

AN IDENTIFICATION OF THE FUNCTIONS OF THE CLINICAL  
SPECIALIST IN PSYCHIATRIC NURSING IN CARING FOR  
THE DISCHARGED MENTALLY ILL PATIENT IN THE HOME

by

Joanne Mary Clark

B.S., St. Xavier College, 1958

Verity H. Block

Thelma A. Gager

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Thesis directed by Assistant Professor Dorothy M. Bloch  
This Thesis for the M.S. degree by

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This abstract of about 200 words is approved as to form and content. The problem of this study was to identify the

functions of the clinical specialist in psychiatric nursing, operating as a nurse therapist, in caring for the recently discharged mentally ill patient in the home. In order to identify the functions of the clinical specialist it was necessary to analyze what she actually did in a therapeutic nurse-patient relationship.

Following the establishment of rapport, with a hospitalized mentally ill patient, the relationship was continued subsequent to the patient's discharge from the hospital. Interpersonal process recordings were written following each of the six home visits which transpired over a period of eight weeks. The process recordings were then analyzed according to a tool developed by Baxter, in her Master's thesis, at the University of Colorado in 1956. It was possible to identify the existing nursing operations, for the general learning areas trust, tolerance for frustration, independence, and interdependence, in the interpersonal process recordings.

To date, the role of the clinical specialist in psychiatric nursing was vague and relatively undefined.

This study was significant in identifying some of the functions of the clinical specialist and has contributed to one aspect of role definition by demonstrating her effectiveness in caring for the discharged mentally ill patient in the home.

This abstract of about 200 words is approved as to form and content. I recommend its publication.

Signed *Norothy M. Bloch*  
Instructor in charge of thesis

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## II. THE PROBLEM

Statement of the problem. The problem of this study was to identify the functions of the clinical

specialist in psychiatric nursing, operating as a nurse therapist, in caring for the recently discharged mentally ill patient in the home. CHAPTER I

## THE PROBLEM AND DEFINITIONS OF TERMS USED

study was to establish, through the analysis of a nurse-patient

interaction, that the clinical specialist in psychiatric

nursing. The current enthusiastic use of the ataractic

drugs, continued use of the somatherapies and adjunctive therapies, improvement in the quality of clinical facilities, and the limited provisions of hospitalization insurance benefits have facilitated the return of the mentally ill patient to the community well in advance of the achievement of any long range therapeutic goals directed at self-actualization. With this trend has been the current emphasis on the professional nurse's role in providing dynamic comprehensive nursing care. With regard to the mentally ill patient, the demands of society for this type of nursing care cannot be denied. Of necessity this care should be provided by nurses with advanced preparation in psychiatric nursing qualified to function in psychotherapeutic relationships, in the community as well as within the psychiatric hospital.

## II. THE PROBLEM

Statement of the problem. The problem of this study was to identify the functions of the clinical

specialist in psychiatric nursing, operating as a nurse therapist, in caring for the recently discharged mentally ill patient in the home.

Purpose of the study. The purpose of this study was to establish, through the analysis of a nurse-patient interaction, that the clinical specialist in psychiatric nursing had a role in caring for the recently discharged mentally ill patient in the home.

The results of the study can be useful in further clarifying and identifying the role of the clinical specialist in psychiatric nursing; in providing implications for public health nursing follow-up of the discharged mentally ill patient; and in contributing knowledge to teaching and supervision in graduate nursing education.

Need for the study. The Williamsburg conferees stated:

Unlike its counterpart in the field of medicine, 'psychiatrist,' the term, 'clinical specialist in psychiatric nursing' does not as yet bring forth a picture of unique functions and abilities. There are probably few, if any, positions which are labeled 'clinical specialist,' and nurses who might claim such a title would probably offer a wide variety of qualifications.<sup>1</sup>

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<sup>1</sup> National League for Nursing, The Education of the Clinical Specialist in Psychiatric Nursing (New York: National League for Nursing, 1958), p. 8.

There have been suggestions to study this position. In the areas for research suggested by the Williamsburg conferees the following recommendation was included: "Studies should be made of the way in which the skilled psychiatric nurse can contribute to the home care of the mentally ill."<sup>2</sup> Williams stated,

A recommendation for other studies might be that they be made in the area of defining roles for the psychiatric nurse specialist in settings outside mental hospitals.<sup>3</sup>

While the above references served to justify the aspect of the study concerned with the functions of the clinical specialist, similar justification was necessary for that aspect of the study concerned with caring for the recently discharged mentally ill patient in the home.

One of the results of a study done in 1957 by Gerber stated, "There is a serious lack of post hospitalization programs for psychiatric patients on tranquilizing drugs."<sup>4</sup>

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<sup>2</sup> Ibid., p. 77.

<sup>3</sup> Dorothy Marie Williams, "The Role of the Psychiatric Nurse Specialist in Psychotherapy in the Office of the Private Psychiatrist" (Unpublished Master's Thesis, The University of Colorado, Denver, 1958), p. 56.

<sup>4</sup> Abstract from Nursing Research, 7:38, Fall, 1958, citing Ida Gerber, "An Investigation of Needs of Released Mental Patients on Tranquilizing Drugs in Relation to Recommending a Public Health Nursing Follow-Up" (Unpublished Doctoral Dissertation, New York University, New York, 1957).



community. Lemkau stated, psychiatric nursing care is relegated

to the As of the present time public health nursing follow-up of psychiatric patients is a thing of the future. However, it is up to the nurses themselves to gain confidence in their knowledge and ability to give supportive care to these patients, to show how they can be of value to the psychiatrist, and to improve the attitudes of all concerned with mental illness.<sup>5</sup>

(1) the analysis of the process recordings from one case study; (2) the inability to convey effectively the patient's non-verbal communications in a process recording; (3) the limitation of recall in writing the process recordings; and (4) the use of a tool which was based on the four areas of child growth--trust, tolerance for frustration, independence, and interdependence.

In the findings presented as a result of a study done by the State Bureau of Public Health Nursing in Connecticut were the following statements: "Public Health nurses give little therapeutic nursing care," and "Nurses had nothing to do with supervision of drug therapy."<sup>6</sup>

The above references indicated to some degree that the nursing profession has yet to assume its responsibility for the care of the mentally ill patient in the home. While at the same time making strides in this direction, this study will contribute to the ever increasing body of scientific nursing knowledge.

Clinical specialist in psychiatric nursing. The Assumptions. This study was based on the assumptions that the discharged mentally ill patient is in need of expert psychiatric nursing care on returning to the community, as an expert in psychiatric nursing. Special preparation referred to the investigator's clinical experience.

<sup>5</sup>Paul Lemkau, "Follow-Up Services for Psychiatric Patients," Nursing Outlook, 6:148, March, 1958.

<sup>6</sup>Abstract from Nursing Research, 10:64, Spring, 1961, citing Ilse E. Wolff, "A Study of Mentally Ill Patients Under Care of Public Health Nursing," Connecticut Health Bulletin, 73:255-67, September, 1959.

cently discharged mentally ill patient in the home who

community; and expert psychiatric nursing care is relegated to the clinical specialist with graduate level preparation in psychiatric nursing.

Limitations. The limitations of this study were:

- (1) the analysis of the process recordings from one case study;
- (2) the inability to convey effectively the patient's non-verbal communications in a process recording;
- (3) the limitation of recall in writing the process recording; and
- (4) the use of a tool which was based on the four areas of child growth--trust, tolerance for frustration, independence, and interdependence.

### III. DEFINITIONS OF TERMS USED

The following terms were defined for purposes of this study only.

Clinical specialist in psychiatric nursing. The clinical specialist in psychiatric nursing was a nurse who was specially prepared, by virtue of graduate education, as an expert in psychiatric nursing. Special preparation referred to the investigator's clinical experience in a one-to-one relationships with two hospitalized patients under the supervision of the attending psychiatrist, a consulting psychiatrist, and a nurse supervisor. Similar supervision was provided for the work with a recently discharged mentally ill patient in the home who

was visited once a week for a period of six weeks.

Psychotherapeutic nurse-patient relationship. The psychotherapeutic nurse-patient relationship was a cooperative one-to-one relationship between the patient and the clinical specialist in psychiatric nursing, under the supervision of the psychiatrist, with the mutual focus on facilitating the understanding and elimination of psychological problems.

Discharged mentally ill patient. The discharged mentally ill patient was an individual suffering from a diagnosed mental illness which had necessitated a period of confinement and treatment in a mental hospital.

Interpersonal process recording. The interpersonal process recording was a written report of the verbal interaction between the mentally ill patient in the home and the clinical specialist in psychiatric nursing.

#### IV. ORGANIZATION OF THE REMAINDER OF THE THESIS

Chapter II. The second chapter will contain a review of the literature pertaining to the clinical specialist in psychiatric nursing and public health nursing follow-up of the discharged mentally ill patient.

Chapter III. The third chapter will contain an

identification and elaboration on the method employed in doing this study, the tool utilized for the collection of data, and a plan for the analysis of data.

Chapter IV. The fourth chapter will be devoted to the analysis of data.

Chapter V. The fifth chapter will contain a presentation of the summary, conclusions, recommendations, and implications evolving from the study.

Review of the literature was undertaken: to locate previous studies done on the role of the clinical specialist in psychiatric nursing, working with the discharged mentally ill patient in the home; to gain an understanding of the role of the clinical specialist in psychiatric nursing; and to determine the extent and degree of public health nursing follow-up of the discharged mentally ill patient.

For the purposes of this study the investigator reviewed the following nursing periodicals from 1952-1962: Nursing Research, Nursing Outlook, and The American Journal of Nursing. The Psychiatric Quarterly, American Journal of Psychiatry, Public Health Reports, and Mental Hygiene were reviewed for the past seven years. Texts and reference books on psychiatry and psychiatric nursing were also studied.

## II. THE NURSE AS A PSYCHOTHERAPIST

That the nurse has a role in psychotherapy is no longer a debatable question. The controversy centers on

how extensive her efforts should be. Bojar stated,

... it is the nurse who is with the patient more than the physicians, and in her position of constant attendance, her function assumes increasingly greater importance as a psychotherapist.<sup>1</sup>

## CHAPTER II

### REVIEW OF THE LITERATURE

#### I. INTRODUCTION

A review of the literature was undertaken: to locate previous studies done on the role of the clinical specialist in psychiatric nursing, working with the discharged mentally ill patient in the home; to gain an understanding of the role of the clinical specialist in psychiatric nursing; and to determine the extent and degree of public health nursing follow-up of the discharged mentally ill patient.

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In elaborating on the nurse's role as a psychotherapist, Hofling and Leininger stated:

With respect to the types and levels of nursing psychotherapy, there is certainly room at present for some difference of opinion but, in the author's view, it seems best to suggest the following limits:

- (1) Under guidance, the psychiatric nurse specialist may be asked to undertake carefully selected (hospital) cases in individual or group therapy or, in special instances, in play therapy.
- (2) The level of therapy should usually be suppressive or supportive (as determined by the psychiatrist in charge). However, on the basis of (a) special needs of the patient and (b) special aptitudes of the nurse, plus a graded series of preliminary experiences, relationship therapy may also be employed on occasion.<sup>2</sup>

With regard to psychotherapy as defined in the psychotherapeutic nurse-patient relationship, these authors further stated:

For the present, it may be said that a high degree of personal maturity, and, in most instances, a master's degree in psychiatric nursing should be prerequisite for a nurse before she attempts such therapy, and her efforts should be carried out under

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<sup>1</sup>Samuel Bojar, "The Psychotherapeutic Function of the General Hospital Nurse," Nursing Outlook, 6:153, March, 1958.

<sup>2</sup>Charles K. Hofling and Madeline M. Leininger, Basic Psychiatric Concepts in Nursing (Philadelphia: J. B. Lippincott Co., 1960), p. 461.

the close supervision of a psychiatrist.<sup>3</sup>

III. EXISTANCE OF THE CLINICAL SPECIALIST

The conference held at Williamsburg, Virginia, in 1956 sponsored by the National League for Nursing was to date the most comprehensive approach to the subject of the clinical specialist in psychiatric nursing. The reason for bringing the clinical specialist in psychiatric nursing into being was to provide people who need psychiatric help with the kind of nursing care that will really help them.<sup>4</sup>

But the hospital, psychiatric or general, is not the only place where psychiatric care is provided. In recognition of the desirability of treating many emotionally ill persons within their own communities, 'halfway' and 'quarterway' houses are being established by some hospitals, and foster homes are being utilized for convalescent mental patients.<sup>5</sup>

Looking to the future, the participants of the Williamsburg Conference foresaw a variety of settings in which psychiatric patients - persons with gross mental disorders - would be receiving psychiatric care, including psychiatric nursing care.<sup>6</sup>

Ibid., p. 11.

<sup>3</sup> Ibid. A. Tudbury, The Psychiatric Nurse in the General Hospital (Springfield: Charles C. Thomas, 1959), p. 5.

<sup>4</sup> National League for Nursing, The Education of the Clinical Specialist in Psychiatric Nursing (New York: National League for Nursing, 1958), p. 8.

<sup>5</sup> Ibid., p. 9.

<sup>6</sup> Ibid., p. 9.



Although the discussions at the Williamsburg Conference were largely devoted to the role of the expert psychiatric nursing practitioner in psychiatric facilities, cognizance was taken of the services she may eventually render to all people everywhere.<sup>7</sup>

#### IV. ROLES OF THE CLINICAL SPECIALIST

To some extent the role of the clinical specialist has been investigated. In a study published in 1959, Tudbury<sup>8</sup> explored the indications for the inclusion of the psychiatric nursing expert on the staff of a psychiatric unit of a general hospital. She identified that the role of the psychiatric nurse expert:

- 1) is rooted in a continuous learning process and not static.
- 2) utilizes technical, intellectual, and judgmental skills which are dependent upon human attitudes,
- 3) recognizes the interdependence of patient needs which are enveloped in each other and are never found to be existing separately or alone.
- 4) is concerned with support and the promotion of the patient's sustained efforts to meet realistically the daily happenings in periods of stress and tension.
- 5) ultimate effectiveness depends upon the personality of the nurse.<sup>9</sup>

Another role was suggested in 1956 by Williams;<sup>10</sup>

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<sup>7</sup> Ibid., p. 11. *Research in Psychiatric Nursing*, The American Journal of Nursing, 55:441-4, April, 1955.

<sup>8</sup> Mary A. Tudbury, The Psychiatric Nurse in the General Hospital (Springfield: Charles C. Thomas, 1959), p. 5. *American Journal of Nursing*, 55:572-5, May, 1955.

<sup>9</sup> Ibid., pp. 59-60.

<sup>10</sup> Dorothy Marie Williams, "The Role of the Psychiatric Nurse Specialist in Psychotherapy in the Office of the Private Psychiatrist" (Unpublished Master's Thesis, The University of Colorado, Denver, 1958).



namely exploration of the possible role of the clinical specialist in psychiatric nursing working in the office of the psychiatrist in private practice. She investigated the role of the clinical specialist by interviewing a population of private psychiatrists to obtain their opinions on the subject investigated.

In 1955 a project,<sup>11,12</sup> utilizing a "research nurse," was conducted to study the therapeutic functions of the nurse in a large public mental hospital.

The success of the research nurse in her work with individual patients leads to the conclusion that a nurse can develop a therapeutic relationship with a patient which is conducive to marked improvement.<sup>13</sup>

The previously cited references have contributed to an increased understanding of the role of the clinical specialist in psychiatric nursing functioning in a variety of settings. Yet to be explored was her role in the public health nursing follow-up of the discharged mentally ill patient in the home.

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<sup>11</sup> June Mellow, "Research in Psychiatric Nursing," The American Journal of Nursing, 55:441-4, April, 1955.

<sup>12</sup> June Mellow, "Research in Psychiatric Nursing," The American Journal of Nursing, 55:572-5, May, 1955.

<sup>13</sup> June Mellow, "Research in Psychiatric Nursing," The American Journal of Nursing, 55:444, April, 1955.

## V. PUBLIC HEALTH FOLLOW-UP OF DISCHARGED

### MENTALLY ILL PATIENTS

The Georgia Department of Public Health in cooperation with Milledgeville State Hospital initiated a program on January 1, 1953, which was designated to serve the families of the mentally ill and provide partial follow-up services for patients.

The following activities were set forth as a guide concerning the functions of the public health nurse in relation to the family, the patient, and the community:

1. Help the family to accept the patient's illness.
2. Help the family to accept the patient's need to be hospitalized and to remain in the hospital until discharge is indicated.
3. Explain hospital admission procedures and its rules and regulations.
4. Interpret the diagnosis and treatment procedures.
5. Help the family accept the patient back in the home when he is ready for furlough.
6. Explain the meaning of furlough and the value of its renewal.
7. Help the family accept the patient's return to the hospital for further treatment when this is indicated.
8. Direct the family to the community agencies whose services it might need.
9. Work with other agencies to secure financial or other assistance for the family or patient.

10. Act as liaison between the patient in the hospital and family at home.
11. Arrange for several families who have relatives in the state hospital to meet together and discuss their common problems.

It was never intended that the public health nurse would give direct psychiatric therapy to the patient or his family although much of what she would do would be therapeutic.<sup>14</sup>

Currently the Visiting Nurse Association of Hartford, Connecticut, in cooperation with Norwich State Hospital has developed a program which will extend the services of this agency to psychiatric patients returned to the community from the hospital. In order to evaluate the effectiveness of the program, the Visiting Nurse Association and Norwich State Hospital will study the following areas for a period of three years:

1. The extent to which a public health nursing agency can provide mentally ill patients and their families with medically supervised nursing care and treatment.
2. The relation between the provision of services and the maintenance of the agency's present objective of optimal basic health protection.
3. Kinds of patients and situations which public health nurses are capable of handling effectively.

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<sup>13</sup> Florence A. Beasley, "Community Services to Discharged Psychiatric Patients," Nursing Research, 9:213, Fall, 1960.

<sup>14</sup> Florence A. Beasley, "Public Health Nursing Services for the Families of the Mentally Ill," Nursing Outlook, 2:483, September, 1954. Rolfe, and Steward E. Perry, "Home Treatment of Psychiatric Patients," American Journal of Psychiatry, 116:808, March, 1960.

4. The administrative problems, including costs and types of inservice education, which are associated with the provisions of this added service.<sup>15</sup>

Another home visiting service to the mentally ill and their families was reported; the purpose of which was to provide alternatives to hospitalization. Services were provided by a psychiatrist, two social workers, and two psychiatric nurses. Conclusions indicated that alternatives to hospitalization were possible; and that a home visiting service provided sound treatment for the mentally ill and opportunities for health education to professional workers and families.<sup>16</sup>

The above references plus citations from the literature listed in Chapter I under "The Need for the Study" indicated public health nursing follow-up was in its exploratory phases. Further evidence was brought to bear on the fact that the role of the public health nurse was relegated to case finding, referral, and working with families on a supportive level. No where, in the search of the literature, was there to be found any indications that the public health nurse worked in a one-to-one

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<sup>15</sup> Florence A. Beasley, "Community Services to Discharged Psychiatric Patients," Nursing Research, 9:213, Fall, 1960.

<sup>16</sup> T. T. Friedman, Phyllis Rolfe, and Steward E. Perry, "Home Treatment of Psychiatric Patients," American Journal of Psychiatry, 116:808, March, 1960.

psychotherapeutic relationship with the discharged mentally ill patient.

## CHAPTER III

### METHODOLOGY

#### I. INTRODUCTION

The Williamsburg Conference stated:

There are nurses, however, who regard the scientific formlessness of the psychiatric field as a challenge. They are stimulated by the thought that 'every patient is a research case' and welcome the chance to join others in 'playing by ear.' This spirit of inquiry, combined with creativeness, might well be considered a 'must' for pioneer work ahead in psychiatric nursing.

Nursing specialists endowed with these attributes will find direct outlets in their work with patients. Also, hopefully, through their own enthusiastic approach to unsolved problems, they will fan the spark of creativity in other nursing personnel.<sup>1</sup>

Because of the absence of any studies on the problem to be investigated, the nature of the study was that of exploratory research.

#### II. CASE STUDY APPROACH

In order to best accomplish the goals of the study, namely identification of the functions of the clinical specialist in caring for the recently discharged mentally

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<sup>1</sup> National League for Nursing, The Education of the Clinical Specialist in Psychiatric Nursing (New York: National League for Nursing, 1958), p. 27.

ill patient in the home, it was decided to utilize a case study approach.

### CHAPTER III

Selltiz and others described the "case study" ap-

proach as

### METHODOLOGY

... the intensive study of selected instances of the phenomenon in which one is interested. The focus may be on individuals, on situations, on groups, or on communities. The method of study may be on the

#### I. INTRODUCTION

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Because of the absence of any studies on the problem to be investigated, the nature of the study was that of exploratory research.

#### III. TOOL FOR THE COLLECTION OF DATA

#### II. CASE STUDY APPROACH

The investigator utilized the interpersonal process recording as the tool for the collection of data. In order to best accomplish the goals of the study, namely identification of the functions of the clinical specialist in caring for the recently discharged mentally

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<sup>1</sup> National League for Nursing, The Education of the Clinical Specialist in Psychiatric Nursing (New York: National League for Nursing, 1958), p. 27.

discharged mentally ill patient in the home, it was decided to utilize a case study approach.

Selltiz and others described the "case study" approach as

... the intensive study of selected instances of the phenomenon in which one is interested. The focus may be on individuals, on situations, on groups, or on communities. The method of study may be on the examination of existing records. It may also be unstructured interviewing, or participant observation, or some other approach.<sup>2</sup>

According to the above definition, applied to this study, the nurse-patient relationship represented the phenomenon to be investigated; the study of the relationship, in the home environment following the patient's discharge from the hospital, represented the selected instances of the phenomenon to be investigated; and the presentation of all of the data obtained, regarding the selected instances, was representative of the intensive study of the phenomenon.

### III. TOOL FOR THE COLLECTION OF DATA

#### IV. DESCRIPTION OF THE NURSE-PATIENT RELATIONSHIP

The investigator utilized the interpersonal process recording as the tool for the collection of data.

In order to identify the functions of the clinical specialist in psychiatric nursing in caring for the

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<sup>2</sup> Claire Selltiz, and others, Research Methods in Social Relations (New York: Henry Holt and Co., Inc., 1960), p. 60.



discharged mentally ill patient in the home, it was necessary to analyze what she actually did in a therapeutic nurse-patient relationship. This necessitated data which were obtained by recording, as accurately as possible, everything that transpired during the nurse-patient interaction. While recording on tape would have seemed to be the most objective and accurate means of obtaining the necessary data, it was decided that this method would have affected the quality of the responses and the spontaneity of the nurse-patient interaction, thus being detrimental to the goal of data collection. An alternative choice was the use of the interpersonal process recording. Following each visit the clinical specialist wrote as nearly verbatim an account as possible of everything that transpired during the nurse-patient interaction. While subject to the limitations of recall, the method was sufficiently accurate, economical, and effective for the purposes of this study.

#### IV. DESCRIPTION OF THE NURSE-PATIENT RELATIONSHIP

The patient selected for this nurse-patient relationship was A.Z., a twenty-eight year old married white female with two children, a daughter four and one-half years and a son two and one-half years of age. Prior to her marriage she had been employed as an air line stewardess. Her current socio-economic status was that of the



middle class. The patient experienced her first psychiatric hospitalization with admission to the hospital on May 16, 1962. The precipitating cause necessitating hospitalization was a situation of rather long standing discord within the marital relationship which was culminating in a trial separation. The nurse-patient relationship was structured during her first week of hospitalization. The clinical specialist visited the patient for an hour a day, five days a week, for a period of two weeks, working under the supervision of the attending psychiatrist, a consulting psychiatrist, and a supervisory nurse.

Prior to discharge the clinical specialist and the patient had structured for future one hour weekly visits in the home. It was agreed that the clinical specialist would contact the patient, following return from spring vacation, to set a specific time and date for the first home visit. On returning from spring vacation it was learned that A.Z. had been unsuccessful in her attempts to readjust to the home environment and had been readmitted to the hospital approximately two weeks after discharge. At the request of the attending psychiatrist, the clinical specialist once again initiated visiting the patient for one hour a day, five days a week. This continued for two weeks at the end of which a critical incident occurred in the psychiatrist-patient relationship, and the patient was discharged at her request. Prior to her leaving the

hospital, the relationship was again structured for the weekly home visits, the first of which was set for the Friday of the following week. At this point in the nurse-patient relationship, rapport had been established, and the nurse and patient had progressed to the working phase of the relationship. The relationship in the home continued for two months when it was terminated according to previous mutual agreement. Over a period of eight weeks the clinical specialist visited the patient in the home six times.

Throughout the duration of the home relationship, the clinical specialist continued to work under a supervisory nurse and maintained telephone communications with the attending psychiatrist.

A follow-up telephone conversation with the attending psychiatrist, made some eleven weeks following the last visit with the patient, elicited the following information regarding the patient's progress. The attending psychiatrist stated that he had not had an office visit from the patient for approximately six weeks; that her home adjustment had been satisfactory; and that she and her husband were mutually exploring the possibilities of a reconciliation.

Margaret Lehfelot Baxter, "Study of the Functions of a Psychiatric Nurse in a Therapeutic Nurse-Patient Relationship" (Unpublished Master's Thesis, The University of Colorado, Denver, 1956), pp. 10-11.

## V. PLAN FOR THE ANALYSIS OF DATA

The investigator planned to analyze the data by utilizing a tool developed by Baxter for the analysis of the interpersonal process recording. This tool is based on the similarity between the learning problems experienced by mentally ill patients and the problems children are struggling with during their growth and development. The four areas of learning consist of trust, developing frustration tolerance, independence, and interdependence.<sup>3</sup>

The following four tables are presented in two column form. In the left-hand column are listed the tasks that will help the patient learn each area. In the right-hand column are listed those functions the nurse could perform in order to provide the necessary learning experience for the patient.

The data will be presented in two columns. The left-hand column will contain the interpersonal process recordings obtained from the six visits conducted in the home. The right-hand column will contain an

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<sup>3</sup> Margaret Lehfeldt Baxter, "Study of the Functions of a Psychiatric Nurse in a Therapeutic Nurse-Patient Relationship" (Unpublished Master's Thesis, The University of Colorado, Denver, 1956), pp. 10-11.

TABLE I\*  
 (continued)  
 PATIENT TASKS AND NURSING OPERATIONS  
 FOR THE LEARNING AREA: TRUST

Patient Tasks for Learning Trust	Nursing Operations
1. Learns that others are concerned about him	1. Nurse tolerates behavior
2. Learns to count on others	2. Demonstrates interest in patient
3. Learns to see himself as separate from others	3. Demonstrates interest in patient's life experiences
4. Learns to identify his needs and express them	4. Is consistent, keeps promises
5. Learns how to receive from others	5. Looks for clues about patient's needs and searches for meaning of them
6. Learns how to differentiate significant objects in the environment - as important people	6. Helps fulfill needs
7. Learns the value of a wish	7. Helps patient learn he can have a wish, express it, and have pleasure in it
8. Learns satisfaction of wish fulfillment	8. The nurse looks to see when help is needed and when patient can function by himself
9. Learns to develop a sense of worth for self	9. Nurse shows sense of worth for self and serves as a model with whom the patient can identify his values, ideas

\*Margaret Lehfelddt Baxter, "Study of the Functions of a Psychiatric Nurse in a Therapeutic Nurse-Patient Relationship" (Unpublished Master's Thesis, The University of Colorado, Denver, 1956), p. 228.

TABLE I (continued)

PATIENT TASKS AND NURSING OPERATIONS FOR THE LEARNING AREA: TOLERANCE FOR FRUSTRATION	
Patient Tasks for Learning Trust	Nursing Operations
Patient Tasks for Learning Tolerance for Frustration	Nursing Operations
1. Learns to struggle for need gratification	10. Recognizes and responds to testing the struggle to express and gratify needs
2. Learns to wait for wish-fulfillment - as taking turns	11. Nurse trusts patient
3. Learns to accept some situations where there can be no wish fulfillment	12. Nurse helps patient see progress while waiting for wish fulfillment
4. Learns to identify and accept self and set realistic goals for self	13. Helps him identify his feelings
5. Learns to operate within limits	14. Lets him express emotion without rejecting him and then helps him deal constructively with the feeling
6. Learns to use problem-solving technique to handle tension	15. Sets realistic limits for him to abide by and helps him tolerate the limits
7. Learns to tolerate failure and consider and attempt other solutions	16. Helps him get satisfaction from his accomplishments
8. Learns to tolerate and accept success	17. Participates in problem-solving process which includes listening, showing interest and understanding, exploring the problem as to choices of solution, outcomes

\*Margaret Lehfelddt Baxter, "Study of the Functions of a Psychiatric Nurse in a Therapeutic Nurse-Patient Relationship" (Unpublished Master's Thesis, The University of Colorado, Denver, 1956), p. 228.

TABLE II\*

PATIENT TASKS AND NURSING OPERATIONS FOR THE  
LEARNING AREA: TOLERANCE FOR FRUSTRATION

Patient Tasks for Learning Tolerance for Frustration	Nursing Operations
1. Learns to struggle for need gratification	12. Nurse supports him in the struggle to express and gratify needs
2. Learns to wait for wish-fulfillment - as taking turns	13. Nurse helps patient see progress while waiting for wish fulfillment
3. Learns to accept some situations where there can be no wish fulfillment	14. Helps him identify his feelings
4. Learns to identify and accept self and set realistic goals for self	15. Lets him express emotion without rejecting him and then helps him deal constructively with the feeling
5. Learns to operate within limits	16. Sets realistic limits for him to abide by and helps him tolerate the limits
6. Learns to use problem-solving technique to handle tension	17. Helps him get satisfaction from his accomplishments
7. Learns to tolerate failure and consider and attempt other solutions	18. Participates in problem-solving process which includes listening, showing interest and understanding, exploring the problem as to choices of solution, outcomes
8. Learns to tolerate and accept success	19. Lets him be dependent when he feels the need to be
9. Learns to achieve satisfaction from his own accomplishments	20. Accepts his values and shares them with him
10. Learns to set own limits	

\*Ibid., p. 229.

TABLE III\*  
 PATIENT TASKS AND NURSING OPERATIONS  
 FOR THE LEARNING AREA: INDEPENDENCE

Patient Tasks for Learning Independence	Nursing Operations
1. Learns to tolerate frustration	19. Nurse attempts to determine readiness of patient for independence
2. Learns to depend on self to satisfy own needs	20. Helps patient move into other relationships
3. Learns different roles for different situations as helping role, authority role	21. Helps him learn interpersonal skills as communication
4. Learns to become aware of how he appears to others as with his dress	22. Gives the patient complete attention at schedule time until he can learn to share nurse
5. Learns to tolerate separation from parent figure	23. Still sets limits when necessary
6. Learns to deal with the conflict between wanting to be independent and still wanting to be dependent	24. Attempts to master own feelings about his independence
7. Learns to make own decisions and judgments without help from the parent figure	25. Provides him with opportunities to act out different roles and to evaluate their effect through nurse's reaction
8. Learns to achieve satisfaction from his own accomplishments	26. Lets him be dependent when he feels the need to be
9. Learns to set own limits	27. Accepts his values and shares hers with him



TABLE III (continued)

Patient Tasks for Learning Independence	Nursing Operations
10. Learns to share and evaluate attitudes, values and beliefs of others	28. Gives him approval when he seeks independent activities
11. Learns to deal with the demands and expectations of others	29. Supports him and gives him opportunities to receive recognition for independent activities
12. Learns to move toward peer group and away from authority figures	30. Encourages him to ask for help when help is needed
13. Learns to accept responsibility for own acts	31. Identifies resources and allows him to make his own decisions about them
14. Learns to share parent figure	

\*Ibid., pp. 230-1.



TABLE IV\*

PATIENT TASKS AND NURSING OPERATIONS FOR  
THE LEARNING AREA: INTERDEPENDENCE

Patient Tasks for Learning Interdependence	Nursing Operations
<ol style="list-style-type: none"> <li>1. Learns to set realistic limits by identifying goals, examining the situation, and by stating the goal</li> <li>2. Learns to identify and act out own sex role</li> <li>3. Learns to assume responsibility for others</li> <li>4. Learns to make decisions of importance with the awareness of their effect on others</li> <li>5. Learns to become self-sufficient, economically, intellectually, and emotionally</li> <li>6. Learns to become aware of his effect on others and others' effect on him</li> <li>7. Learns to establish reciprocal relationships with significant persons which include competing (all those activities that are involved in getting to a desired goal first,) compromising (giving and taking to maintain position,) and cooperating (adjusting</li> </ol>	<ol style="list-style-type: none"> <li>32. Helps him examine interpersonal situations of which he is a part</li> <li>33. Helps with problem-solving by listening, getting across interest and understanding, and by exploration of the problem as to choices of solutions, outcomes, etc.</li> </ol>

\*Ibid., pp. 232-3.

TABLE IV (continued)

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Patient Tasks for Learning  
Interdependence

Nursing Operations

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7. (continued) and adapting  
to the wishes of others  
to maintain position)

8. Learns to validate own  
experience with others

9. Learns to collaborate  
which is to derive sat-  
isfaction from group  
accomplishments.

All of the experts' findings will be presented.  
However for purposes of significance, two-thirds agree-  
ment or disagreement with the investigator's analysis of  
the data will be considered sufficient to validate or in-

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\*Ibid., pp. 232-3.

identification of the nursing operations performed by the clinical specialist during the nurse-patient interaction. No attempt will be made to analyze all of the nurse-patient interactions. The investigator will identify one excerpt from the nurse-patient interaction which exemplified each of the previously listed nursing operations (Tables I-IV, pages 23-29).

For the purposes of verification and further identification, the analyzed data will be presented to a committee of experts who will serve to determine the validity of the analysis. The committee will consist of three members, all of whom will be psychiatric nurses. Each member will be given a copy of the analyzed data and requested to designate whether she agreed or disagreed with the investigator's assignment of the nursing operations to excerpts of the process recordings which exemplified these operations. If the expert disagreed, she will be further requested to identify another excerpt which she felt illustrated the nursing operation or to indicate that none of the existing nurse-patient interactions, in the data, exemplified the particular nursing operation.

All of the experts' findings will be presented. However for purposes of significance, two-thirds agreement or disagreement with the investigator's analysis of the data will be considered sufficient to validate or invalidate the analysis.

## II. FINDINGS OF THE COMMITTEE OF EXPERTS

The analyzed data were presented to a committee of

## CHAPTER IV

three experts, all of whom were psychiatric nurses. The

committee members were designated whether

they agreed or disagreed with the investigator's assign-

ment of nursing operations to excerpts of the process re-

cordings.

In studying the functions of the clinical special-

ist in psychiatric nursing in caring for the recently

discharged mentally ill patient in the home, the inves-

tigator utilized a tool developed by Baxter for the an-

alysis of an interpersonal process recording. The in-

vestigator wrote process recordings of the total six

visits which transpired over a period of eight weeks fol-

lowing the patient's discharge from the hospital. From

the process recordings one excerpt was selected to exem-

plify each of the specific nursing operations (Tables

I-IV, pages 23-29). It was possible to identify thirty-

one nursing operations in the data (Appendix, pages 47-

104). Two nursing operations remained unidentifiable

by the investigator. These were: nursing operation

eleven, The Nurse trusts the patient (Table I, p. 23);

and nursing operation twenty-two, The nurse gives com-

plete attention to the patient at a scheduled time until

she can learn to share the nurse (Table III, p. 26).

identified another excerpt in the data which exemplified

## II. FINDINGS OF THE COMMITTEE OF EXPERTS

The analyzed data were presented to a committee of three experts, all of whom were psychiatric nurses. The committee members were requested to designate whether they agreed or disagreed with the investigator's assignment of nursing operations to excerpts of the process recordings which exemplified these operations (Appendix, p. 44). If an expert disagreed she was further requested to identify another excerpt in the data that illustrated the nursing operation with which she disagreed or to specify that she did not see the particular nursing operation as demonstrated anywhere in the process recordings. Finally, the experts were requested to assign nursing operations eleven and twenty-two to any unidentified excerpt which they perceived as illustrating either or both of these operations.

Expert I agreed completely with the investigator's analysis of the data. She was unable to specify excerpts for the two unidentified nursing operations.

Expert II agreed with the application of twenty-seven of the nursing operations. She disagreed with the application of nursing operations six (Appendix, p. 61), eight (Appendix, p. 61), twenty-six (Appendix, p. 74), and seven (Appendix, p. 100). Of these four operations she identified another excerpt in the data which exemplified

operation twenty-six (Appendix, p. 93) and indicated that operations six, eight, and seven were not exemplified anywhere in the data. She was unable to identify excerpts for the two unidentified nursing operations.

Expert III also agreed with the application of twenty-seven of the nursing operations. She disagreed with the application of nursing operations eight (Appendix, p. 61), twenty-five (Appendix, p. 68), twenty-six (Appendix, p. 74), and seven (Appendix, p. 100). For all four operations she identified another excerpt in the data which illustrated each of the operations with which she disagreed; operation eight (Appendix, p. 65), operation twenty-five (Appendix, p. 71), operation twenty-six (Appendix, p. 61), and operation seven (Appendix, p. 91). She was further able to identify an excerpt which she felt illustrated nursing operation eleven (Appendix, p. 85).

Where an expert disagreed with the investigator's application of a nursing operation and identified another excerpt which she felt illustrated the operation, these contributions were incorporated into the data. In order to differentiate the experts' contributions from the investigator's, the experts' nursing operations are parenthesized and followed by a roman numeral which signifies whether the specific contributions are those of expert II or III. Since expert I was in unanimous agreement with the investigator, no contributions are indicated for her.

### III. SUMMARY

Experts II and III were unanimous in three of the four nursing operations with which they disagreed. However, expert III identified other excerpts which exemplified the operations whereas expert II indicated that three of the four nursing operations with which she disagreed, were not identifiable in the data.

There was no significant disagreement between the experts' and the investigator's analysis of data. Of the thirty-three nursing operations there was a majority agreement on the application of thirty-one of the operations to the process recording data. From the analysis of data it was proved that the clinical specialist, in performing the thirty-one nursing operations, provided learning experiences which facilitated the patient's growth in the areas of learning trust, tolerance for frustration, independence, and interdependence. It was possible to apply the existing operations to specific excerpts in the data which exemplified them. It was also possible to obtain agreement from a committee of three nursing experts, one of whom also made a contribution towards further identification of a nursing operation.

## II. CONCLUSIONS

From this study it was possible to conclude the

### CHAPTER V

following:

1. - SUMMARY, CONCLUSIONS, IMPLICATIONS, therapeutically with the ment AND RECOMMENDATIONS the home and such a relationship was of benefit to the patient.

#### I. SUMMARY

2. The clinical specialist in psychiatric nursing  
 was a : In attempting to identify the functions of the clinical specialist in psychiatric nursing caring for the recently discharged mentally ill patient in the home, it was necessary to study exactly what the nurse does. This was accomplished through the use of process recordings which were written following each of the six visits that were made by the clinical specialist in psychiatric nursing over a period of eight weeks. The process recordings were analyzed, according to a tool developed by Baxter, which identified trust, tolerance for frustration, independence, and interdependence as the general areas to be learned by the mentally ill patient. It was possible to apply the existing operations to specific excerpts in the data which exemplified them. It was also possible to obtain agreement from a committee of three nursing experts, one of whom also made a contribution towards further identification of a nursing operation.   
 III. IMPLICATIONS  
 could utilize her abilities in the following settings:



## II. CONCLUSIONS

From this study it was possible to conclude the following:

1. The clinical specialist functioned therapeutically with the mentally ill patient in the home and such a relationship was of benefit to the patient.
2. The clinical specialist in psychiatric nursing has a role in caring for the discharged mentally ill patient in the home.
3. The case study approach, role of co-therapist with the attending psychiatrist, and the ability to continue the relationship as long as the patient demonstrated a need for and interest in the relationship, provided the graduate student with excellent learning experience in comprehensive nursing care of the mentally ill patient.
4. The tool for the analysis of an interpersonal process recording was further validated as an effective instrument for analyzing the therapeutic process.

## III. IMPLICATIONS

The study provided implications for the relatively undefined role of the clinical specialist in caring for the mentally ill patient. Positions might be considered whereby the clinical specialist could utilize her abilities in the following settings:

1. In the hospital as a member of the therapeutic team, where her services could be made available to staff psychiatrists and other team members to work psychotherapeutically with selected members of the patient population.

2. In a public health agency, where, through referral, her abilities could be utilized to work psychotherapeutically with patients in the home. At the suggestion of attending psychiatrists it might be possible for her to initiate the relationship while the patient was in the hospital, thus facilitating the establishment of rapport and increasing her understanding of the patient's psychopathology.

3. In the office of the private psychiatrist, where she could work psychotherapeutically with specific private patients, and when indicated, continue the relationship into the hospital and the home.

Another implication of this study is the possibility of utilizing the total case study approach, in a flexible manner, based on the patient's needs for psychotherapeutic nursing care, in the teaching and supervision of graduate students in psychiatric nursing.

#### IV. RECOMMENDATIONS

It was recommended:

1. That evaluation be made, in terms of the

patient's growth in the areas of trust, tolerance for frustration, independence, and interdependence, resulting from the learning experiences provided by the nursing operations. This would be beneficial in determining the correlation between the growth that the clinical specialist facilitated by the learning experiences she provided for the patient and the actual growth the patient experienced as a result of the therapeutic relationship. This could possibly be effected through the use of testing devices administered at the time of the patient's discharge from the hospital and again at the time of termination of the nurse-patient relationship in the home.

2. That other tools, utilizing a more dynamic approach to the nurse-patient relationship, be developed, tested, and utilized for analyzing the therapeutic nurse-patient relationship.

3. That there be further investigation of the role of the clinical specialist in caring for the discharged mentally ill patient in the home; specifically with patients demonstrating various types of mental disorders.

4. That there be continued exploration of the role of the clinical specialist in settings other than the home.

5. That graduate students be afforded the opportunity to establish and maintain a therapeutic relationship

over a period of time that is determined by the patient's need for the relationship. Such a learning experience would provide the graduate student with an effective means for learning the multitude of factors involved in comprehensive patient care plus the opportunity to develop, to the fullest, the therapeutic interpersonal skills necessary to cope with these factors.

#### BIBLIOGRAPHY

## BIBLIOGRAPHY

### A. BOOKS

- Stramner, Lawrence M., and Everett I. Shostrom. Therapeutic Psychology. New Jersey: Prentice-Hall, Inc., 1960.
- Hoffling, Charles K., and Madeline M. Leininger. Basic Psychiatric Concepts in Nursing. Philadelphia: J. B. Lippincott Co., 1960.
- Matheney, Ruth V., and Mary Topalis. Psychiatric Nursing. St. Louis: C. V. Mosby Co., 1961.
- Sellitz, Clare, and others. Research Methods in Social Relations. New York: Henry Holt and Co., 1960.
- Sullivan, Harry S. The Interpersonal Theory of Psychiatry. New York: W. B. Norton, 1953.
- Tudbury, Mary A. The Psychiatric Nurse in the General Hospital. Springfield: Charles C. Thomas, 1939.

## BIBLIOGRAPHY

### B. PUBLICATIONS OF THE GOVERNMENT, LEARNED SOCIETIES, AND OTHER ORGANIZATIONS

- National League for Nursing. The Education of the Clinical Specialist in Psychiatric Nursing. New York: The League, 1958.

### C. PERIODICALS

- Abstract from Nursing Research, 10:64, Spring, 1961, citing Ilse E. Wolff, "A Study of Mentally Ill Patients Under Care of Public Health Nursing," Connecticut Health Bulletin, 73:255-67, September, 1959.
- Abstract from Nursing Research, 7:38, Fall, 1958, citing Ida Gerber, "An Investigation of Needs of Released Mental Patients on Tranquillizing Drugs in Relation

to Recommending a Public Health Nursing Follow-Up." Unpublished Doctoral Dissertation, New York University, New York, 1957.

## BIBLIOGRAPHY

Beasley, Florence A. "Public Health Nursing Services for the Families of the Mentally Ill," Nursing Outlook, 2:482-4, September, 1954.

### A. BOOKS

- Bojar, Samuel. "The Psychotherapeutic Function of the General Hospital Nurse," Nursing Outlook, 6:251-3, May, 1958.
- Brammer, Lawrence M., and Everett L. Shostrom. Therapeutic Psychology. New Jersey: Prentice-Hall, Inc., 1960.
- Bressler, Bernard. "The Psychotherapeutic Nurse," The American Journal of Nursing, 68:1260-1, May, 1968.
- Hofling, Charles K., and Madeline M. Leininger. Basic Psychiatric Concepts in Nursing. Philadelphia: J. B. Lippincott Co., 1960.
- Matheney, Ruth V., and Mary Topalis. Psychiatric Nursing. St. Louis: C. V. Mosby Co., 1961.
- Selltiz, Clare, and others. Research Methods in Social Relations. New York: Henry Holt and Co., 1960.
- Sullivan, Harry S. The Interpersonal Theory of Psychiatry. New York: W. W. Norton, 1953.
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### B. PUBLICATIONS OF THE GOVERNMENT, LEARNED SOCIETIES, AND OTHER ORGANIZATIONS

- National League for Nursing. The Education of the Clinical Specialist in Psychiatric Nursing. New York: The League, 1958.

### C. PERIODICALS

- Baxter, Margaret Lehfeldt. "Study of the Functions of a Psychiatric Nurse in a Therapeutic Nurse-Patient Relationship," Unpublished Dissertation, New York University, New York, 1958.
- Abstract from Nursing Research, 10:64, Spring, 1961, citing Ilse E. Wolff, "A Study of Mentally Ill Patients Under Care of Public Health Nursing," Connecticut Health Bulletin, 73:255-67, September, 1959.
- Abstract from Nursing Research, 7:38, Fall, 1958, citing Ida Gerber, "An Investigation of Needs of Released Mental Patients on Tranquilizing Drugs in Relation

to Recommending a Public Health Nursing Follow-Up." Unpublished Doctoral Dissertation, New York University, New York, 1957.

Beasley, Florence A. "Public Health Nursing Services for the Families of the Mentally Ill," Nursing Outlook, 2:482-4, September, 1954.

Bojar, Samuel. "The Psychotherapeutic Function of the General Hospital Nurse," Nursing Outlook, 6:151-3, March, 1958.

Bressler, Bernard. "The Psychotherapeutic Nurse," The American Journal of Nursing, 62:87-90, May, 1962.

Croley, M. Jay. "What Does a Psychiatric Nurse Specialist Do," The American Journal of Nursing, 62:72-4, February, 1962.

Friedman, T. T., and others. "Home Treatment of Psychiatric Patients," American Journal of Psychiatry, 116:807-9, March, 1960.

Lamkau, Paul. "Follow-Up Services for Psychiatric Patients," Nursing Outlook, 6:148-50, March, 1958.

Mellow, June. "Research in Psychiatric Nursing," The American Journal of Nursing, 55:441-4, April, 1955.

\_\_\_\_\_. "Research in Psychiatric Nursing," The American Journal of Nursing, 55:572-5, May, 1955.

\_\_\_\_\_. "Community Nursing Services to Discharged Psychiatric Patients," Nursing Research, 9:213, Fall, 1960.

#### D. UNPUBLISHED MATERIALS

Baxter, Margaret Lehfelddt. "Study of the Functions of a Psychiatric Nurse in a Therapeutic Nurse-Patient Relationship." Unpublished Master's Thesis, University of Colorado, Denver, 1956.

Williams, Dorothy Marie. "The Role of the Psychiatric Nurse Specialist in Psychotherapy in the Office of the Private Psychiatrist." Unpublished Master's Thesis, University of Colorado, Denver, 1958.



## ANALYSIS OF DATA

The following are the total process recordings obtained from the nurse-patient interactions, which transpired in the patient's home following discharge from a psychiatric hospital.

In analyzing the data, the investigator utilized a tool developed by Margaret Lehfelddt Baxter (Unpublished Master's Thesis, University of Colorado, 1956) for the analysis of an I.P.R. In this study the analysis of data consists of applying the thirty-three previously identified nursing operations to excerpts of the verbal nurse-patient interaction.

No attempt was made to analyze all of the data; rather the investigator attempted to select one excerpt from the nurse-patient interaction which exemplified each of the nursing operations. Within the limitations of the length of time of the relationship (six home visits) and the fact that the nursing operations are not necessarily mutually exclusive of each other, the investigator feels that all of the selected **APPENDIX** exemplify, to a greater or lesser degree, the nursing operations which are applied to them.

### ANALYZED DATA

The investigator is utilizing a committee of three experts for the purpose of verifying and further identifying the application of the nursing operations to the selected excerpts of the nurse-patient interaction.

On the following page the nursing operations are listed numerically in the order of their appearance in the data. Please place a check in the appropriate column and elaborate where indicated.

Of a total of thirty-three nursing operations, the investigator was unable to identify excerpts from the process recordings which exemplified the following two nursing operations.

11. The nurse trusts the patient.
22. The nurse gives complete attention to the patient at a scheduled time until he can learn to share the nurse.

If you feel that either of these operations are exemplified in any of the unidentified excerpts, please feel free to insert the nursing operation in the right hand column of the data.

## ANALYSIS OF DATA

The following are the total process recordings obtained from the nurse-patient interactions, which transpired in the patient's home following discharge from a psychiatric hospital.

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If you feel that either of these operations are exemplified in any of the unidentified excerpts, please feel free to insert the nursing operation in the right hand column of the data.

## ANALYSIS OF DATA (continued)

ANALYSIS OF DATA	
Nursing Operation Number	I agree that the nursing operation listed is exemplified by the selected excerpt
17	I disagree with the application of the nursing operation to the selected excerpt and recommend:
18	1. That it is not exemplified any-where in the data
12	2. That it is exemplified by an-other
4	
6	
8	
15	
33	
29	
10	
3	
25	
27	
9	
31	
19	
28	



## I

Pt. (As I approached the screen door) Hi Jo.  
 Just a minute. Get back Brownie--stay  
 away. Hurry now. (The dog proceeded to  
 jump up and down in a friendly manner)  
 Do you have nylons on?

C.S.\* Good morning A. No, not today.

Pt. That's good. Gee your legs are so tan.  
 (Jokingly) It's o.k. if he scratches  
 your legs, just so he doesn't ruin a  
 pair of nylons. (Brief laughter) (She  
 offered me a seat on the couch) (The dog  
 jumped up on the couch and as I petted  
 her, I noticed a large draining sore  
 under her ear) She's got a bad boil in  
 her salivary gland that broke yesterday.  
 All of a sudden yesterday it began to  
 swell to the size of a golf ball then  
 Johnny was playing with her and I don't  
 know if he kicked her or what, but the  
 next time I saw her it had broken. I'm  
 going to take her to the Vet's this  
 afternoon. (The children came in from  
 another room)

C.S. These are your children A?

Pt. Yes, that's Mary, and that's Johnny.  
 (I directed my attention to them for a  
 short period)

C.S. Are Mary's chickenpox gone already?

Pt. No, she never had them. (In a sarcastic  
 tone of voice) The doctor made the wrong  
 diagnosis. (This was the diagnosis made  
 by the Dr. over the phone after A. had  
 told him the child's major symptoms)

C.S. Let's see if I can identify the pets  
 correctly. That's Brownie; the Dachs-  
 hund is German so he has to be Heinz.  
 Where are the cats?

Pt. Probably in the kitchen. Would you like a cup of coffee?

C.S. Sounds good.

Pt. Come on in the kitchen. I can get these animals fed and out of the way. (A. proceeded, with the children and the animals following her, to the kitchen. I hesitated briefly to admire some prints which were framed hanging over the couch) Come on out in the kitchen Jo.

C.S. I was just admiring your prints, A. (I proceeded out into the kitchen where all was quiet for a moment) How have you been A?

Pt. The first two days were pretty bad. I felt so down and out. (Pause) Mother had been here and the place was just a mess. She had tried to start toilet training Johnny--he's in the process now--and between his messes and Tiny's (the cat) this place smelled to the high heavens. Tiny was sick to his stomach and was upchucking all over the place. In fact the only place he missed was the blanket on my bed and Johnny took care of that. It was terrible. I never knew a cat had so much in his stomach, but it just kept coming. I felt so sorry for him. It was really almost too much for me. (Pause) My mother lets the kids run wild; she doesn't keep them clean; sometimes it takes several washes before I can get the stains out of their clothes. Sure, she says keeping house is no trouble at all. It isn't any trouble if you let them run wild, write on the walls and do whatever they want to the place. But trying to keep the home looking nice, too, makes it a different story. (She was distracted by the children at this point. She got up and sent them outside, returned, and began to open the cat food) If I don't feed them before they go outside, they hunt for their own food and end up bringing back a dead bird or a dead mouse or something. (She sent the dogs outside, and fed the cats. The doorbell rang, A. answered it and admitted a male neighbor



who was in somewhat elated spirits anticipating a vacation he and his family were starting on that morning. He gave A. some instructions, dates, and phone numbers related to caring for their pets. A. introduced me to him as a friend of hers. The backdoor bell rang. A. was giving the impression of being rather hurried at this point. I joked with her about the bell code--two rings for the front and one for the back--she smiled broadly and gave a quick retort. She let Johnny in and followed her neighbor to the front door to wish him a happy vacation. Johnny began hanging on the refrigerator door repeating over and over, "I want a weiner" to which A. responded negatively. A. started to pour our coffee and talked as she did so) Remember my telling you about my little weekly allowance? (I nodded yes and smiled, as the tone of her voice was humorously hostile) Well it seems as though B. (her husband) also left me a few bills to pay off too. I get forty dollars a week all totaled, and this is real cute, one of the bills is for thirty-four dollars and the other, for his shirts, is four dollars and eighty cents. They're in my name too. I'll have to see what I can do about them or getting them transferred to B. He's such a sport. (The front door bell rang, A. answered it and directed Mary's little girl friend to the back yard. She then manipulated Johnny into going out into the back yard with the girls and the pets. When she returned it was the first time during our visit that there were no distractions. She sat down across the kitchen table from me. She began talking in a serious tone of voice) The first two days really were bad. Then a friend of mine came over with a jug of wine and we talked until one o'clock in the morning. She suggested we pitch in and get the place cleaned up. (Jokingly) She couldn't stand it any longer. I told her I thought the vacuum cleaner would wake the kids, but she suggested we try it anyway. So we did. We had the whole place spic and span by four o'clock. The floors were all vacuumed, we did seven loads of laundry including all the linens the animals upchucked on, and everything was all straightened up.



C.S. Getting that tremendous amount of work done plus having a nice long talk with a close friend really helped boost your spirits.

17. Nurse helps her get satisfaction from her accomplishments.

Pt. That's right; I've felt much better ever since then. We talked for a long time about the Bible Institute I went to after I got out of high school, my real religious upbringing at home and in church, the strict morals, how at one time I wanted to be a missionary...that's why I went to B.I.--ever hear of it?

C.S. I'm not sure whether I have or not A. It's in California, isn't it?

Pt. Yes. She asked me if I ever told any of this to the Dr. I don't think I have, but I'm not sure. The same with you Jo. I can't remember whether I've mentioned certain things before or not. (Humorously) If I have, why just raise your hand and I'll stop. He (the Doctor) was always saying I'm not telling him everything, and honestly, I didn't know what he wanted me to tell him; I really didn't. I wasn't consciously withholding anything from him...I thought I told him everything that was bothering me. (Pause)

C.S. Did you ever mentioned your feelings about your mom and dad A, or your feelings about the Bible Institute?

Pt. I know I've mentioned my mother, but I don't think I've ever talked about my father or about B.I. That place was a real panic. Had to be in every night at seven o'clock but on the week-ends it was nine o'clock. The girls and boys ate separately except on Wednesday evenings, and then you had to get all dressed up. (Pause, smiling at her thoughts) I remember one night a friend of mine and I just decided to spend the night out. We were all dressed up; it was after dinner and we were going to get

a room at the Hilton. It never occurred to either of us that we didn't have two nickles to rub together. Well we were absolutely floored to find out that they wanted something like twenty dollars for one room for one night. Needless to say we didn't stay there. We just started walking, looking for a place to stay that we could afford. (Pause) Anyway we ended up in a real flop house. We were so tired and our feet were so sore I don't think we really cared. The manager was this real horrible crummy looking man with half of his fingers missing. The john was down at the end of the hall; the place was terribly drab, and the walls were paper thin. I didn't think of it then, but I'm sure the place was full of cockroaches and bedbugs. I don't know what ever possessed us. We didn't have anything with us, so we slept in our underwear. Well anyway sometime after we had gotten to bed some character came into our room. I was so petrified I couldn't say a thing, my friend did all the talking. I remember he made the remark, 'How about a thorn between two roses!' I was just petrified. I don't remember how she got him out of there but she did and after she got rid of him we took off so fast I think we went right through their paper thin walls. Anyway to make the point I had in mind in the first place; because of my strict moral training I believe a wife should be faithful to her husband. If I ever started to run around on B, even though we are separated, I couldn't live with myself. It's something I just couldn't do. When you're single, it's different. As far as I'm concerned it's o.k. if a single gal wants to sleep with anyone she knows--if she wants to take the chance--but once you're married it's a different story. I don't judge my friends by my standards, because it's very possible some of them do cheat on their husbands, I don't know for sure, but that's none of my business. They're friends for certain reasons, in the first place, and what they do privately is their own business. Realistically, too, the children come first with me and I wouldn't jeopardize their welfare for anything. The way I see things now, I don't think a reconciliation is impossible between B. and myself. I have to decide

whether I want to accept him as he is and live with him for the rest of my days; because I know now that B. is the way he is and nothing's going to change him and I have to decide, for my own sake as well as the children's, whether I want to spend the rest of my life with him. It's hard being without him. Sometimes I get lonesome and now, because of it, I start thinking about wanting to go out with other men--slight pause--but I have no intentions of going to bed with anyone. (Jokingly) To hear me talk you'd think they were breaking down my door to ask me out. If I ever did have anyone over, I'd have the kids at the sitters. I can't see any point in confusing them. But, as I said, I can really see the possibility of a reconciliation at some future date.

C.S. It seems like you've been giving all aspects of the situation a lot of thought. Apparently it boils down to whether you want to maintain your separation and all of the hardships that go with it, or whether you desire a reconciliation based on your acceptance of B. as an individual with good points as well as limitations.

Pt. That's exactly it. (Johnny was crying loudly outside and the pets were scratching to get in. A. got up and let them in and brought Johnny in) Let's go into the front room, it's more comfortable in there.

C.S. Good idea....do you need the ash tray?

Pt. No, there's one in here Jo. (She put her coffee and cigarettes down on the table kitty corner from the sofa) You haven't seen the rest of the house have you?

18. Nurse participates in problem-solving process, which includes listening, showing interest and understanding, exploring the problem as to choices of solutions, outcomes.

C.S. No, I haven't. (A. proceeded to show me the children's room and her room)

Pt. C. is living with me now. (A friend of hers whom she planned to have living with her after she returned from the hospital) B. took the extra long double bed with him when he left so C. and I sleep in four hour shifts. (Said with humor) I have to get another single bed to put in the large bedroom. Right now we're taking turns. One night I sleep on the couch and the next night it's her turn. It's not too bad but we do need another bed. (We proceeded back to the front room)

C.S. You have a lovely home, A.

Pt. Thank you. It's a little small but it is nice. There's a lot of work to keeping it up, especially with two small children. That's one of the reasons I've decided to get rid of all of the pets except Tike. (This is her other cat. She took it from the postman several months previously, after he had found it with an injured ear and was unable to find a home for him)

C.S. Knowing how much your pets mean to you A, this is a big sacrifice on your part, isn't it?

Pt. I really am attached to them, but they require a great deal of time and effort. Another reason is that I can't stand to see animals abused and when Mary or Johnny push them around it upsets me and I get angry and scream at the children which isn't right--especially Johnny, he's too young to know what he's doing. (Pause) This past year I was becoming a real fish wife. Hollering, irritable and screaming most all of the time. But it wasn't entirely my fault. It takes two to tango. It seems like the turning point in our marriage was when I practically dragged B. to the marriage counsellor last year. She said that there was definitely something wrong and that we should come back twice a week. But

this involved B. giving up a half hour of work on those two mornings so he said 'no' and that we could work it out ourselves. That was the end of it. He never mentioned it again. After that I think I just gave up. (Pause) All I ever wanted was to be important to him...at least as important as his job. I would have done anything for him. I used to like to sit next to him in the car but I noticed he'd give me the elbow saying it was too hot or stuffy or something like that. We never went out together--he always said we didn't have the money. One time, the only time in our married life, he took a Saturday off and we were supposed to go someplace with another couple. It rained that day so he said he might as well go to work--which he did. After all he could have stayed home that day and puttered around the house... he'd planned to take the day off anyway... But not B. (Pause...her hostility decreased) All I wanted was some love and affection--even if it does sound corny--but he's not the type. (Pause) Since then I've found out that it's not so abnormal. Lots of married couples don't have anything to do with each other, for months at a time, but it bothered me because I see sex as an expression of something deeper. So after that session with the marriage counsellor, and B's indifference to our marriage, I became a real fish wife. I'd spend money like mad--of course I'd always done that; before we were married I had five hundred dollars worth of bills for clothes, which B. had to pay; I was always hollering at the kids and irritable; I wasn't taking care of the house. (Pause) Yet, I don't want to deprive the kids of their father. I never really had a father and I know what it's like. The other day I spanked Mary for something and she called for B, which is only natural, she's always done it, and B. is a good father. He's devoted to the kids and he's a good provider. (Pause) Everyone thinks this whole thing is my fault. I hadn't heard a word from my mother in the longest time; she thinks B. is god practically and that the whole thing is my fault. Then C. called her to talk to her and see how she



felt--but she'll never change. She's always the same. Ever since I've been married she's used my home for a hotel and to entertain her friends. In all that time she hasn't babysat for us more than five times in our married life and then she has her nose against the screen wanting to come along. She never likes to stay home; in that sense I'm a little like her. Remember me telling you about my sister coming down with her husband for some convention and bringing the three kids? (I nodded yes) Well, mother's first words were she couldn't see why I couldn't take at least one of the kids. Three would be very hard on her. On her--isn't that just too bad. She'll never change and I guess I just have to accept her the way she is. The neighbors too. They're just buzzing like little bees wondering what's happened. Betty's mother, the little girl that went out in back to play with Mary, was very interested in finding out all the details. So I just told her that I was in the hospital and that the Doctor recommended a temporary separation. That's all I said and that's all I'm going to say.

(A. got up to go out to the kitchen to see what Johnny was into--she returned shortly) One good thing about my being in the hospital though is that B. is spending more time with the kids. He was over practically every day taking them places, helping them with their meals and getting them ready for bed. It may be a good sign. (Pause) When I thought of losing those kids something inside of me just snapped. First B. saying I was an unfit mother and then when Dr. \_\_\_\_\_ suggested \_\_\_\_\_ hospital I thought the next stop was Pueblo and then it would have been possible for them to write an affidavit that I was an unfit mother and that would be the end of my children. (Pause) I called Dr. \_\_\_\_\_ the other day, that was really eating humble pie; but I had to apologize for the way I talked to him the last time I saw him. I practically threatened the man's life, in fact at one point I think I did just that. He was really very nice. I'll be seeing him next week and he said if I still felt that I couldn't work with him he'd recommend someone else (Pause) I know I won't be able to make any decisions about B. and a reconciliation

for at least six months so I'll be in need of someone I can trust and have confidence in to talk to and to help me.

C.S. It seems like you have things in a much better perspective now A. 12. Nurse supports her in the struggle to express and gratify needs.

Pt. You know, I hated and dreaded those treatments; I wouldn't walk across the street for another one but they may have shocked me to my senses. I know I feel much more myself than I have in a long time even though I'm not as happy as I used to be, but things do seem to be in a more realistic perspective. I know I have to understand myself better and get over the bitterness I feel towards B. before I can make any decisions--and I know it will take time. (Pause--she looked at her watch) Speaking of time, I have to get Mary to nursery school. Would you like to come along Jo?

C.S. Our hour's just about up A. and I have an appointment at eleven o'clock so I'll have to be leaving ...thanks for the invitation. (A. called Mary and began to get her dressed for nursery school)

Pt. It was a little hectic this morning, what other times do you have free?

C.S. Any time on Wednesday or Friday.

Pt. Mary is at nursery school from ten-thirty until twelve, so why don't we make it at ten-thirty. I don't really want the children to hear what we're talking about. It's not especially good for them. If I'm not back by ten-thirty just wait a few minutes for me. It'll be more quiet this way. The pets will be gone, too.

C.S. How's that working A?



Pt. The neighbor's are finding homes for them, so I don't know how long it will take. (We started to leave for our respective cars)

C.S. Ten-thirty then, next Friday A. I'll see you then.

Pt. Good-bye, Jo.

C.S. Good-bye A.

## II

On arriving at the Z residence it was obvious from the absence of the car and the closed doors, that A. had not yet returned from taking her four and one-half year old daughter to nursery school. Within a few short moments A. drove up. We got out of our cars simultaneously and walked towards the house, A. carrying little Johnny under one arm.

C.S. Hi A.

Pt. Hi Jo, been waiting long?

C.S. No, I just got here a few seconds ago. 4. Nurse is consistent, keeps promises, is punctual, etc.

Pt. I left the front door open for you. (We proceeded inside) This is one of those very busy days. Mary had her swimming lesson from nine to ten this morning, then I went to pick her and her little friend up, brought them home, had to get Mary dressed for nursery school, and then off again, plus all the other little items like feeding the animals and the kids, getting them bathed...this place is a real mess. (Jokingly) Does it give you the impression it's been neglected? (She put Johnny down. Compared with the relative neatness and order last week, the house appeared disorganized. There was a large pile of clean clothes to be ironed on the arm chair and hassock. The ironing board was up in the front room,

there were toys all over the floor, children's apparel, etc.) Sit down Jo, (Jokingly) if you can find a spot. (The dogs were enthusiastically jumping up and down greeting us. I sat down, A. went out into the kitchen, and played with Brownie for a few moments, observing that the area involving the abscess had been cleaned, shaved, and looked much improved. I proceeded out to the kitchen)

C.S. Brownie's abscess looks quite good.

Pt. It is much better; I took her to the Vet's during the week and he shaved her hair and cleaned it all up. (A. directed her attention to Johnny, encouraging him to go outside and play for a while. She let him out. A. had already put on the coffee and suggested we go into the living room) Jo, do you smoke?

C.S. Not any more A, are you all out?

Pt. Just about. (She turned around and went to the kitchen phone, called her next door neighbor and asked her to send over a pack of cigarettes with her daughter. A. came into the living room, and sought out the large arm chair with the hassock, as she had done last week. However, today it was necessary to remove the large pile of clean clothes, which she did, dropping them very definitely on the floor after she hurriedly looked around for another place to put them. I had already seated myself on the couch, an arrangement that put quite a bit of distance between us. This made me feel a little uncomfortable, as I didn't know how to tactfully invite her to sit in closer proximity. At this time the neighbor's little girl rang the doorbell and hurriedly gave A. the cigarettes) I really feel pooped. (Pause) C. was here last week when you were here, wasn't she?

C.S. Yes, she had just moved in.

Pt. We've had to take turns sleeping on the couch because B. took the big double bed with him, and I can't sleep on it, it's too uncomfortable so I've been kind of tired out. However, these last two nights I've been sleeping like a log

Pt. and getting up at five in the morning, thanks to my son.

C.S. Five o'clock in the morning.

Pt. Yes, and with not getting to bed until midnight, I guess I'm just a little tired out. (Pause) This morning Johnny woke me up with an ashtray full of cigarette butts and ashes; he just deposited it in bed with me. Or sometimes, just for a little variety, he decides to rearrange all of my cupboard shelves; he can reach the third shelf now when he's on the stool. One morning he had all the granulated sugar, powdered sugar, spices, and flour in a nice big heap on the kitchen floor. Other times he turns on the water and has the whole top of the sink and everything on it, floating.

C.S. He sounds like a little Katzenjammer kid.

Pt. (Laughingly) That's just about it. I've tried everything I can think of to keep him in his room so I can get a little extra sleep, but nothing works. If I lock him in his room he screams at the top of his lungs and I just can't stand to hear him cry constantly. It's funny, a few months ago I would have been onery enough to let him cry his head off, I just didn't care, but I can't do it any more. It bothers me to hear him crying constantly. B. and I even invested in twenty-five dollars worth of blackout shades hoping that keeping the sun out would keep him in bed a little longer, but he tore them into shreds. I've been thinking of strapping him to his bed, that's what a friend of mine does with her little boy, but I'd be deathly afraid he'd strangle himself trying to get out of it. I do have a harness for him (distracted)...it was a riot, last week when I took Brownie to the Vet's I had Johnny on the leash and was carrying Brownie (began laughing enthusiastically) and someone asked me if I had the arrangement a little confused.

C.S. I imagine it makes it hard, too, because he and Mary are so very different from each other.

Pt. That's absolutely right. She's always been such an obedient loving child, whereas Johnny is exactly the opposite. Everything with him now is 'no'. That's all he ever says, and he slaps back now, and throws things, and abuses the animals...I know he's too young to know any better and that he's not really doing it out of meanness, but it is a little trying at times.

C.S. His behavior bothers you A?

Pt. No, not really. Not anymore. A couple of months ago it did to the point where I was always screaming and hitting him, but I don't do that anymore. Especially since a friend of mine has a little Johnny too. At first I thought he was very unique and I was concerned, but her little boy is just about the same age and it's remarkable how much alike they are. He's always into things; remember one time I told you how he put lipstick all over their new white bedroom wall-to-wall carpeting? (I nodded yes) He did such a good job they couldn't even turn it around so it would be less conspicuous. I guess it's just a phase they go through--he's bigger and stronger now and I think he knows it. He has no fear of anything. He's forever climbing, picking up pieces of furniture, knocking things over so he can get at them--just constant activity. (Pause) In fact it used to bother me that Mary wouldn't ever hit back or fight back when the other kids would push her around. That little friend of hers next door was forever ordering her around and Mary would do everything she said, but I've noticed since I've been back from the hospital she's really starting to stand on her own two feet. I think she realized now that I won't always be there to come to her aid and she has to stick up for herself. I'm glad too because it used to bother me to see her getting pushed around all the time; she even gives it back to Johnny when he hits her, which she didn't do before. (Pause) She seems to be taking this business of the separation pretty well, too. I was really concerned for her and how she would react...I mentioned it to you before (I nodded yes) but everything seems to be coming along pretty well. The other day I went over to get her at

Pt. her friend's house for lunch and her little friend made the remark that they don't eat lunch until their daddy comes home. Mary simply said, in a very matter-of-fact way, that her daddy had moved away and didn't come home for lunch. She said it very calmly and I don't think she was trying to hide her feelings, it was just a very matter-of-fact response.

C.S. She is too young to disguise her feelings, you're right A.

6. Nurse helps fulfill needs.

Pt. I'm glad. She was the one I was most concerned about, because she is so sensitive; I just told her that her daddy had to move closer to his work and that he would be over several times a week to see her...and she really seemed to be accepting this quite well. (Pause) It isn't possible for her to have feelings she isn't showing me, is it Jo? I mean it isn't possible that this is having an effect on her that I'm not aware of, because she seems to be taking it quite well. (Her voice demonstrated a real concern)

26. (Let's her be dependent when she feels the need to be. Expert III).

C.S. No, A. it isn't. As I said she's much too young to know anything about disguising her feelings, especially from you. Her reaction to this will be a reflection of yours A. If you communicate to her, both by your explanations and your feelings, that this is a necessary and good thing, and not something to be afraid of or to suffer under, this is exactly the attitude she'll have towards the separation.

8. Nurse looks to see when help is needed and when she can function by herself.

Pt. That's really good to know. Makes sense too. (She appeared relieved) Even though I am tired some of the time, I am feeling a lot better.

C.S. It's encouraging.



Pt. Yes, it is. (A. heard Johnny crying to get in. She proceeded to the kitchen, let him in and began pouring our coffee, calling to me from the kitchen to ask if I took cream and sugar. She and Johnny entered shortly. From this point on, our visit was again characterized by quite a few distractions. Johnny remained in the living room with us and was continuously engaged in activities like standing on the straw rocker and jumping into A's lap, asking for cookies, playing with A's matches, throwing toys, etc., all of which necessitated verbal reprimands from A. and were a source of distraction. Practically all of his antics were characteristic of a two year old boy and were quite amusing for both of us, to the point where we were frequently involved in his games. This was also a source of distraction insofar as the focus of attention was very easily changed to the lighter vein of Johnny's antics) Oh, I meant to tell you, I went to see Dr.                      on (to herself) let's see what day was it, oh yes, Wednesday. He said I was doing well enough to forget about seeing him on a scheduled weekly basis.

C.S. That is good news, isn't it?

Pt. It sure was. I was so hepped up about my change in attitude that I really would have been down in the dumps if he had said I wasn't doing well.

C.S. Sounds like you must have spent a profitable hour.

Pt. It was really something. I don't know what he thought of me, but I babbled for a solid hour. It's just that I had so much I wanted to say to him. I wanted to make sure I got it all in--about how much better I felt about everything, my change in attitude and all. And my embarrassment about what I'd said to him when I called him that night and was so angry...I don't remember exactly what I said and I don't want to. I know I was mad enough to kill him and I may have said this, but when I heard that they planned on declaring me an unfit mother and taking the

kids away from me something just snapped and I blew my stack, which I rarely do. I've gotten mad before, but never so furious that I'd sputter and stammer, which is exactly what I did that night when I called him. I guess I was kind of surprised when he was so nice to me during the office visit.

- C.S. You expected him to react personally and perhaps have nothing to do with you again.
- Pt. I guess so.
- C.S. Bet he didn't, because he probably realized that your anger was justified and it was properly directed and in this sense it was appropriate and acceptable.
- Pt. He told me that I was right; that he would have signed an affidavit declaring me an unfit mother...but now things are beginning to change. (Silence--she was distracted by Johnny)
- C.S. Was your visit more comfortable?
- Pt. As comfortable as I could ever be with any Doctor. It was the same way with Dr. \_\_\_\_\_ (a previous psychiatrist) I always felt ill-at-ease in his presence, and I feel the same way with Dr. \_\_\_\_\_. I asked him if it would be o.k. for me to make an appointment to see Dr. \_\_\_\_\_ (a general practitioner who initially referred her for psychiatric help) just for moral support.
- C.S. Is he back in town A?
- Pt. He's supposed to come back next week. I had to call his secretary to find out about the pills he has me on, you know, whether I can take them while I'm taking the pills Dr. \_\_\_\_\_ has prescribed. Anyway she said he'd be back next week. (Pause) I remember
15. Nurse lets her express emotion without rejecting her and then helps her deal constructively with the feeling.

during one of those pentothal interviews, I told Dr. \_\_\_\_\_ that I loved Dr. \_\_\_\_\_ (the general practitioner--somewhat sarcastically) I'll bet that really makes me out to be something. (More seriously) But a friend of mine, who also goes to him for a weight problem, feels the same way about him. He's the only Dr. I've ever been able to talk to. He's the only one that ever really seemed sincerely interested. I just can't help thinking how lucky his kids are, they'd never be neglected. Even my O.B. Dr. never bothered to take a few minutes to just sit down and listen. When I was pregnant with Johnny I tried to tell him how cruel B. was, but he just shrugged it right off and walked out of the room as if I'd never said a thing. Drs. should be more understanding and spend more time with their patients instead of always being so ready and willing to prescribe something and get on to the next case. I don't think they realize how important they are to their patients and how much good they could do if they would only spend a little time talking and listening to their patients. (This was said with some hostility, but it was conveyed mostly in a pleading tone)

C.S. I can understand how you feel A. (A. was distracted by Johnny who was teasing and hitting the dog. With this she changed the focus)

Pt. I'm still looking for homes for them.

C.S. Any luck?

Pt. Not with Heinz, but I guess I can see why. He is five years old and I can't very well put an ad in the paper saying he's good with kids, because if they push him too far, he'll snap. But there has been a couple that have offered me thirty-five dollars for Brownie; with the boil and everything last week, I told them to give me a week to think about it. Actually of all the pets Brownie's the one I really wanted to keep. She's the youngest, the friendliest, and has the best disposition. But Heinz is like an old friend



even though he isn't real good with the kids. There was a woman and her daughter that were interested in the cats, but I haven't heard from them.

C.S. The Vet suggested that I give them to the Dumb Friends League, but I just can't do that.

C.S. You're very attached to the pets, A.

Pt. Yes, and the idea of not knowing who'd have them or what kind of a home they'd be in would really bother me. I'd rather have them put to sleep first, than see them abused in any way. The neighbor's are still looking, and I have to make up my mind about Brownie tomorrow.

C.S. Would these people provide a good home for her?

Pt. Yes.

C.S. But it's difficult to part with her.

Pt. It sure is.

C.S. Is it impossible to keep them A?

Pt. If I can get rid of them it means about fifty per cent less work for me.

C.S. And that's really the important thing right now, as well as giving as much time and attention to the children as possible.

Pt. Yes, that's about it.

C.S. Even though it is a difficult thing to do and it is painful, it is a necessary move to make.

Pt. That's right. (A. was again distracted by Johnny who was in the kitchen and could be heard taking the dishes off the shelves. We proceeded out to the kitchen

8. (Nurse looks to see when help is needed and when she can function by herself Expert III).

33. Helps with problem-solving by listening, getting across interest and understanding, and by exploration of the problem as to choices of solutions, outcomes.

29. Nurse supports her and gives her opportunities to receive recognition for independent activities.

and, as our hour was up and it was time for their lunch, I terminated our visit)

C.S. Well A, I'll leave you now, our hour is up. I'll see you next Friday at the same time.

Pt. Gee Jo, I hate to have you make that long drive every week. Do you want to come?

C.S. Yes, I do A, especially if it's helpful to you.

Pt. Well, I enjoy having you.

C.S. I'll see you on Friday at ten-thirty then.

Pt. Fine. Good-bye Jo.

C.S. Good-bye A. (I started toward my car --A. called after me 'Jo, wave good-bye to Johnny, he's waving to you' I waved and said good-bye to Johnny before getting in the car.)

10. Nurse recognizes and responds to testing.

### III

There was no response to the doorbell after I had rung it. I heard A's voice and shortly realized that it was coming from a neighbor's home across the street. Momentarily, A. appeared in the doorway, called a greeting to me, and said good-bye to her neighbor.

Pt. Hi, Jo.

C.S. Good-morning A. Who's your little friend tagging behind? (She laughed) Hi, Johnny.

Pt. Come on in. (We proceeded inside) Would you like a glass of iced tea?

C.S. No thanks A, not right now.

Pt. Iced coffee? Instant tea?

C.S. I just finished breakfast, thanks A.

Pt. (Humorously) Is it against the rules to have something to drink?

C.S. No, not to my knowledge. We've had coffee before, if I remember correctly.

Pt. So we have. (She went into the kitchen, got her cigarettes, and returned to the living room, seating herself, as usual in the arm chair kitty corner from the couch. Similar to last week, the hour was characterized by frequent interruptions as A. would momentarily leave the room to check on Johnny's mischievous activities) I had the kids' birthday party Sunday and all the children had one of these turtles, you know with the little heads and tails mounted on wire so they have a semblance of a live turtle...Johnny, show Jo the turtle. (He brought it over to me)

C.S. It's cute, A.

Pt. I handed one of them to a friend of mine, when she least expected it, and she thought it was real.

C.S. From the look on your face she must have reacted to it.

Pt. She did; it was really funny. Come on Johnny, do you want to go outside? (She took him by the hand and led him to the back yard)

C.S. How was the party A?

Pt. It really went very well. I had bought all of the invitations and decorations from a little store that kind of specializes in the Mexican motifs. I made little straw burros and mounted them on the invitations before I sent them; they held up quite well in the mail. Then for the kids I had little mexican hats and table

25. Nurse provides her with opportunities to demonstrate interest in patient's life experiences.

decorations. (Pause) Had quite a bit of company, too. My sister and her family were in overnight, so they came over, then I had some of Mary's little friends, B. was here, our next door neighbors and their children, and another family from down the block.

C.S. You had quite a house full.

Pt. I got pretty upset with my sister. I knew a few days ahead of time she'd be in overnight, so I arranged to have a nice dinner for them at about three o'clock, and then have the party at four. I took about ten of my forty-dollar allowance, bought a ham and all the trimmings and she calls up to tell me that they had other plans for the early afternoon with some friends of theirs, and that the dinner and party would interfere. So they wanted to come over in the morning. Well, I didn't say anything at the time but I just told her that the party would be at four o'clock. My mother said why couldn't the kids open their gifts in the morning when my sister was here. That family of mine will never change. I just told her that I thought it was rather ridiculous to have the kids opening their gifts at two different times and that the party was scheduled at four o'clock and that's when we would have it.

C.S. And you stuck to your guns.

Pt. That's right. They didn't come for dinner, but they did come over about a half hour after the party started. (Pause) You know, it was kind of funny, they never said one single solitary word about the separation. Not one word.

C.S. And this bothered you.

Pt. Yes, it did, because I know they're all so crazy about B. and they think it's all my fault. (Distracted)

25. Nurse provides her with opportunities to act out different roles and to evaluate their effect through the nurse's reaction.

Johnny don't play in the garage. Go out in the yard. Well, anyway, the kids really enjoyed themselves and that's the important thing.

C.S. How did you feel with that much company, A?

Pt. You know, it was interesting. I might have been inclined to be a little nervous, but with my sister here and seeing how very nervous she is with her little ones, I was just the opposite. I couldn't have been more relaxed. She has two girls and a boy. They're five, four, and two. She's as nervous as a cat and bites her nails something terrible, right down to the quick, and one time to a point where they were all infected, you know, from putting her hands in water and changing the little one, things like that. Of course she thinks the same thing about my smoking so much, and cigarettes do have a tranquilizing effect on me. You remember I told you her husband was a Doctor (I nodded yes) and was working terrifically long hours and rarely at home, even in the evenings....I guess it's just too much for any woman to try and raise a family all by herself. She clamps down hard on the girls, but lets the littlest, the boy, do as he darn well pleases, and he's getting to be a real obnoxious kid. I really mean it; if he doesn't get his way he'll just give you a kick in the leg with his little hard soled shoes. And as I said her husband is so rarely at home he calls up to discipline the kids over the phone. (She laughed at the unintended humor in this statement) When he worked with the two doctors he started with, they had a regular little apartment in the office. The nurses used to fix supper for them before they left for the day and the group of them used to be there practically all night. Now he's with a new group and at least he gets one day off a week...which is better than nothing. (Pause) They've bought a home too. I remember when they started out they lived in some pretty crummy places for a long time. Now things are getting better

for them, but my sister is a nervous wreck and that son of hers is showing some real signs. (Implying he's a behavior problem)

C.S. From your description of some of the children, it sounds like you may have had some action here that day.

Pt. We sure did. Mary and my sister's oldest daughter get along just beautifully...they really do. But the little one had water all over the kitchen floor, which didn't particularly bother me since I'm used to it with Johnny. So I just kept walking through it most of the afternoon and that really gripped her. Then one of her girls fell and bumped her head, but good...so there was enough activity to keep us busy. (Pause) My mother even slipped a few times with the little one. He was really getting on her nerves. (A. heard Johnny in something in the garage and left to see what he was up to. When she returned in a few minutes Brownie was with her and immediately jumped onto the couch.) His absess is much better don't you think?

C.S. It really looks good, A.

Pt. My sister took Heinz back with her and the people who want Brownie are coming for her tomorrow. They're relatives of one of my neighbors and they really want a dog of her particular breed. They've built a special fence all around their yard just so they could get a dog. I've been stalling them for two weeks now, and I hate to tell them 'no' when they come tomorrow, but I just can't bring myself to give her up. She's really no problem at all now that Heinz is gone. She was really jealous of him. I worried more about him than any of the other pets, because I was afraid when the kids opened the door he'd take off or in this hot weather might snap at one of the children, so in that sense I'm relieved that he's gone. But Brownie I really don't want to part with...I don't know what I'll do tomorrow. Of course the thirty-five dollars would pay the Vet

27. Nurse accepts her (pt.'s) values and shares hers with patient.



C.S. bill. (Johnny was into something in the kitchen cabinets so A. again took off to see what he was up to, after calling to him and not getting any response. She again took him out into the yard, turned on the sprinkler, and returned) But I'm really a dog lover and not a cat lover; at the rate I'm going I'll end up with all cats and no dogs. I sure hate to turn them down after so long and yet I hate to part with her. (Pause) I'll just have to wait and see what happens tomorrow.

C.S. It's not an easy decision to make A.

Pt. No, it isn't. (Pause) Oh, Jo there's something I wanted to ask you. Is becoming a nurse a real expensive and time-consuming job?

C.S. Educationally there are all levels of preparation A, from one year for a practical nurse to four or five years for a bachelor's degree. What did you have in mind?

Pt. I've just been thinking about the future. I don't like to be so vague about what it holds for me, job wise. Right now I think the kids really need me, especially Johnny because he's still so young yet; but when they're both in school in about three years I want to be prepared and able to get a job that I'll really like. Of course I could always work in a factory. (She began to laugh) Seriously though, receptionist jobs are few and far between. Remember the time I told you I worked as a receptionist (I nodded yes) and B. asked me to quit cause we were losing money on the deal. (She started to laugh) But clothes wise, lunch money and all, it is a losing proposition.

9. Nurse shows sense of worth for self and serves as model with whom the patient can identify her values, ideas.

31. Identified resources and allows her to make own decisions about them.

25. (Provides her with opportunities to act out different roles and to evaluate their effect through nurse's reaction. Expert III).

- C.S. Milling over any other job opportunities? 19. Nurse attempts to determine readiness of patient for independence.
- Pt. I've thought about art work, but I know it would take several years in a good art institute, to develop my many talents, and then you don't know if you're going to make the grade. Besides that there aren't any good institutes here in Colorado. And I know enough about it right now to know that there's a lot of dirty work along with the artistic aspects of any job, as say a designer. I'm really interested in a job where I'd be working with people.
- C.S. I've thought about nursing and also about going back to work for the Welfare Bureau. I've worked there, on and off, since I've been seventeen. I was down there recently to visit some of my co-workers. The first person I ran into was the negro cleaning woman--I'm on real good terms with her. (Stated humorously) People must have thought I was a nut or something; I gave her a big hug in public. She really has been great to me; we've even kept in touch over the years...
- C.S. she's a wonderful person. So I've thought about going back there eventually or maybe into nursing. Do you think I should write to the various schools and ask them to send me some literature about their programs?
- C.S. That sounds good A. 28. Nurse gives her approval when she seeks independent activities.
- Pt. I think I'll do that. I've also thought about going back to the airlines but some of the gals there who work in the reservations and ticket departments say they are having less and less to do with people. Another thing is that I never did learn about that aspect of the job when I was in school...and I probably couldn't



Pt. catch on now either. (Johnny was play-  
with the water in the sink, A. called  
to him several times but he didn't  
answer)

C.S. I'll make this trip with you. (We  
proceeded out to the kitchen. Johnny  
was on a stool getting a drink of  
water. Half of the contents was going  
into his mouth, the other half on the  
floor)

Pt. Be careful of the floor Jo, it's  
slippery. (She again took him out  
into the yard and returned shortly)

C.S. The sand's a new addition, isn't it?

Pt. Oh yes, I ordered six square yards of  
it. I had no idea of how much six  
yards of sand was. You can see the  
little path we cut through the grass  
with the wheel barrel. Jim (a neigh-  
bor) was kind enough to offer to help.  
That's the last I've seen of him since  
then. (Humorously) He said he was  
going to put up a small cross indicating  
the spot where he left his spine. I al-  
most ordered eight yards. (We returned  
to the living room.)

C.S. Have you heard from Dr. \_\_\_\_\_?  
(The general practitioner)

Pt. Not a single word. He's out of town  
and his secretary's on vacation so  
it's pretty hard to get any information  
from the girl that's substituting. She  
said he has been out of town but a  
friend of mine said she saw him the other  
day. So I don't know what's up. I heard  
too that he had gotten married or was  
supposed to get married. How old a man  
is he Jo?

C.S. I really don't know A.

Pt. Have you ever met him?

C.S. No, I haven't.

Pt. I know he's cut down his practice and does a lot of out-of-town consultations; has he been sick at all?

C.S. I really can't be sure A, but I seem to remember that he had a heart condition and was supposed to take it a little easier. Are you concerned A?

Pt. Well, I've been trying to get in touch with him since the first day I was in the hospital and I would like to find out about the medicines he has me on. The secretary was supposed to call the pharmacy and then get in touch with Dr. \_\_\_\_\_ (the psychiatrist) but she never did.

C.S. So you're no further along than when you started.

Pt. That's right.

C.S. And besides the medicines, you would like to talk to him.

Pt. That's true too. Guess I'll just have to keep trying.

C.S. It's been a disappointment waiting so long to get in touch with him.

Pt. It sure has--but I'll just keep trying. (We had about ten minutes left, so I initiated structuring for future visits)

C.S. Speaking of doctors A, I spoke with Dr. \_\_\_\_\_ (psychiatrist) and he asked me to be sure and thank you for the card you sent. He said he enjoyed it very much and would drop you a thank you letter as soon as he got time.

Pt. You mean he didn't think I belonged back in the hospital when he received it? (Asked half-humorously, half-quizzically)

C.S. On the contrary, he was quite pleased with it.

26. Nurse lets her be dependent when she feels the need to be.

Pt. Well, I do think he deserves a medal for self-control. He's so patient and I really gave him a hard time that day.

C.S. And he understood and accepted your anger.

Pt. That's right.

C.S. I also spoke to him about our visits together A, and suggested that I would like to continue seeing you on a weekly basis until the 24th of August, which gives us five more visits together. As far as he's concerned he approved of the idea. 16. Nurse sets realistic limits for her to abide by and helps her tolerate the limits.

Pt. That's fine with me Jo...but it is a long drive for you. Maybe you'd like to make it every other week. Mary gets through with nursery school on August 10th. I don't like her to hear the things that we talk about. It's bad enough that I forget when I'm on the phone. What effect the separation will have on her really bothers me. But she seems to be taking it very well.

C.S. Does your own background make you more sensitive to her A?

Pt. I'm sure it does. And I get to thinking if B. were a salesman or in the service they wouldn't see him any more than they do now and he does come over every Thursday while I go shopping or do something else for a few hours. So I know I'm probably overly concerned because of being deprived of my own father when I was so young. (Pause) B. was here yesterday and I rotisseried a chicken for him and had a salad made and everything. I told him there was something I wanted to talk to him about too. Then when I came back from shopping the place was a mess; there were toys strewn from one end of the room to the other and I had left the place all picked up, so I asked him in a nice

way if he'd mind picking up the toys, since I do it every day. But he was very busy working on some project that he brought with him from work and said he was too busy. Then later on when he asked me what I wanted to talk about, I was just peeved enough to tell him if he was busy with his project I'm sure he didn't have time to spare and might as well keep on working on it...which he did. I realize now that if we ever were to get together again, there are loads of things I'd just have to learn to accept...and I don't know if I ever could. He doesn't know that I've been to see Dr.            since I left the hospital; he doesn't know what it is I'm bitter about towards him and what's more he doesn't care. (In a hostile tone of voice) Oh well, what's another year or so... which is exactly how long it'll take before he'd ever ask me anything. (Less hostile) Once he said something, I don't know if he meant it or not, when little Johnny wanted to kiss him, he said it made him sick. Maybe he doesn't like demonstrations of affection and even if Johnny is a boy I don't think there's anything wrong with affection. Boy, I'd give anything to know what went on in his little background that made him the way he is. (Pause) Yesterday I wanted to talk to him about dating; to tell him that as far as I'm concerned it's all right for him to go out if he wants to and that if I have the opportunity I'd want to go out on an occasional date. But we never got to it. Last week I had a friend, Tom, over to dinner and I really took a good look at him--(she made a thumbs down gesture) I sent Mary over to the sitter's and C. went out. I told her to stay cause she knows Tom and likes him and he likes her, but she didn't. I guess she'd feel like a fifth wheel, but I didn't feel that way. Anyway I'm not going to see him again. Alice, my neighbor, said I was all wet for having him over and she's right.

- C.S. This seems to be bothering you A. 5. Nurse looks for clues about patient's needs and searches for meaning of them.
- Pt. Well, the gal next door is divorced and the one several houses down is divorced, and you see all kinds of fellows tramping in and out at all hours. One of the neighbors saw them necking in the front room, with the lights on and her blouse open, and things like that so that the word got around and her kids started calling her names and I just don't want any of that happening to me. So I agreed with Alice, it was a dumb idea. Anyway that's why I wanted to talk to B. about dating; I don't want anyone spreading any gossip that would give him a chance to take the kids away from me. So that's the end of dinners for male friends--unless C. stays home. It's not so bad if you're divorced, but being separated is another matter. (Johnny was causing another distraction in the kitchen to which A. responded promptly, as usual, in spite of the quality of her verbalizations and her involvement in the subjects she was expressing, she was very alert to his activities.)
- C.S. It's just about time for his lunch.
- Pt. It is late...the time went fast.
- C.S. I'll see you next Friday at the same time A.
- Pt. Fine Jo, good-bye.
- C.S. Good-bye A.

## IV

On July 27th, I approached the Z. residence and was informed by the baby-sitter that A. had been working full time since the beginning of the week and would not be home until five o'clock that evening. I left a message



with the sitter that I would telephone A. that evening. I was unable to contact A. that evening but spoke with her the following day. She informed me that she had tried to reach me at several different places, since she did not have my home phone number, but had not been successful. Our telephone conversation was brief, as she was going out very shortly. I inquired about a time for our next visit and A. expressed a desire to discontinue our visits. I explained that since I was visiting her at Dr. \_\_\_\_\_'s order I would have to speak with him about this and also that I would like to see her at least once more before complete termination was effected. She agreed. A. contacted Dr. \_\_\_\_\_ before I had an opportunity to do so. When I spoke with him, he informed me that A. had quit her job on Friday, which had been upsetting to her and also told me that when he spoke to A. he had told her that she was part of a Thesis study that I was working on at present. I again contacted A. and we agreed on the previously established time for our next visit. In view of A's feelings of frustration and defeat with regard to her first attempts to work plus the feelings of frustration associated with being unable to contact me, her desire to terminate our visits was understandable.

On approaching the Z. residence, A. was just pulling out of her driveway, with the two children in the car. She invited me to take a short ride with her to Mary's nursery school. I agreed. We chatted pleasantly and superficially on general topics of conversation; i.e., nursery school activities, her car, Johnny's injuring the nail on his toe while playing, etc. Throughout the hour which followed, Johnny continued a source of distraction with his mischievous activities. In view of A's desire to terminate our visits, expressed in a telephone conversation on the 28th, the conversation we had, individually with Dr. \_\_\_\_\_, and her subsequent knowledge that she was a major factor in my Thesis, I felt comfortable in opening our visit with a question which would focus on the events which took place prior to her desire to terminate.

C.S. Well A, how did the job situation work out?

Pt. Not too well. I agree with Dr. \_\_\_\_\_ I guess I bit off a little too much too soon. (Pause) I decided Sunday evening to see what I might be able to get and then went out Monday looking. It was an insurance company; I went there early in the afternoon. They said they didn't

believe in training a girl because all the effort was wasted when they left after a short stay. So I started right in that afternoon, working on the files, getting the place in order, and trying to understand what was what. I thought it would be kind of wise to find out if I had the job after being there most of the afternoon, and they said I did. The salary was real good too, especially since I've been used to jobs that paid two-hundred and seventy-five to three-hundred dollars a month. They offered to start me at three-hundred and fifty dollars with a fifty dollar raise within a short time.

C.S. Sounds like an attractive position.

Pt. It was. It was one of the two bosses that actually got me down. The other fellow was very nice. We hit it right off. I went to dinner with him and his wife, Tuesday, I think it was and I hit it off real well with her too. It was kind of surprising, he was telling me about J, that's the other boss. At first I thought this guy must have a wife who really keeps him in line so that when he gets to the office everyone else gets the brunt of it; but Y. said he's consistently like that even at home.

C.S. Like what A?

Pt. Well, they all do a lot of swearing, the salesmen included, and I was tempted to swear back at him once or twice. He was just a sour person; never a kind word or a smile. Never a greeting in the morning. When he spoke to me it was always with an abrupt tone of voice. I was a few minutes late getting to work the morning after I had dinner with Y. and his wife and J. informed me that if I was late again I could consider myself fired. I'm just not used to being talked to like that. What did he think--that since I was dining with Y. and his wife that I'd take advantage of it. He completely forgot that I'd been early every morning except that one and that I stayed late some nights. (Pause) It was



other things too. The salesmen would call and ask for some information and I didn't know where anything was. I can't type very well or very fast and I'd never seen an insurance form before and I've never really liked secretarial work so it was an accumulation of things.

C.S. An insurance company A?

Pt. That's kind of funny. At first I thought it was a front for some other operation because one of the first things they asked me was if I could keep my mouth shut. I thought this was pretty strange, but the more I worked there the more I realized it was legitimate. He was referring to a girl they had there before who was giving some sort of information to the salesmen when they took her to lunch. I don't know exactly what it was. Then, too, the office was set up almost like an apartment. They had a beautiful reception room, a refrigerator, the works; but it seems this was a more convenient set up with the hours they keep. I really didn't understand at first, but they explained to me that they were a new branch of an international insurance company that operates by selling some sort of insurance stock in the company. (Pause) But that's in the past.

C.S. Any plans now A?

Pt. When I had dinner with Y. and his wife he introduced me to T. Ever heard of him?

C.S. No, I don't think so.

Pt. Well, he owns a place downtown and he offered me a job two nights a week as a cashier. (Somewhat sarcastically) I guess Y. felt this would be more in line with my abilities (dejected) and he felt pretty bad that I wasn't satisfied with my job there. T. was another one that felt free to give advice. He said I was selfish to stay separated from B...that we should go back together if only for the sake of the children. If I thought for one minute that I could live with B. and wouldn't end up

back at the hospital as a result, I wouldn't hesitate, but I just know things would be worse than ever. With things as they are now B. spends more time with the children than he ever has and so do I, and I think we're both happier this way.

(Pause) I'm not screaming at them anymore and I enjoy them more than I ever have.

T. said that over and above everything else they should be my first concern... and they are. People are so ready to make judgments and give advice without knowing the whole story. I've got loads of little poems, articles, spiritual verses, and the rest of it from friends and relatives to help me with my problem. (Pause) At least T. was nice enough to call up the next day.

He apologized for the things he said and agreed that it was none of his business.

(A. was distracted by Johnny and left the room momentarily to check on his activities in the kitchen) This friend of

Alice's--that's my intelligent friend across the street--has been talking about taking an art course from a Professor D. in Boulder. He's really very good and for two nights a week or so I think it would be interesting and a good diversion. It gets so boring just cleaning, cooking, ironing, and the rest. That's why I thought about going to work in the first place.

But this seems like a good idea. I called C.U. the other day--I didn't know that they had a name for the little book with all the courses in it--they call it a catalogue--and asked them to send me a copy. (Pause)

When does school start in September?

C.S. I'm not exactly sure A. but it starts here for us on the eighteenth. I think they spend a week prior to that with registration and as far as I know it's the eighteenth.

Pt. Just so I have a general idea. (Pause) This friend of Alice's met an artist by the name of M? (She hesitated not being quite sure of the name)

C.S. L.M., A.

Pt. That's him. I guess he's a real kook personally, although his work is impressive. Anyway by some way or other it ends up that he wants her to give him five of her works for a show. As it is now she hasn't done one and they're due on the thirteenth.

C.S. Of this month?

Pt. Yes, won't that be interesting. She's really not very good, but then neither am I. I don't want to go into it in any big way, but I think the class would be interesting.

C.S. Just more or less as a hobby?

Pt. Yes, I enjoy it that way. (A. again had to leave the room to check on Johnny, she returned shortly) Did I tell you that Dr. \_\_\_\_\_ sent me a short letter telling me how much he enjoyed the card I sent him.

C.S. That was thoughtful of him. I'll bet it made you feel good when you received it.

Pt. I did appreciate it; it was very considerate of him. (Pause) I feel much more comfortable with him now...as comfortable as I could with any psychiatrist.

C.S. It's still pretty difficult to talk to him, but it's getting easier.

Pt. That's right. He told me I was your thesis study. Would it ever be possible for me to read it? What exactly does a thesis involve, Jo?

20. Nurse helps patient move into other relationships.

C.S. The graduate students in nursing are free to choose to write one or not to write one. I've chosen to write one. Essentially, A, it's original research on a selected problem. I'll be working closely with my thesis committee consisting of two nurses. One is an expert in psychiatric nursing and the other is from another area of nursing. The problem I've selected to study, of which you are an essential part, stems

Pt. from my previous experience as a psychiatric staff nurse and has become more meaningful to me as I've been in the graduate program. (Pause) The problem I'm studying is based on my belief that when patients are discharged from the hospital they continue to be in a position whereby they can profit from, and in many cases continue to need, psychiatric help, although not as intensive as that provided in the hospital situation. A further aspect of the problem I want to study is the provision of this type of help in the home situation by a psychiatric nurse with advanced preparation in this field.

C.S. That's just about it A; how do you feel about being part of the study?

Pt. I don't mind at all Jo. It is anonymous isn't it?

C.S. Completely.

Pt. Cause Denver is such a small town... (She heard Johnny running the water in the kitchen sink and proceeded again after him. She returned to the front room--Johnny with her. She was focusing on his antics so I continued to explore the total situation further)

(the frequent distractions are an example of...)

1. Nurse tolerates behavior

C.S. We haven't yet talked about your wish to discontinue our visits. From our phone conversation it's understandable that you might have felt pretty frustrated when you weren't able to contact me.

Pt. No, I just didn't want to have you make that long trip out here for nothing. I called \_\_\_\_\_ hospital and they told me they'd have to ring the cottages ...I had no idea how many there were, so I just told the operator to forget it.

C.S. There are three cottages A, one for the patients from each of the surrounding counties in the Denver area.

Pt. There was an ad in one of the newspapers for a switchboard operator but the address given was somewhere here in town and I thought \_\_\_\_\_ was quite a ways out.

C.S. It's around Federal and Hampton.

Pt. That's what I thought, but that wasn't the address listed in the ad.

C.S. Maybe it was the address of some agency.

Pt. I don't know...oh well.

C.S. As long as we're on the subject A, how do you feel about our visits? I respect your judgment and if you feel that you'd like to terminate our visits at this point this is something we should talk about. I just didn't feel it the wisest thing to do to conclude over the phone. I wanted to visit you at least once more to discuss it a little further.

24. Nurse attempts to master own feelings about patient's independence.

Pt. Sometimes it gets a little confusing, talking to you, and to Dr. \_\_\_\_\_. It's like talking to two doctors and I can't remember who I told what. Like telling you about having Tom to dinner. I thought I'd told Dr. \_\_\_\_\_ about that but he said I hadn't. Things like that. Then too I think your age has something to do with it...and the fact that you don't wear a uniform. I tend to treat you more like a girl friend; I don't talk about my problems specifically but more in a general way. It's really very difficult to talk to Dr. \_\_\_\_\_ about them. I can barely get them out sometimes, and once I do I don't ever want to have to say them again. I've never talked to anyone about my problems the whole five years we were married. I never even talked to my closest girl friends about my problems. I was always in a position of helping them and I didn't want to reverse

C.S. things...so I've never really talked to anyone. Then I got more or less comfortable with Dr. \_\_\_\_\_ (her initial psychiatrist) and then he left and I had to start all over again with Dr. \_\_\_\_\_ (present psychiatrist)

11. (Nurse trusts patient. Expert III)

C.S. It's no easy task telling someone else the things that really bother us.

Pt. That's right.

C.S. And it becomes more difficult if you're accustomed to being a helper rather than being helped.

Pt. Yes.

C.S. In spite of age and lack of uniform, do you feel that I'm unaware of your problems A?

Pt. No, not at all Jo.

C.S. In seeing me more as a friend A. and having our visits here in your home it's possible that you're more comfortable during our visits; and while you don't feel that we talk of your specific problems we have discussed situations that were pertinent to your adjustment when you returned home and these things in themselves may have been beneficial.

Pt. That's true Jo.

C.S. Well A, our time is just about up.

Pt. Next week is Mary's last week of nursery school.

C.S. Then would it be agreeable to you if I visited you next week, omitted our visit the Friday after that and then visited for the last time on the 24th for a short period.

Pt. That'd be fine Jo. Are you sure you'll have enough material?



C.S. Yes, A.

Pt. O.K. Good-bye Jo.

C.S. Good-bye A. Good-bye Johnny.

V

Pt. Hi Jo, come on in the kitchen, I was just putting on the coffee.

C.S. Good morning A...Hi Johnny. (We went into the kitchen I picked Johnny up and rested his feet on the ledge of a large window that looks out into the yard. I pointed to objects and he named them)

Pt. He's learned a new little trick. He pulls the stool over to the fridge and gets into the freezer compartment. Ever so often I find him knawing on an egg or some such thing.

C.S. It's good to know that he's still as active as always.

Pt. Oh, he is. He comes up with a new little trick every day. (Pause) Let's go in the other room while the coffee's cooking. (We proceeded into the living room with Johnny following us) Went to see the Music Man last night. It's been a long time since I've seen a good musical and it was really enjoyable. It was kind of funny, I overheard some young kids talking about it and they said that Robert Preston was too old for the part...that it should have been someone like Pat Boone. B. and I went to dinner first at T.X's, he wasn't there though; I guess it was his night off. The food wasn't bad at all but the atmosphere isn't as nice as the place that was there before T. took it over. I used to really enjoy going there. I guess the former owner was a boxer



at one time and his place was kind of different but nice. The booths were shaped like little fight rings and it was kind of colorful.

C.S. You went with B?

Pt. Yes, all we did most of the night was make small talk. (Pause) It's been a long while since I was downtown last ...the neighborhood sure seems to be going down. I can never remember seeing the type of people I saw last night when I was down before. (She started laughing) There was this cute little drunk who decided to get an upset stomach and practically vomited at my feet. Then when we were walking down the street someone decided to water their plants and I ended up getting a free bath. (She became more serious) It's really not safe down there anymore. I'd be afraid to be downtown alone. (Pause) My half-cousin who's a high school kid was downtown about six months ago on a double date and for no reason at all, some tough kid got out of his car and hit him in the eye. My cousin is still wearing the patch. He had to have surgery and may be blind in that eye for the rest of his life. And after all the goings on with the lawyers and court proceedings the boy that attacked him got six months... then he'll be out again free as a bird, to hurt someone else, and my cousin may be blind for the rest of his life, in that eye.

C.S. It doesn't seem very just does it?

Pt. No, oh his parents said they'd cover the hospital and surgery bills but it will probably take them the rest of their lives...small monthly payments, but the whole idea of it...the kids were just down there for an enjoyable evening. They never provoked it at all. They were just walking down the street and this car full of boys pulled into the yard in my pants and bra so finally

up. Then this football hero got out and started hitting him. (Pause)

C.S. Knowing all this, you didn't feel very safe last night.

Pt. I just didn't realize how bad it's gotten. (She was distracted by Johnny who had turned on the water in the sink. She returned shortly) I got another little article from mother this week. I think she spends all of her time going through the Reader's Digest to see what she can send me...I got a nasty little note from my father too. (Pause) There was a gathering of the clan at a party last week and since B. and I are separated, and I feel strained when we have to see each other at these little social events, I didn't mention it to him. I guess he ran into my father and dad asked him if he was going. B. told him I hadn't said anything to him about it, but that he'd be there. It was my family but I decided if B. was going to be there I'd just skip it. And I did. So B. went to the little family get together and I stayed home, which was perfectly all right with me...but I got this cute little note from my father about it. (To herself) My father, he's still looking for his first million. (She started to play with Johnny who was sitting in the chair with her and spoke to him) Mother got very irritated with you yesterday, didn't she? (I focused on this since her irritation with the children and subsequent continuous hollering at them were two of the main factors she talked about in relation to the time immediately prior to hospitalization)

C.S. Hard day with the children A?

Pt. Oh, Johnny missed his nap yesterday and it's the last time I'll let him do that. They just about drove me crazy. I had them all dressed and was trying to get dressed myself, but they were into everything. I couldn't let them out of my sight for a minute. Several times I had to run into the yard in my pants and bra so finally

I just locked them in the yard while I finished dressing. They were screaming at the top of their lungs, but I figured that was the only way I'd ever finish... so I just let them scream.

C.S. First time you've been irritated to that extent?

Pt. I was short on sleep the past few nights and Johnny missed his nap so I suppose that made it twice as bad as it should have been. I don't know what it must have sounded like to the neighbors. (She continued to play with Johnny tickling him and making him laugh. After a moment or two he got down from the chair and she immediately got up and proceeded to the kitchen saying) Well I've got something to serve you with the coffee today.

C.S. Can I give you a hand A?

Pt. I think so. (I followed A. into the kitchen. She had prepared a refrigerator fruit pie. We took it and the coffee into the front room and after a few comments on the snack...)

C.S. A, you seem to be in pretty low spirits today. 14. Nurse helps her identify her feelings.

Pt. I am. Guess I have been for the past few days. (Pause) Went to a party given by the Blue Jays (a club composed of members of a particular occupation who have gotten married and retired from the occupation) on Tuesday. News sure travels fast. I didn't think anyone knew I was in the hospital and it seems like everyone knew. The only one I told was Jane because she's one of my best friends. She told me later that one of the girls had asked about me but she didn't tell her anything. Mainly because neither of us likes her very much. But the couple from California that came to visit me ended up visiting me there (the hospital). I told you about that didn't I? (I nodded yes)

That was the time I saw them right after I had a treatment and went downtown with them with the hem of my skirt pinned up. She's in the Blue Jays and there's a girl on the next block that's in it, so I guess the news just got around. They were all giving me the once over at the party.

C.S. You weren't prepared for this?

Pt. No, I didn't think anyone knew but Jane. (Pause) The party was in the early afternoon and they were serving Martinis and Manhattans so we started partying pretty early. Then after that Jane and I went out for a few drinks and by the end of the day...

C.S. You were really feeling the effects.

Pt. That's right. After I left Jane, I felt a terrific crying jag coming on. Instead of coming in the house and disturbing C. and the children, I went next door. They're on vacation, and I just cried and cried. I tried calling Dr. \_\_\_\_\_, but I couldn't get him; then eventually it passed over. (Pause) Then I was out Wednesday evening and yesterday I was out with B, so I'm a little short on sleep too, I guess things are just kind of getting me down. That's one of the reasons I went for the job on the spur of the moment. I just needed to do something besides the washing, ironing, cooking and staying at home.

C.S. It gets pretty monotonous A?

Pt. Yes. Dr. \_\_\_\_\_ thinks I did it too soon. He thinks I should just settle down and stay home for a while. I know this is what lots of women do...I must be different--I like to keep interested in other things too.

C.S. You feel this is what he expects.

Pt. I don't know about that. The children do come first with me but I can't see the

Pt. whole world centered around domestic duties. I think a person needs to have outside interests too. It gets so boring doing the same things day in and day out, but I have a hard time talking to Dr. \_\_\_\_\_. Everytime I see him I'm so nervous I can barely talk and whatever I do say ends up sounding so simple.

C.S. You have difficulty putting exactly what you feel into words.

Pt. Yes, it just doesn't come out the way I feel it. (Pause) (In a jovial manner, with laughter) It all started three months ago when I went to see Dr. \_\_\_\_\_ (general practitioner) for reducing pills.

C.S. Heard from him?

Pt. No. I just wish things were settled between B. and I. I don't like things up in the air...not knowing how to plan or whether or not we'll ever go back together again. Everything's in the future.

C.S. And you don't know what it holds.

Pt. That's just it. (Pause) I know a couple that separated for quite a long time and it had a good effect on both of them. She started taking some pains with her appearance and going out and he began to sit up and take notice. Now they're back together again and happier than ever before.

7. (Helps patient learn she can have a wish, express it, and have pleasure in it. Expert III)

C.S. So it's possible that the separation will have a good effect on both of you.

Pt. My family just thinks he's the greatest. Everyone likes him. I'm sure everyone was buzzing around him at the party.

C.S. You must feel pretty alone sometimes, A.

- Pt. I've always been the black sheep of the family. (Pause) See how things are coming along.
- C.S. It seems that your marriage to B. was one good thing you did for the family and now that you're separated they disapprove of you and won't take time to see your side of the situation.
- Pt. That's right, everyone thinks it's my fault. (Pause) B's work hasn't been going too well either...I'd hate to see his work suffer. It's always meant so much to him. (Pause--dejected) I just feel like I'm to blame for everything. (Johnny had fallen in the kitchen and came crying into the living room pointing to his tongue as if he had bitten it. A. immediately took to comforting him and then began to play with him, appropriately substituting feelings of pleasure for the pain he had encountered) When do you go on vacation Jo?
- C.S. The twenty-fifth of this month.
- Pt. Where to?
- C.S. Chicago.
- Pt. How long will you be there?
- C.S. Until school starts again on the eighteenth of September.
- Pt. The summer has just about flown by. Today's Mary's last day at nursery school. She'll be starting pre-school in September. (Pause) It's just about time to pick her up. Why don't you come by next week Jo...if you have nothing better to do, that is.
- C.S. When we talked about this last week A, we agreed to omit next week's visit and then have our last visit on the twenty-fourth.
- Pt. That'll be fine. We'll leave it that way.
2. Nurse demonstrates interest in the patient. (Let's her be dependent when she feels the need to be. Expert III)
23. Nurse still sets limits when A's necessary.



C.S. I'd like to give you a call on Thursday, just to see how things are coming along.

Pt. Make it early in the evening will you Jo? I don't know if I'll be home throughout the day (facetiously) what with my busy social life. Why don't you give me your phone number Jo? (We went into the kitchen and I wrote it down for her)

C.S. Then I'll see you two weeks from today, on the 24th.

Pt. I'd better write that down. Fine Jo. (We returned to the front room and chatted superficially for a few minutes while she put on Johnny's playsuit and shoes. We left the house together and said our good-byes.

2. Nurse demonstrates interest in the patient.

26. (Let's her be dependent when she feels the need to be. Expert II)

## VI

I approached the Z. residence a short while before the scheduled time of our visit. The children were dressed but A. and the neighbor from across the street, who was visiting with her little girl, were still in nightclothes and robes. While A. went for her housecoat, her neighbor let me in. We sat and chatted for a short period; the children began picking up their toys off the floor, A. entered, we spent a few moments talking and she then said good-bye to her neighbor. A. encouraged the two children to go across the street and play. The neighbor's little girl complied readily but Mary refused. At A's suggestion, I shifted my attention from Johnny to the two children equally. There was little overt response from Mary. During this time A. was active with several tasks; feeding the cats, trying to find out what Johnny was whining about, making the coffee, etc. Shortly, Mary's little friend returned to invite her to play; Mary responded and went out of doors. A. eventually served the coffee. By this time approximately fifteen minutes had elapsed. We sat at the kitchen table across from each other, with Johnny to my right and A's left. He was playing with a box of cracker-jacks that A. had given him. Throughout our thirty-minute conversation Johnny's antics varied from eating small amounts of



the cracker-jacks, to pouring it from the box to the table, spooning it into a bowl or back into the box, or just generally depositing it on the floor beneath. As during previous visits Johnny was somewhat distracting, but did not deter from the purpose of the visit.

Pt. As soon as I start getting a little more sleep, I'll be able to get myself organized a little earlier in the day.

C.S. Having trouble sleeping?

Pt. Yes, Johnny's up at the crack of dawn and I haven't been getting to sleep until late, then I can't get to sleep so I take a sleeping pill about two or three in the morning and feel hung over for the rest of the day.

C.S. Have you tried taking the pill about half an hour before you go to bed?

Pt. I really don't like taking pills in any way, shape, or form. I think I can do it by myself but then I end up taking them anyway.

C.S. For the most part, A, the sleeping pills have an eight hour effect, so if you're taking them at two or three it's understandable that you'd feel pretty doopey for the better part of the day. (Johnny kept insisting that A. get him a spoon for his cracker-jacks. She got up and returned with a spoon for him)

Pt. I think I'm going to call those people that want Brownie this week-end. My Vet bill is twenty-one dollars and they've offered me thirty dollars. I sure hate to part with her though.

C.S. In a sense, a pet becomes very much a part of the family.

Pt. That's absolutely right. I miss Heinz since he's been gone but I know my sister is giving him a good home. He's probably in his glory because he has

C.S. loads of room to run around in out there. They don't have any leash laws in California either, and just a short distance from her house is a large wooded area, so he's free as a bird. (Pause) Here he always wanted to spend a lot of time outdoors, but I couldn't let him run around without a leash. I was always afraid when the kids were going in and out that he'd get out and with so many kids in the neighborhood, I was afraid he might bite one of them. He was forever barking and now Brownie's barking has been cut in half, because she used to bark when Heinz barked.

C.S. It's hard to part with pets but it makes it a little easier when you know they're in a good home.

Pt. That's right. I'm very grateful to her because it wouldn't have been easy for me to get rid of him. He wasn't particularly good around children and he was five years old and most people don't want a dog that old. (A moment before, Johnny had gotten temporarily bored with his cracker-jacks and had gone into A's bedroom. He began bringing out some object from the room and A. immediately began directing him to leave it where it was. He didn't obey, so A. got up and went into the bedroom verbalizing threats of punishment. I decided to introduce a focus on termination, lest we avoid it during the remainder of the visit. She returned to the table with Johnny and sat him on the chair, encouraging him to play with the cracker-jacks.)

C.S. Well A, this is our last visit together.

Pt. That's right Jo. Are you through with your thesis yet?

C.S. It's coming along A, but won't be completely finished for a while yet.

Pt. What exactly is it that you're studying in your thesis?

C.S. Well, it's based on a belief that when people are acutely ill they need hospitalization but that even after discharge from the hospital certain problems and difficulties, specifically related to the home environment, are still existant and after the acute phase of the illness is over, there is still a need and an ability to profit from help with these difficulties. (Pause) For instance, A, when you were in the hospital you were more or less freed from a lot of responsibility...the children were cared for, you didn't have a lot of domestic duties to perform, no meals to prepare, no living on a limited budget, and things like this. When you were in the hospital they weren't any problem but when you returned home, all of a sudden, it was necessary to cope with them.

Pt. I agree with you completely. That first time I came home everything went haywire; people just expected you to be absolutely well once you were out of the hospital and it was just too much for me. All at once I was completely on my own; B. wasn't here to give me a hand and I was lost. (Pause) Everyone just expected me to pick up where I'd left off before going to the hospital.

C.S. Only after you came home it was to a completely different situation than the one you had left.

Pt. That's true, only no one else saw it that way. (She directed Johnny to stop throwing the cracker-jacks on the floor)

C.S. I value your opinion A. and I'd like to know how you feel about our visits.

Pt. As I said before I think age is the only thing that made a difference. I don't know how old you are...

C.S. Twenty-five.

32. Nurse helps her examine interpersonal situations of which she is a part.

Pt. This was the only thing that made a difference as far as I'm concerned.

C.S. The fact that we're both young adults?

Pt. Yes. But your whole idea I think is wonderful. I think it's really necessary because you're not even aware of the problems waiting for you at home when you're in the hospital. There should be some sort of transition from one place to the other.

C.S. Do you think the fact that we became acquainted while you were in the hospital made it a little easier when we moved the visits to your home?

Pt. Yes, I think that helped. (Pause) What happens to your thesis after you've finished it?

C.S. They're bound and put in the library.

Pt. I'd really like to read it someday, would that be possible?

C.S. There will be a copy at the medical center library and one at the library on the Boulder campus, for anyone that's interested.

Pt. How would I go about finding it... where do they put them?

C.S. They have thesis rooms in both libraries and they're listed just as any other books are--according to author and topic; in this case the topic would be psychiatric nursing.

Pt. Thanks, Jo, I'd like to see it some day. (She was briefly distracted by Johnny, who was banging the spoon on the table) Speaking of problems, I'm still not the greatest person for managing money. I got my check yesterday and today I have twenty-six

cents. (Facetiously and with some humor) It's going to be a little difficult to get along for the next week--you know, little things like food, laundry, little necessities like that.

C.S. It must be pretty difficult to manage on forty dollars a week.

Pt. It just doesn't seem to be enough. I don't have any sitter money. I can't work right now, and when I called B. to take the children on Sunday, which he usually does, he told me that he couldn't come this week because of a business meeting or something. He sure has it easy. (Pause) He's not living in any exclusive apartment, but it's comfortable and now that he only gives me a weekly allowance I'm sure he has more money for himself than he's ever had when we were together...and he can just come and go as he pleases. (Pause) I hadn't been to the mountains all summer except once, and when a friend suggested we take a ride to Central City I thought it was just great and I really looked forward to going; then B. very simply informs me that he couldn't take the children that Sunday. I asked him if Saturday would be convenient for him and mentioned my plans to go to the mountains, but he said he had plans for Saturday too. So I was just out of luck.

C.S. And the injustice of it made you angry.

Pt. You bet it did. He can do anything he wants, but when I try to get one day out he says 'no'. I haven't got enough money to afford a sitter and I just can't stay around here, without getting out occasionally, week in and week out.

C.S. It seems as though the separation is more advantageous for him than for you.

Pt. In certain respects, yes. But in others, no. It would be the easiest thing in the world, for many reasons, to call him and ask him to come back here again; it would

- Pt. make it much easier for me in many respects, but all that went on before would happen all over again.
- C.S. It seems there are lots of pros and cons and it's very difficult to weight them and come to any definite conclusion at this time.
- Pt. That's right. (Pause) (She was again briefly distracted by Johnny) I saw an ad in the paper last week regarding part-time clerical help wanted in one of the hospitals. They wanted someone in the admitting department on week-ends. The hospital is only a few minutes from here. It seemed like a real good possibility to make a few extra dollars. B. could have taken the children for those two days and I wouldn't have had the expense of a sitter...it really seemed like a good idea. So I got a sitter for the kids and got all dressed up, it was a hundred in the shade too, and went down there. The secretary of the personnel manager said that he wouldn't be in until that afternoon and would it be possible for me to come back then, so I filled out the application and went back in the afternoon and he tells me the position had been filled the day before.
- C.S. After counting on it and going to all that trouble you must have been very disappointed.
- Pt. Well, the thing that really upset me was the position had been filled the previous day. You'd think he'd tell his secretary so she wouldn't be giving out applications for a job that had already been filled. It seems like a lot of hospital personnel are really inefficient.
- C.S. It certainly might look that way when they cause others such inconvenience. Were there any other openings?



Pt. Oh, they said they'd keep my application on file since they need part-time clerical help in various departments but that usually doesn't mean a thing.

C.S. You may hear from them again A. Very often hospitals are looking for week-end help in admitting, accounting, and other departments; so don't give up on it yet.

7. Nurse helps patient learn she can have a wish, express it, and have pleasure in it.

Pt. Well, I guess I'll just have to wait and see. (Pause) B. and I went to see the show at the Cooper Theater, you know, 'The Wonderful World of the Brothers Grimm', Thursday.

C.S. That's right, you mentioned you were planning on going. Mary go with you?

Pt. No, after thinking it over I thought it might be too long for her to sit through for her first movie. The movie itself was very good. They had cartoon-like sections in it that I'm sure she would have enjoyed but there were some that might have frightened her. I remember the first time I saw the 'Wizard of Oz' I had nightmares, about the witch, for weeks afterwards. I'll never forget it. I was thoroughly frightened by it; of course I saw it again about six years ago and there wasn't anything frightening about it at all, but I think when children are little they're very impressed by certain things like that, so maybe it's just as well that Mary didn't see it just yet. (She focused on Johnny for a brief moment) Have you talked to Dr. \_\_\_\_\_ recently?

C.S. Yes, a few days ago A.

Pt. Did he have anything interesting to say?



C.S. My primary reason for calling was to inform him that today would be the last time I would be seeing you. He also mentioned that you had stopped taking your medication....

Pt. Yes, I couldn't afford to have the prescription refilled.

C.S. Other than that I told him I thought you had been doing quite well at home with the children, trying to manage within the budget and such.

Pt. I still find it difficult to talk with him but last week I think was the best session I've ever had with him.

C.S. Why's that A?

Pt. I don't know exactly why I have trouble talking to him. I think he thinks I'm wasting my time going there. I get very nervous when I'm with him and when I talk to him I'm afraid I'm not expressing myself about things the way I actually feel about them. I just get so very uncomfortable.

C.S. Could it be A. because you know you're there to talk about things that are very difficult to talk about...to anyone?

Pt. I think that's it exactly. He seems so uninvolved and I don't know what he's thinking.

C.S. And before you'll be able to feel comfortable talking about these things you want to know what he thinks about you as a person.

Pt. That's right. I don't know how he remembers all the things that all of his patients tell him.

C.S. This is not as difficult as it may seem A. To him all of his patients are individuals with unique

21. Nurse helps her learn interpersonal skills, as communication.

personalities. No two people are alike. This exists in other professions too. (Pause) For instance it's not uncommon for nurses to remember former patients when they come back for a visit or send a Christmas card to the hospital floor long after they've gone home.

Pt. That's true. When I worked at the agency with the social workers we remembered the people who came in.

C.S. Do you think part of this nervousness with Dr. \_\_\_\_\_ might also be related to a fear that he might disapprove of you for the things that you tell him?

Pt. Yes, that's true too. (Pause) I guess it's because I feel some of these things are bad and that he must see them the same way. (Pause) Sometimes I feel like the scum of the earth. That I'm to blame for so many wrongs that have happened.

C.S. And do you think he sees you the same way?

Pt. I don't know. He never reacts to anything I tell him.

C.S. If he became emotionally involved in your difficulties A, he wouldn't be able to help you to help yourself. It would be similar to your trying to help B. if he had problems. You'd be stymied because you're very subjectively involved with him.

Pt. That's probably true. (Pause) The last time I saw him he helped me more than he ever has before. We talked about my relationships to people in general. I always feel that I owe my soul to that working through these difficulties is a long term process.

Pt. Well, I know I'll continue to see him at least for the near future. (A. got

30. Nurse encourages her to ask for help when help is needed.

anyone that's good to me. Maybe it comes from being from a broken home and my relationships to my parents when I was young. I don't exactly know, but he told me some things that were very helpful.

C.S. It must have been a rewarding feeling.

Pt. It was.

C.S. I realize A. that you've had a lot of adjustments to make since you returned home and that they have been difficult ones. (Pause) Also that there are still a lot of question marks with regard to the future and what it holds. As much as we wish they would just vanish or solve themselves all at once we realize that they take time and effort and involve a certain amount of discomfort in the process of solution.

Pt. That sure is the truth. Sometimes I wish they just weren't there.

C.S. Are you going to continue to see Dr. \_\_\_\_\_ A?

Pt. I have an appointment with him on Tuesday. I thought it was for today, but it's for Tuesday. I don't want to stop seeing him because I don't like the idea of not having anyone to talk to...of having to stand alone. Yet it is expensive and I think he thinks I'm wasting my time, but I don't want to cut all contacts at once. I still like the idea of being able to see him every week or two weeks.

C.S. Well, even if you did stop seeing him say for a month or so sometime in the future, I'm sure it would always be possible for you to call and make an appointment if you felt it was necessary. I know Dr. \_\_\_\_\_ realizes that working through these difficulties is a long term process.

30. Nurse encourages her to ask for help when help is needed.

Pt. Well, I know I'll continue to see him at least for the near future. (A. got

up to let the cats outside.)

C.S. Well, A, it's just about time for me to leave. I've enjoyed our visits very much and I'm glad they've been a help to both of us. I'm sure that your visits with Dr. \_\_\_\_\_ will continue to be helpful to you now that you're relationship is improving. I wish you continued luck in the future and while these are long range problems, you've made a very good start in coping with them.

Pt. Thanks Jo. I've appreciated having you here and I want to wish you luck in your future work.

C.S. Thank you A. Good-bye.

Pt. Good-bye, Jo.

13. Nurse helps patient see progress while waiting for wish fulfillment.