives. Each person is viewed as unique and, as such, has the potential to exercise *freedom of choice* and the *freedom to change.* Individuals have freedom to choose among alternatives and, in this way, direct the unique aspects of their life patterns. However, individuals can become sufficiently burdened with concerns that they become unable to make choices.

In keeping with the premises of general systems theory, *illness-maintaining responses* may be seen as the result of clients' needs to cope with certain internal and external forces. For example, when a client remains "sick" under optimal therapeutic conditions, the client may be attempting to maintain some sense of permanence; although this is not "healthy," this adjustment is adaptive for the client. Other clients do not yet have sufficient internal or external resources to overcome psychological problems. For example, they may not have access to professional help to assist them in working with their problems and conflicts.

Others, who do not have illness-maintaining responses and who are on the "healthy" end of the health–illness continuum, can alternate between difficult periods and periods marked by a sense of well-being. Childbirth, for example, is a "normal" event. It may involve difficulties of life patterning, such as the accompanying role changes that occur in the family after delivery. These

difficulties, however, may be followed by periods of well-being, which may then be followed by a difficult period, and so on. At the healthy end of the health–illness continuum one experiences a definite sense of well-being, though difficulties that require attention do occur in the person's life.

To further illustrate the client from both a predeterministic and self-deterministic viewpoint, it is useful to employ a specific theoretical framework. This theoretical framework focuses on the interdependent concepts of a client's *biological* and *psychological* makeup, as well as the influence of *environmental, cultural,* and *social* phenomena. A systems framework transcends a focus on a single theory of life circumstances (such as the psychological), and provides a more integrated approach. A systems orientation allows the nurse to look beyond a specific focus (for example, the psychological vulnerability of the client) in order to analyze the client in the context of dynamic interaction with what is outside the person (such as the environment), yet in interaction with the person.

These parts are conceived as interdependent regions. The *psychological* region represents the client's internal experiences, including thoughts and feelings. The *societal* unit of analysis describes the nature of the client's relationship with others. This region draws attention to the fact that an essential aspect of our nature includes a tendency to be social and to form groups. Families and significant others are examples of the societal region. The *cultural* aspect calls attention to the fact that individuals are members of a collective group with a characteristic belief system and patterns of living. The *environment* includes the elements of the external work that are relevant to the client or group (such as physical space or air pollutants). The *biological* unit of analysis includes one's physical well-being.

The parts of the client system are in a dynamic interplay because one or more parts (in any combination) can affect the well-being of the client at any one time. One, two, three, four, or all five system parts may be of particular importance at any one time. Similarly, at any one time the nurse may have to consider from one to five aspects of the person in order to formulate the most appropriate actions to care for a particular client.

For example, consider a client who has cancer and is depressed. The family (societal unit) and emotional state (psychological unit) of analysis may be the areas of primary focus. The nurse may assess that other aspects of the client's experience (environmental, cultural, and biological units), although important, are not currently influencing the client's health status to any degree. The units of analysis, however, *may shift.* At some later point in working with the client and the client's family, the biological aspect may become a priority concern.

This shifting phenomenon makes psychiatric/mental health nursing challenging, stimulating, and difficult. In many instances there is no easy answer to the question: "What am I dealing with as a psychiatric nurse in respect to this client?" Nurses must use *all* of their skills to focus their work on facilitating growth for clients.

In keeping with the general systems philosophy of viewing the person from this perspective, all subsystems or parts should be considered at all times, since all parts operate simultaneously. The total system is said to be in *dynamic interaction,* since more than one part is influencing the client at one time, and the parts that exert significant effects of the person can change.

This condition of dynamic interaction is directed by two phenomena: (1) the individual's need to maintain a state of equilibrium and (2) the individual's need to exercise freedom of choice.

Nursing interventions may *not* be successful if they are directed only at a segment of the problem. For example, a nurse may be working with a depressed Hispanic immigrant to the United States. The client is married and has seven children. The client may state that she feels overwhelmed, listless, and unable to concentrate, and wishes that her husband would help her with the care of the children. The nurse should not quickly conclude that a mere change in child care would significantly relieve the client's depression. A more dynamic analysis is needed.

In this example the nurse should examine the *biological* and the *psychological* dynamics of the client's depression *and* the *societal, environmental,* and *cultural* variables that play a role. To emphasize only the psychological aspects of the client without viewing the societal, environmental, and cultural forces operating in the family would not bring about a change in family functioning.

Important variables that the nurse may find in this case might include the beliefs of the client's extended family about her proper *cultural* role as mother; the client's *biological* status (would medications for depression help?); and the effect of *environmental* variables (the neighborhood and climate may be very different from what the client is used to).

To focus on *only* one part of the client's system is to work with only part of the client's reality. The work of the nurse and client may then become distorted. If the nurse focuses on only one factor, such as agreeing with the client and blaming the husband, the client will still feel alienated from her husband and hopeless.

The Self, the Other, and the Relationship of Self and Other

The client is viewed as a person (a *Self*) who interacts with *Others,* who are significant to the client. These Others can be the nurse, family members, other clients, or a variety of other individuals. The client also maintains *Relationships* with these significant Others. The relationships may be minimal, but few individuals live as true hermits. Humans are fundamentally interpersonal beings—they want others to be near and want to engage with them in day-to-day life.

The ideas of *Self, Other,* and the *Relationship* of Self and Other (S/O/R) are used in concert with the other constructs in the conceptual framework. The S/O/R construct serves to give a more detailed description of the

psychological aspects of human nature. The idea of the therapeutic use of self focuses on how best to assist clients. The nursing process offers a problem-solving method to follow in providing care. Systems theory provides general rules to understand how a collection of parts of a system (such as parents and children) may function together. The S/O/R construct offers a more detailed look at core elements of psychological functioning. It provides some idea of the nature of the Self—the primary psychological unit with which the mental health disciplines work.

Tenets of S/O/R include the following principles:

1. Each person can be placed at some point on the continuum of awareness of his or her own thoughts, feelings, and actions.
2. The person can be placed at some point on the continuum of awareness of another person's (the Other's) thoughts, feelings, and actions.
3. Each person can be placed at some point on the continuum of awareness of what occurs in the Relationship of Self and Other.

In much of what occurs in an individual's psychological life, the person is concerned with awareness of Self, the Other, or the Relationship of Self and Other. In other words, much of how well we feel psychologically depends on the clarity with which we perceive our own selves; others around us who are, or have been, important to us; and the relationship, or what happens between ourselves and our significant others.

Some of the elements of the S/O/R construct are as follows:

1. A client may change the focus of concern. For example, at one point a client may be attempting to clarify his or her own feelings, and at another time what occurs in the client's Relationship with his or her spouse. The nurse deals with issues in the client's psychological life as well as problems in the client's Relationships.
2. Mental illness comes, in part, from a lack of clarity of one's S/O/R. Perhaps a parent abused the client. The client may, as a child or as an adult, have a distorted idea (thought) about the parent. The child may not have been sufficiently psychologically mature to understand what was occurring during the abuse, or the child may have been so anxious during the abuse that the child could not clearly perceive the situation.
3. One goal of mental health is concerned with the individual's sense of well-being regarding one's Self, one's idea of the Other, and one's Relationship with the Other. People are aware, or can become aware, of their understanding of S/O/R. An individual has a certain perception of the Other. Self and Other may have to discuss and work on this perception in their Relationship, if it is to remain conflict-free. Many problems occur in Relationships wherein each member has an inaccurate perception of the Other. The Other is not given his or her "full due," so to speak, as a total person. They are seen only in part, or seen to be something the client wishes to occur rather than how the Other really is.

4. The nurse enters into the professional relationship with the client in order to assist the client to change. The nurse becomes an "Other" to the client and a Relationship exists between the two. The nurse and client can work on any lack of clarity on the part of the client about the nurse. The client, for example, may perceive the nurse as "all good" and "perfect" and the client as "all bad." This perception, no doubt, is one displayed by the client in many of his or her relationships. The client can achieve much by clarifying such perceptions with the nurse.

In summary, psychiatric/mental health nursing is a specialization in nursing practice that, although it deals particularly with psychological problems in clients, reflects the orientation of the whole of nursing. In this way, psychiatric/ mental health nursing is both similar to, and different from, other areas of concentration. These similarities and differences will become even more apparent as the student becomes familiar with psychiatric/mental health clients, settings, and the theories of mental health intervention.

The Nursing Process

In psychiatric/mental health nursing, as in nursing in general, nurses are concerned simultaneously with promoting health and preventing illness by attending to actual and potential health problems. The nurse's role also includes efforts to support the resources of individuals, families, and groups in order to modify the disabilities and handicaps that can arise from impairment.

The *nursing process* is central to this role. The nursing process is viewed as a deliberate, problem-solving activity, consisting of five major components that direct the nature of the relationship of the nurse with the client or client group. These components are assessment, diagnosis, planning, intervention, and evaluation.

Assessment is a systematic collection and interpretation of data relating to the psychological, biological, social, cultural, and environmental aspects of the client. Assessment is accomplished by observation, interviewing, history-taking, physical assessment, and the examination of records.

A *nursing diagnosis* is a nursing conclusion about the health or illness potential. It results from a critical analysis of the data obtained during the nursing assessment. In this text nursing diagnoses are derived from two sources: nursing diagnoses recognized by the North American Nursing Diagnosis Association (NANDA), and those developed by the American Nurses' Association.[1]

Diagnoses from the *Diagnostic and Statistical Manual, Third Edition—Revised* (DSM-III-R)[3] are also included. These diagnoses were developed by the American Psychiatric Association and serve as psychiatric (medical) diagnoses. The DSM-III-R offers a useful summary of major psychiatric diagnoses and relevant signs and symptoms. Reference to DSM-III-R diagnoses are made, in part, because other disciplines in mental health care use these diagnoses. Because nurses work with other

disciplines they need to know the diagnostic "language" of these disciplines. Nursing diagnoses complement the symptom-based diagnoses of illness (DSM-III-R). Together, these perspectives provide guidelines for nurses whose focus goes beyond illness, but whose knowledge base must also include illness nomenclature.

Planning represents the third phase of the nursing process. In this phase objectives and goals for nursing actions are set and prioritized in order to give specific direction for nursing actions.

Intervention is defined as the execution of the nursing plan using diagnostic, therapeutic, or educational nursing actions. These actions include, but are not limited to, providing emotional support, anticipatory guidance, health education, psychotherapeutic intervention, and physical care and comfort.

Evaluation is the nurse's assessment of the degree of effectiveness of the actions taken to resolve existing or potential health problems. Such an evaluation could include interviews and observations of clients, interviews with the client's significant others, physical and mental status examinations, record review, and conferences with other health care personnel who are directly involved with the client.

It should be mentioned that psychiatric/mental health nursing maintains the same general philosophy and commitment to the nursing process as other nursing specialties. There are specific elements, however, that address the commonalities and potential differences, and these are worth noting.

Psychiatric nursing, more than any other specialty, has adopted a humanistic philosophy and a perspective that emphasizes the meaning or interpretation of experiences to individuals. Inherent in this philosophy are several basic premises: (1) nurses view individuals as having the potential to grow, and (2) the major impact on clients is in the common ground of negotiated *meaning* between individuals. That is to say, the nurse must view the client's behavior within its social context. Through the process of discovering and respecting each client's individual experience (and the meaning attached to it) the nurse comes closer to a true therapeutic interchange. For nurses, humanism yields a systems view of mind/body relations; a collaborative decision-making model; an expanded role for nurses, and a general posture of negotiation and advocacy in relation to clients in social and political, as well as medical, areas.

In an attempt to clarify the intent of psychiatric/mental health nursing practice, the ANA Division on Psychiatric and Mental Health Nursing Practice[2] provided specific interpretations of the role of the psychiatric/mental health nurse. These interpretations and a brief explanation follow.

1. The nursing profession is committed to health and to the fullest possible utilization of human potential. "Psychiatric/mental health nurses have a particular responsibility to speak out on behalf of the public's need for holistic and humane services."[2]

    Respect for the humanity of each client is an inherent aspect of psychiatric/mental health nursing, with strong roots in the history of psychiatric/mental health nursing practice. Respect is warranted regardless of the condition or status of the client. This respect reflects a strong orientation toward the self-actualizing potential of the client. While intervening at the client's current interpersonal and intellectual competency level, the nurse is always concerned with the client's potential for higher levels of competence.

2. Nursing care is defined and developed by nurses who assume responsibility and authority for its quality. Elements unique to nursing that distinguish it from other disciplines are "(a) a holistic approach to people, and (b) a crisis orientation."[2]

    Nurses strive to promote wellness, rather than simply the absence of illness. This orientation includes a perspective on the reality of clients' experiences as they understand it. Clients perceive that nurses understand their total experiences, and are "with" clients in all facets of this experience.

3. In psychiatric/mental health nursing the interpersonal relationship of the client and nurse is the means used to bring about change and growth.

    Clients use the relationship with nurses in many ways: as a reference point to view their own self-worth; as a model for future relationships in which mutual respect predominates; and in a corrective manner, to heal the wounds inflicted by previously damaging relationships with significant others. The primary tool of the nurse is not a stethoscope, a syringe, or monitor; it is the *therapeutic use of the "self."* In this manner, the personal maturity, sensitivity, insights, and capacity for empathy of the nurse enter into the nurse–client relationship. In psychiatric/mental health nursing the growth and change of the client is often based on the growth and maturity of the nurse. The art and science of the use of self in interpersonal relationships with clients is a major focus of this text.

4. The recipient of care is not only the individual client, but the "family, social group and/or community in which the client interacts."[2]

    It is not possible to conceive of clients in isolation from their families, and social and cultural contexts. In truth, interventions intended for the client can have beneficial consequences for others. The nurse must simultaneously consider both the client and the client's living group(s).

The Therapeutic Use of Self: A Way of Looking at Psychiatric / Mental Health Nursing

A current research study will be used to introduce the idea of the therapeutic use of self—an important concept in this text. This research,[6,7] done in Vermont, studied 269 clients, who in the early 1960s, were labeled "profoundly ill, severely disabled, and long-stay" (schizo-

phrenic). The purpose of the study was to determine their current status. The research is the longest and best-documented study of its kind.

One half to two thirds of the former clients were greatly improved or fully recovered 25 to 32 years after release from the psychiatric hospital. Forty-five percent displayed no psychiatric symptoms at all, and half of these used no medication. Sixty-eight percent of the former schizophrenic clients were socially and psychologically functional.

The researchers stated that the view once held in the mental health sciences that such clients were hopeless is an artifact of old biases. Indeed, the term "chronic" may be a damaging self-fulfilling prophecy. If family members are told to expect little from the clients, and if mental health care staff offer little true treatment for the clients, it is natural for the clients also to adopt a hopeless attitude.

Clients in the Vermont research had been part of an early 1960s study on the effects of a new medication, chlorpromazine, on backward, "hopeless" mental patients. The clients studied were the "failures," or the ones the medication did not help. Of the original 269 subjects, 168 were studied in (or around) 1986. In 1985, the subjects ranged from 38 to 83 years of age.

When asked what had aided them in their recovery they responded that food, clothing, and housing were primary. They had also wanted to know ways to manage their own symptoms, and wanted mental health services graded to their unique needs.

The most important element in recovery, however, was that "someone believed" in them. As stated by one client, "someone thought I could get well."[4] That someone was a nurse.

Nurses assist with or perform many functions with clients. Food, housing, and clothing are important, as are carefully monitored medications. Clients need to understand their symptoms and how they can manage their symptoms. Clients are capable of partial or total self-care when offered the guidance they need.

Yet, there is another important ingredient. Nurses make use of their own attitudes, intellect, emotions, and self-awareness to guide clients to graded steps of competencies. Nurses *approach* clients with an attitude of assisting clients to attain graded levels of intellectual and interpersonal competencies. Nurses do *not* approach clients with the attitude that they are "hopeless" or too severely ill to make use of anything another person could offer. The most important aspects of the nurse's approach to the client are that:

- The nurse believes in the client.
- The client perceives the nurse's belief.
- The nurse's gestures of respect and verbal assistance offered through the nurse–client interviews encourage the client to sustain the movement toward health and to achieve interpersonal and intellectual competencies.

The above description is the core of what is termed the nurse's *therapeutic use of self*. Most of this text is concerned with describing the therapeutic use of self as

nurses work with the unique aspects of clients to assist in their growth.

While it may not be apparent to a beginning clinician, the exact nature of the nurse–client interchange is purposeful. Nurses use a frame of reference or theory in their approach with clients. Though the issues with psychiatric clients are in many instances emotional, nurses apply professional practice skills to maintain a focus on clients' growth, not merely on their emotions. This type of caring provides an interpersonal environment for clients to attain competency rather than dependence and enmeshment with a professional person, who will not always be a part of the client's life.

In order to bring about an effective therapeutic use of self, nurses use their skills to recognize clients' patterns of behavior that need attention; select the interventions that are most conducive to fostering changes in these patterns; communicate; express themselves competently to clients; demonstrate interpersonal and intellectual astuteness; assist clients in reordering perceptions; offer sustained interventions over time to effect change in long-standing problems. The psychiatric nurse performs these skills with precision and certainty.

The quote by Hildegard Peplau in the beginning of this text highlights several aspects of the practice of psychiatric/mental health nursing. "The skills of psychiatric nurses merit celebration. They have been honed over centuries of development. . . . Psychiatric nurses (today) have a remarkable opportunity to use their skills to provide a separate and/or complementary alternative form of treatment for psychiatric patients."[9]

The skills of psychiatric/mental health nurses are outstanding. Many psychiatric/mental health nurses know the sense of pride and heightened comradeship that comes from working well with clients. Such skills in psychiatric nursing care have been "honed over centuries of development." Peplau, the founder of psychiatric/mental health nursing, has examined the skills of the psychiatric nurse in the therapeutic use of self with clients.

Peplau stated that the skills of psychiatric/mental health nurses are needed now more than ever. "Mental health problems seem to be increasing in scope, kinds, and numbers." Skills, in this sense, are defined as "having a learned power of doing a thing completely: a developed or acquired aptitude or ability. Skill performance is done with knowledge; practice, and an examination of the effect of that practice; aptitude; understanding; and discernment."[9]

Peplau stated that "nursing is a service for people that enhances healing and health by methods that are humanistic and primarily non-invasive."[9] This value is being put to the test. "With the increasing biomedicalization of psychiatry, psychiatric nurses have a remarkable opportunity to use their skills to provide a separate and/or complementary alternative form of treatment for psychiatric patients."[9] In other words, psychiatric nurses can bring to fruition the use of their refined skills in mental health/illness care. They can exert their separateness and complementarity with psychiatry and other disciplines to achieve greater access to clients who need their care.

Although the therapeutic use of self is a core process

in psychiatric/mental health nursing, it does not describe all that a nurse needs to know in order to guide clients with psychological problems. Hence, this text covers a number of additional constructs to provide nurse clinicians with a foundation of understanding of the field of psychiatric/mental health nursing.

Levels of Prevention

While this text considers caring for ill individuals, it also discusses the *prevention* of psychological illness. Psychiatric/mental health nursing focuses on the *health–illness continuum.* Caplan[5] has addressed the continuum in his work on the levels of prevention.

The *primary level* is prevention of health problems. The psychiatric/mental health nurse acts to promote wellness and to provide individuals with internal and external resources in order to stay well. For example, a nurse may meet with a family with a member who has been admitted to a psychiatric hospital. Such a meeting can offer the family an opportunity to ask questions about mental illness and what can be expected, thereby lessening family stress.

The nurse works at the *secondary level* of prevention by doing early case finding and prompt referral and treatment. Finding cases of potential child abuse in families at risk is an example of where nurses can function to protect children and their families from developing injurious patterns.

The *tertiary level* of prevention involves restoring ill people to their maximum level of functioning. The focus of this level is on the scientific principles that guide psychiatric/mental health nursing interventions and are used with clients who have psychological problems or conflicts.

Across all levels of prevention nurses must know what constitutes mental health and mental illness. The difficulties inherent in defining mental health have led to ambiguity. Because of these difficulties, the definition of mental health and illness has been a professional and political battleground.

One significant attempt to define mental health and mental illness was made by the President's Commission on Mental Health. Aware of the many controversies that surround a definition, and in an attempt to unify diverse forces, the Commission adopted a broad definition of mental health. Acknowledging the mental and emotional impact of problems such as alcoholism, drug abuse, child abuse, learning disabilities, mental retardation, and physical handicaps, the commission reported:

> America's mental health problems cannot be defined only in terms of disabling mental illnesses and identified psychiatric disorders. They must include the damage to mental health associated with unrelenting poverty and unemployment and the institutionalized discrimination that occurs on the basis of race, sex, class, age, and mental or physical handicaps. . . . It is not to suggest that those working in the mental health field can resolve far-reaching social issues. We are firmly convinced,

however, that mental health services cannot adequately respond to the needs of the citizens of this country unless those involved in the planning, organization, and delivery of those services fully recognize the harmful effect that a variety of social, environmental, physical, psychological, and biological factors can have on the ability of individuals to function in society, develop a sense of their own worth, and maintain a strong and purposeful self-image.[10]

The definition provided by the President's commission reflects the attitude of the general population. People expect and want to be able to achieve freedom from undue stress and worry, an ability to function in their customary roles, and a sense of well-being and happiness. Combining these ideas, mental health can be defined as a state of well-being in which a person is able to function comfortably within society, and in which personal achievements and characteristics are satisfying.

The absence of health could designate a less than optimal state and/or the presence of mental illness. Like mental health, mental illness can be a difficult concept to define. DSM-III-R addresses the difficulty in defining mental illness and mental disorder. Essentially, the DSM-III-R provides a system of diagnosis based upon statistically significant symptom clusters. Major depression, for example, is said to consist of a specific group of symptoms that include changes in sleeping and eating (weight loss), ability to concentrate, and suicidal ideation. However, definitive guidelines for what constitutes an illness or a disease process are still somewhat elusive. The manual reports that there is no satisfactory definition that specifies precise boundaries for the concept "mental disorder." This is also true for concepts such as physical disorder and mental and physical health. Nevertheless, it is important to understand the many phenomena that, when viewed together, represent the essence of disorder and dysfunction by the consensus of the psychiatric–mental health profession.

Mental disorder as defined by the DSM-III-R is "a clinically significant behavioral or psychological syndrome or pattern that occurs in a person and that is associated with present distress (a painful symptom) or disability (impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom."[3] This syndrome, in order to be considered a mental illness, must not be an "expectable response to a particular event" (such as the death of a spouse). Deviant behavior (legal, sexual, or religious, or conflicts between an individual and society) is also not considered a mental illness.

Psychiatric disorders, or mental illness, include all of the behavioral or psychological syndromes or patterns listed in the DSM-III-R. The DSM-III-R framework for viewing mental illness is referred to as an absolute paradigm of mental functioning. That is to say, the framework defines when illness is present or absent. With the exception of "hard-and-fast" medical models, most current mental illness theories are based on the recognition of two important phenomena: (1) mental health and mental illness are dynamic processes that can be charted along a