

IDENTIFICATION OF THE PSYCHIATRIC NURSE'S ROLE
IN GROUP PSYCHOTHERAPY AT A SELECTED
STATE MENTAL HEALTH CENTER

by

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Robbins, Carole Ann (M.S., Nursing) revealed inconsistencies.

Identification of the Psychiatric Nurse's Role in Grouping

the the Psychotherapy at a Selected Mental Health Center rifi-

Thesis directed by Associate Professor Opal H. White and

Associate Professor Alice Rockwood

This abstract of about 180 words is approved as to form and content. I recommend its publication.

Identification of the role of the psychiatric nurse engaged in group psychotherapy was studied. The purpose of the study was to determine if the perceptions of the psychiatric nurse are consistent with the perceptions of her colleagues thereby creating a stable role for the psychiatric nurse in group psychotherapy.

Members of three therapeutic teams at the Fort Logan Mental Health Center participated in the study. The teams consisted of eighteen nurses, eight social workers, three psychiatrists and three psychologists. Eight situations depicting patient behavior in a group were presented. The respondents were asked to identify what they, the psychiatric nurse, or their nurse colleagues would say and/or do in this situation.

Analysis of self-perceptions and colleagues' perceptions revealed that the role of the psychiatric nurse is to perform the therapeutic tasks of: allowing for expression of feelings, structuring, providing a permissive accepting atmosphere, setting limits, interpretation and providing support.

In two situations, the data revealed inconsistencies. Therefore the role of the psychiatric nurse in performing the therapeutic tasks of reflection of feelings and clarification of feelings was inconclusive.

This abstract of about 180 words is approved as to form and content. I recommend its publication.

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Group psychotherapy is being conducted by therapists in private practice, mental health clinics and hospital settings. It is in the latter setting where we see the greatest utilization of this type of therapy. Many hospitals which have revised their organization and committed themselves to the new philosophy of the "therapeutic community," are placing primary emphasis on the

¹ J. W. Klapman, Group Psychotherapy (New York: Grune and Straton, 1959), p. 1.

² Ibid., p. 19.

³ Ibid., p. 21.

treatment of groups of patients. Primarily, it is here that the psychiatric nurse is being called upon to alter her role and contribute to the undertaking. In this

CHAPTER I THE PROBLEM AND DEFINITION OF TERMS

Group psychotherapy has been going on from the beginning of time in an inconspicuous way. Only recently has it become a conscious discipline. Primarily the reason for its development was an economic one.¹ It was an effort to treat more patients with limited personnel. At present the field of group psychotherapy is witnessing differentiation and systemization.² This type of therapy has been the entering wedge in providing needed treatment for those psychiatric patients who hitherto had been virtually without any treatment because of the lack of trained personnel.³

Group psychotherapy is being conducted by therapists in private practice, mental health clinics and hospital settings. It is in the latter setting where we see the greatest utilization of this type of therapy. Many hospitals which have revised their organization and committed themselves to the new philosophy of the "therapeutic community," are placing primary emphasis on the

¹ J. W. Klapman, Group Psychotherapy (New York: Grune and Straton, 1959), p. 1.

² Ibid., p. 19.

³ Ibid., p. 21.

treatment of groups of patients. Primarily, it is here that the psychiatric nurse is being called upon to alter her role and contribute to this new undertaking. In this kind of atmosphere, a psychiatric nurse must have a knowledge of the principles of group psychotherapy and be able to use them effectively.

For the psychiatric nurse, this role in group psychotherapy was a rather new and challenging one. In addition, it was surrounded with many question marks. Because of its newness and relative lack of interpretation, it seemed that this was a role which was in need of further research.⁴

I. THE PROBLEM

Statement of the Problem

The problem of this study was to identify the role of the psychiatric nurse, as a member of a therapeutic team, practicing group psychotherapy in a selected state mental health center which was committed to the philosophy of a therapeutic community.

Purpose of the Study

It was the purpose of this study: (1) to identify

⁴Alice M. Robinson, "Research in Psychiatric Nursing," The American Journal of Nursing, LV (April, 1955), 441-444.

⁶Ibid., p. 148.

the role of the psychiatric nurse, functioning as a member of the therapeutic team, engaged in group psychotherapy; (2) to identify the role of the psychiatric nurse as seen by the other team members; (3) to compare the psychiatric nurse's identification of her role with the identification of her role by the other team members; (4) to gather data that might contribute to research and clarification of the psychiatric nurse's role in group psychotherapy.

Importance of the Study

For many years, psychiatry has been faced with too many patients and too few personnel to care for them. At first, the treatment which was offered was purely custodial. With time, the field of psychiatry realized the need to refocus treatment to interpersonal or social relations.⁵ In their discussion of some of the solutions to the treatment of the mentally ill, with a limited number of personnel, Greenblatt, York and Brown state:

If the sick are to get well, they must be helped by ward personnel, in whom potentialities for therapeutic interaction have been mobilized and a sense of enthusiasm and participation in therapy cultivated.⁶

We are living in a period of rapid, profound changes in the treatment of psychiatric patients. Such

⁵Milton Greenblatt, Richard H. York and Esther Lucille Brown, From Custodial to Therapeutic Patient Care in Mental Hospitals (New York: Russell Sage Foundation, 1955), pp. 1-5.

⁶Ibid., p. 148.

changes inevitably have far-reaching effects on the roles of all personnel in the hospital where relations with patients are expected to be therapeutic, such as the therapeutic community. These changing conceptions of therapy are likely to result in uncertainties and anxieties about the definition and boundaries of various roles.⁷ Nursing personnel are being radically affected by these changes.⁸

The mental hospital presents a special and most interesting set of conditions which affects the problem of differentiation of roles very markedly. All of the roles are related, ultimately to the one goal of getting patients well. Therefore, this creates a crucial problem of interdependence of roles.⁹

Because of the rapid changes relative to the care of patients, the psychiatric nurse is inevitably concerned, as her role must alter to meet the changes occurring in the field.¹⁰ In 1950, the Expert Committee on Mental Health of the World Health Organization stated: "The seriousness

often has been overlooked. Bennett and Eaton state that

⁷ Richard H. Williams, "What is Therapy and Who Does It?" The Patient and the Mental Hospital, Milton Greenblatt, Daniel J. Levinson and Richard H. Williams (eds.) (Glencoe Illinois: The Free Press, 1957), p. 173.

⁸ Ibid., p. 182.

⁹ Ibid., p. 173.

¹⁰ Gwen Tudor Will, "Psychiatric Nursing Administration and Its Implications for Patient Care," The Patient and the Mental Hospital, Milton Greenblatt, Daniel J. Levinson and Richard H. Williams (eds.) (Glencoe Illinois: The Free Press, 1957), p. 237.

of the world wide shortage of nursing personnel cannot be solved by training more nurses. The role of the psychiatric nurse must be changed."¹¹ Working with groups of patients has been one of the alterations psychiatric nursing has made to correspond with the changes in the treatment of the mentally ill.

Although nurses have worked with groups, they have often been unaware of how they functioned in the groups and what their roles were with patients in such situations. Today, group work in nursing involves a narrower, or more restricted, concept in which nurses are being prepared to function with groups of patients as truly therapeutic figures. A great wealth of opportunity is available for further development of group work in psychiatric nursing.¹²

The focus of this study was to identify the role of the psychiatric nurse who is doing group psychotherapy, with psychiatrists, psychologists and social workers, in order to further identify and delineate a role which too often has been overlooked. Bennett and Eaton state that the following assumptions were made when this study was undertaken: (1) psychiatric nurses, participating in it is important for the psychiatric nurse to contribute

¹¹Expert Committee on Mental Health, Report on the First Session (Technical Report Series No. 9; Geneva, Switzerland: World Health Organization, 1950), p. 11.

¹²Charles K. Hofling and Madeleine M. Leininger, Basic Psychiatric Concepts in Nursing (Philadelphia: J. B. Lippincott, 1961), p. 460.

her fully share to the newer therapies.¹³ They further team state that it is doubtful whether the average psychiatrist has tried to understand the principle of psychiatric nursing but, that in spite of this, all nurses have done and limitations and Scope of the Study are doing group therapy and that this should be used purposefully.¹⁴

The following are the limitations and scope of this study: (1) the identification of the role of the psychiatric nurse, in the selected situation of group psychotherapy, was not intended to reveal any information regarding her role(s) in other situations; (2) within the instrument role. There are: the official expectations of the institution, expectations of colleagues, reference groups inherent limitations regarding communication and interpretation; and (3) the data gathered are implicit within the population studied and cannot be interpreted as representing any other population. In order for a stable role definition, these forces must be consistent and reinforce each other. It was within the bounds of this study to investigate colleagues' perceptions and self perceptions.

11. DEFINITIONS OF TERMS USED

Assumptions Nurse

The following assumptions were made when this study was undertaken: (1) psychiatric nurses, participating in

Group Psychotherapy

¹³ A. E. Bennett, June T. Eaton, "The Role of the Nurse in the Newer Therapies," American Journal of Psychiatry, CVIII (1951), 167-70.

patient groups by a team of therapists.

¹⁴ Ibid.

¹⁵ Kenneth D. Benne and Warren Bennes, "The Role of the Professional Nurse," American Journal of Nursing, LIX (February, 1959), 197-199.

group psychotherapy, can define their role; (2) other team members are aware of the nurse's role; and (3) group psychotherapy is within the scope of psychiatric nursing.

Therapeutic Team

Limitations and Scope of the Study

The following are the limitations and scope of this study: (1) the identification of the role of the psychiatric nurse, in the selected situation of group psychotherapy, was not intended to reveal any information regarding her role(s) in other situations; (2) within the instrument constructed, the situational questionnaire, there were inherent limitations regarding communication and interpretation; and (3) the data gathered are implicit within the population studied and cannot be interpreted as representing any other population.

Chapter II will present a review of literature that was relevant to the study. Chapter III will present the methodology and the instrument utilized in the study.

Psychiatric Nurse

A registered nurse who is currently involved in group psychotherapy, as a member of a team of therapists.

Group Psychotherapy

The therapeutic participation and observation in patient groups by a team of therapists.

Therapeutic Community

Where human behavior is seen as being dynamically community," Progress in Psychotherapy, V (1960), 116.

motivated and symptoms are conceived in the light of their unconscious meaning.¹⁶

CHAPTER II

Therapeutic Team

Nurses, psychologists, psychiatrists and social workers.

Role

A patterned sequence of learned behavior performed by the psychiatric nurse in the interaction situation of group psychotherapy. This periodical contributed many

valuable articles. Nursing Outlook was reviewed from 1952 to the present and contributed valuable articles about the

III. ORGANIZATION OF REMAINDER OF THE THESIS

Chapter II will present a review of literature that was relevant to the study. Chapter III will present the methodology and the instrument utilized in the study.

Chapter IV will present an analysis of the data collected from the situational questionnaire. Chapter V will present the summary, conclusions and recommendations of the study.

Volumes dealing with psychiatry and mental hospitals also were reviewed yielding only few references to the psychiatric nurse's role in group psychotherapy. Volumes dealing with the subject and technique of group psychotherapy did not mention the role of the psychiatric

¹⁶ volumes of psychiatric nursing, except for one, Herman Denber, "A Study of the Therapeutic Community," Progress in Psychotherapy, V (1960), 116.

psychiatric nurse working with groups.

I. THE PSYCHIATRIC NURSE AND GROUP PSYCHOTHERAPY

CHAPTER II

REVIEW OF LITERATURE

The area considered when the literature was reviewed was that of group psychotherapy, with emphasis on the role of the psychiatric nurse.

The American Journal of Nursing was reviewed from 1950 to the present. This periodical contributed many valuable articles. Nursing Outlook was reviewed from 1952 to the present and contributed valuable articles about the psychiatric nurse. Nursing Research was reviewed from 1952 to the present. Very little material relative to the study was found.

The International Journal of Group Psychotherapy, Group Psychotherapy, and The Psychological Abstracts for the past five years were reviewed yielding little applicable material.

Volumes dealing with psychiatry and mental hospitals also were reviewed yielding only few references to the psychiatric nurse's role in group psychotherapy. Volumes dealing with the subject and technique of group psychotherapy did not mention the role of the psychiatric nurse. Volumes of psychiatric nursing, except for one, yielded little information about the role of the

psychiatric nurse working with groups. because of: (1) a shortage of personnel; (2) a need for nurses to reinforce

I. THE PSYCHIATRIC NURSE AND GROUP PSYCHOTHERAPY the treatment program; and (3) the fact that it is a way

to spend. With the new emphasis within the field of psychiatry upon group psychotherapy as a therapeutic tool, more articles have been written about the psychiatric nurse's role in this therapy. This has developed because the psychiatric nurse's role must alter to meet the changes occurring in the field.¹

It is only within the past few years that the potential of the psychiatric nurse has been given consideration both in practice and in literature. New roles for the psychiatric nurse are emerging and one of these is in group psychotherapy. Nurses have been dealing with patients in the groups that form and interact spontaneously. Now, she is being called upon to do this in a more formalized fashion. However, some nurses have had difficulty relinquishing their old, well established routines in the face of this new challenge.²

Brown³ sees a necessity for the psychiatric nurse

³ Dorothy Gregg, "The Psychiatric Nurses's Role," The American Journal of Nursing, LIV (July, 1954), 848-851.

¹ Will, op. cit., p. 237.

² A. E. Bennett and June Eaton, "The Role of the Nurse," American Journal of Nursing, LIX (July, 1959), 978-981.

³ Walter Barton, "The Nurse as an Active Member of the Psychotherapy Team," The American Journal of Nursing, LXII (January, 1962), 68-69.

to participate in group psychotherapy because of: (1) a shortage of personnel; (2) a need for nurses to reinforce the treatment program; and (3) the fact that it is a way in to spend more time with patients. The nurse functioning in group psychotherapy is not encroaching upon the physician's work, she is merely developing her potential as a team member.⁴ The experience had been extremely satisfactory for ever. According to Gregg, the psychiatric nurse functions in interpersonal relationships with individuals and groups of patients, collaborating with others to plan learning experiences and to discover and modify the social patterns for themes that influence the ward life of the patient.⁵

Several articles have been written that state that the psychiatric nurse can, and should, under the supervision of a psychiatrist, participate in group psychotherapy. This might mean delegating some of her other responsibilities to auxiliary personnel.^{6,7}

Kaldeck, in a report of an experiment, with the use She discusses the reasons for selection of a nurse to work

⁴ Ibid.

⁵ Dorothy Gregg, "The Psychiatric Nurses's Role," The American Journal of Nursing, LIV (July, 1954), 848-851.

⁶ A. E. Bennett and June Eaton, "The Role of the Nurse in the Newer Therapies," The American Journal of Psychiatry, CVIII (1951), 167-70.

⁷ Walter Barton, "The Nurse as an Active Member of the Psychiatric Team," The American Journal of Nursing, L (November, 1950), 714-716.

of nurses and aides as group therapists, emphasized careful selection of the therapists and the need for continuous supervision by a psychiatrist who possesses training in group psychotherapy. He discussed the anxiety felt by the prospective leaders about their qualifications as "therapists" and the methods used to help alleviate these fears. He felt that the experience had been extremely satisfactory for everyone concerned with the project. He noted that the individual's self-esteem had been heightened as a result of participation in group therapy. "Group therapy helps the personnel to achieve the most important factor in a mental hospital--the therapeutic environment."⁸

Hargraves and Robinson reported on group therapy done at Boston State Hospital. They described the techniques and skills utilized by the nurse-leaders and the possible effects it had on the patient's behavior.⁹

Martinez¹⁰ describes her experiences as a group psychotherapist working with a male clinical psychologist. She discusses the reasons for selection of a nurse to work

⁸ Rudolph Kaldeck, "Group Psychotherapy by Nurses and Attendants," Diseases of the Nervous System, XII (May, 1951), 138-142.

⁹ Ann G. Hargraves and Alice M. Robinson, "The Nurse-Leader in Group Psychotherapy," The American Journal of Nursing, L (November, 1950), 713-714.

¹⁰ Ruthe E. Martinez, "The Nurse as Group Psychotherapist," The American Journal of Nursing, LVIII (December, 1958), 1681-1682.

as a group psychotherapist. The nurse fulfilled the need for additional therapists and it was also thought that her presence, with a male therapist, might produce therapeutic effects. She found that knowledge of the fundamentals of psychology and psychopathology, group psychotherapy and group dynamics was necessary prior to commencing work as a group therapist. She further describes the ways in which she and her co-worker decided upon the mechanics and rules of operation for their group.

Noyes, Haydon and van Sickel describe the role of the nurse in group psychotherapy as being that of a participant-observer. As a participant, she gains a deeper understanding of herself and, as an observer, she can share such knowledge concerning the patient with other members of the therapeutic team.¹¹

Hurley investigated the areas of therapeutic intervention as practiced by nurses in group work and found them to be in four main categories. These categories are: (1) encouraging expression of feeling; (2) support; (3) structuring or setting limits; and (4) teaching.¹²

¹¹Arthur P. Noyes, Edith M. Haydon and Mildred van Sickel, Textbook of Psychiatric Nursing (New York: The Macmillan Company, 1959), pp. 327-328.

¹²Elizabeth Ann Hurley, "An Investigation of Therapeutic Intervention as Practiced by Four Psychiatric Nurses in Group Work with Selected Patients" (unpublished Master's thesis, The University of Colorado, Boulder, 1960), p. 36.

In her investigation of the appraisal of a course in psychiatric nursing, Salenius discovered that the role of the nurse group therapist was defined by functions. These were: (1) to reflect; (2) to offer support; (3) to provide a permissive and accepting atmosphere; (4) to help patients identify, interpret and validate feelings; and (5) to set limits and structure.¹³

II. SUMMARY

From the Review of Literature, it is obvious that psychiatric nurses are engaging in group psychotherapy. This new role has evolved because of: the changes in the field of psychiatry which have hastened nurses to alter their roles; the need for additional therapists and the potential value that this experience possesses for the improvement of patient care, as well as for the provision of rewarding experiences for the nurse. Little discussion was found on the specificity of the nurse's role.

¹John W. Best, Research in Education (Englewood Cliffs, New Jersey: Prentice-Hall Inc., 1959), p. 102.

²Marie Jahoda, Morton Deutsch, and Stuart W. Cook, Research Methods in Social Relations, Part 1: Basic Processes

¹³Hildegard Margaret Salenius, "Student Appraisal of a Course in Psychiatric Nursing Offered by a Selected University School of Nursing" (unpublished Master's thesis, The University of Colorado, Boulder, 1958), p. 66. 1959), p. 167.

As in any other method of research, there are certain advantages and disadvantages. The advantages of the

descriptive method are: CHAPTER III
insights into the nature of the subject with which one is
dealing; (2) it provides facts on which professional judg-
ments

The descriptive method which describes and interprets existing phenomena was chosen for this study. This method is concerned with conditions or relationships that exist; practices that prevail; beliefs, points of view, or attitudes that are held; processes that are going on; effects that are being felt; or trends that are developing. In addition, descriptive research is the prevailing method of the social sciences.¹ The data to be gathered is oriented toward finding out what is occurring. Although the why of the occurrence and what can be done about it may be of interest to the investigator, it is beyond the scope of descriptive research.² The expression "normative" sometimes is applied to descriptive investigations because the purpose is to determine the normal or typical condition or practice.³

members were currently engaged in doing group
members of a therapeutic team.

¹John W. Best, Research in Education (Englewood Cliffs, New Jersey: Prentice-Hall Inc., 1959), p. 102.

²Marie Jahoda, Morton Deutsch, and Stuart W. Cook, Research Methods in Social Relations, Part I: Basic Processes (New York: The Dryden Press, 1951), pp. 54-55.

³Carter V. Good, Introduction to Educational Research (New York: Appleton-Century-Crofts, Inc., 1959), p. 167.

As in any other method of research, there are certain advantages and disadvantages. The advantages of the descriptive method are: (1) it affords penetrating insights into the nature of the subject with which one is dealing; (2) it provides facts on which professional judgments may be based; (3) it furnishes valuable clues to a cause-effect relationship; (4) it provides data about prevailing conditions; and (5) it may employ a variety of techniques.⁴

The disadvantages of the descriptive method are: (1) information that is not known by respondents cannot be obtained; (2) information that is not salient to the respondents cannot be obtained in a reliable way; (3) data obtained from a single investigation is less reliable than data from two or more consecutive studies; and (4) data cannot be aimed at obtaining exact quantitative forecasts of future events.⁵

The data collected was from one defined group. The definition of this group was determined by a common factor--all the members were currently engaged in doing group psychotherapy as members of a therapeutic team.

⁴ Carter V. Good and Douglas E. Scates, Methods of Research (New York: Appleton-Century-Crofts, Inc., 1954), pp. 258-259.

⁵ Good and Scates, op. cit., p. 606.

⁵ Good, op. cit., p. 171.

I. DEVELOPMENT OF THE INSTRUMENT

The Questionnaire

The questionnaire is a major instrument for data gathering in descriptive studies. A questionnaire is a form prepared and designed to secure responses to certain questions; as a general rule, is factual, and intended to obtain information about conditions or practices of which the respondent is presumed to have knowledge.⁶

The use of a questionnaire in descriptive studies extends the investigators powers by serving to remind the respondent of each item, to help insure response to the same item from all cases, and to keep the investigator from collecting only the unique, exceptional, or unusual facts particularly interesting to him.⁷

Because of the nature of the open-end questionnaire, it was chosen to discover the behavior of the psychiatric nurse as she and other members of the team perceive it.

As with other instruments, there are advantages and disadvantages of the questionnaire. The advantages are: (1) the expense is minimal; (2) specialized skills are not required to administer it; (3) it can be administered to

⁶ Good and Scates, op. cit., p. 606.

⁷ Ibid., pp. 156-160.

large numbers of people simultaneously; (4) it can be sent through the mail; (5) it is impersonal and therefore, ensures some uniformity from one measurement to the next; and (6) it may place less pressure on the subject for immediate responses.⁸

The disadvantages of the questionnaire are: (1) it is not very flexible; (2) it relies heavily on the validity of verbal reports; (3) the respondents may not be representative of the entire group to whom the questionnaire was sent; and (4) it requires that the respondents be able to comprehend the written word. Hence, it is not appropriate for large segments of the population.⁹

The questionnaire was administered by the author thereby eliminating a bias of the sample. Therefore, the data collected was representative of the entire group chosen for the study.

All respondents possessed a minimum of fifteen years of formal education hence, the questionnaire was an appropriate instrument for data collection in this study.

Justification for Using a Situational Questionnaire

Because it is unlikely to find uniformity from person to person in either the situations observed or the

¹⁰ Robert L. Thorndike and Elizabeth Hage, Measurement and Estimation in Psychology and Education (New York: John Wiley & Sons, Inc., 1953), p. 70.

⁸ Jahoda, op. cit., pp. 156-160.

⁹ Ibid., pp. 156-160.

¹¹ Hurley, op. cit., p. 36.

standards of judgments of the observers, it was decided to use a situational questionnaire in an attempt to present like situations to all respondents.¹⁰ In addition, having open-end questions provided more flexibility.

Since the problem of the study was to identify the role of the nurse group therapist, situations were constructed that would elicit responses which could be analyzed and categorized into therapeutic tasks and hence, the role of the nurse group therapist. Prior to the construction of the situations, the literature was reviewed to determine the therapeutic tasks of the nurse group therapist.

Tasks of the Group Therapist

Salenius¹¹ discovered that the psychiatric nurses who had had experience in group psychotherapy, as a part of their advanced preparation, saw the role of the nurse group therapist as: reflection of feelings, offering support, providing a permissive and accepting atmosphere, helping patients to identify, interpret and validate feelings, setting limits and structuring.

Hurley¹² categorized the therapeutic intervention

¹⁰ Robert L. Thorndike and Elizabeth Hage, Measurement and Evaluation in Psychology and Education (New York: John Wiley and Sons, Inc., 1955), p. 17.

¹¹ Salenius, op. cit., p. 70.

¹² Hurley, op. cit., p. 36.

of four nurse group therapists into four areas. These are: encouraging expression of feelings, giving support, structuring and setting limits, and teaching.

Hargraves and Robinson,¹³ in describing their experiences in a state hospital, concluded that the nurse leader in group psychotherapy should provide an environment which is conducive to the expression of feelings. Also, the leader should listen carefully to and control behavior of patients.

Martinez¹⁴ wrote that one of the goals of the nurse as a group psychotherapist should be to allow the patients to go as deep as they wanted into their own feelings.

Kaldeck,¹⁵ in his experience with supervision of nurses and attendants doing group psychotherapy, stressed the importance of the therapist maintaining a permissive attitude and acceptance of patient's behavior.

Because little literature describing the role of the psychiatric nurse in group psychotherapy was available, it became necessary to investigate the role of the group therapist as has been experienced and written by members of other professional disciplines.

¹⁶ Temporary Psychotherapies, Morris I. Stein, ed. (New York: ¹⁷ Lydia Hermann, Group Treatment in Psychotherapy (Minneapolis: University of Minnesota Press, 1951), pp. 21-48.

¹³ George R. Bach, Intensive Group Psychotherapy (New York: ¹⁸ Hargraves and Robinson, op. cit., p. 714.

¹⁴ Martinez, op. cit., p. 1681. Jerome D. Frank, Group Psychotherapy (Cambridge, Massachusetts: Harvard ¹⁹ University Press, 1953), pp. 391-396.

¹⁵ Kaldeck, op. cit., p. 141.

Frank¹⁶ describes the therapeutic tasks as being: giving emotional support, providing an optimal amount of tension, reflection, clarifying perceptions, giving reassurance, and setting standards.

Hinckley and Hermann¹⁷ see the therapist's tasks as: setting patterns, giving support, reflecting feelings, acknowledging feelings, directing the patients to reality, giving information and interpreting.

Bach,¹⁸ in one chapter of his book on intensive group psychotherapy, discusses the overt aspects of the therapist's role. Significant ones are: reflecting feelings on the deepest level possible, contributing to the group through helpfulness and leadership, reflecting with simplification and understanding, and clearly formulating the therapeutic objectives and means of attaining them.

Powdermaker and Frank¹⁹ discuss the techniques for promoting relationships among patients with other patients allowing for expression of feelings, structuring, provid-

¹⁶Jerôme Frank, "Therapy in a Group Setting," Contemporary Psychotherapies, Morris I. Stein, ed. (New York: The Free Press of Glencoe, 1961), pp. 42-59.

¹⁷Robert G. Hinckley and Lydia Hermann, Group Treatment in Psychotherapy (Minneapolis: University of Minnesota Press, 1951), pp. 21-48.

¹⁸George R. Bach, Intensive Group Psychotherapy (New York: The Ronald Press, 1954), p. 204.

¹⁹Florence B. Powdermaker and Jerome D. Frank, Group Psychotherapy (Cambridge, Massachusetts: Harvard University Press, 1953), pp. 391, 396.

and with the doctor. Some of these techniques are: making generalizations from and clarification of patient's statements, discussing relationships being established, indicating acceptance and understanding and fostering the expression of actual feelings.

They further illustrate the tasks of the therapist as:²⁰ to orient the group to the therapeutic experience, to train the group in the discussion procedure, to help the group arrive at meanings, to interpret behavior and content in interpersonal terms, to help the patients to work through their underlying anxiety and their hostility toward one another and the doctor, to use the group as a means of support for the individual by encouraging members with similar feelings to verbalize them at the same time.

From the above discussion, it seems that the major roles of the group therapist whether nurse or otherwise are: reflection of feelings, clarification of feelings, confirmation of the validity of the situations, allowing for expression of feelings, structuring, providing a permissive, accepting atmosphere, setting limits, interpretation and giving support.

Construction of the Instrument

The task was then to construct situations which would demand the therapeutic response corresponding to

²⁰ Ibid., p. 492.

each major task of the therapist. The situations were derived from the author's and two colleagues' experiences as therapists in group psychotherapy. Since the reliability of the data collected depended upon the accuracy and validity of the situations, they were submitted to a panel of experts before using them in the pilot study.

Each situation was constructed in accordance with one of the major tasks of the group therapist. That is, there was one situation for each major task. The situation was constructed in such a way that the most therapeutic response would be that specific task. For instance: Situation I called for a response which would reveal reflection of feelings on the part of the nurse therapist. In this way, the responses of the individual could be analyzed in order to determine the nature of their behavior in the situation.

Confirmation of the Validity of the Situations

These situations were given to a panel of experts which consisted of three psychiatric nurses who had advanced preparation in their field as well as personal experience in group psychotherapy. They were chosen because of their knowledge of psychiatric nursing and their professional experience with groups of patients in therapy. They were asked to judge the reliability of the situation in representing the corresponding therapeutic task.

Five of the eight situations were unanimously judged as being representative of the assigned task. Three of the situations were judged by two out of three as being representative of the assigned task. On this basis, the investigator determined the questionnaire reliable for this study.

Plan for the Analysis of the Data

In order to provide the most objective means of analyzing the data, the major tasks were defined prior to the administration of the questionnaire. In this way, it could be determined if the responses corresponded with these major tasks. The definitions of these tasks were:

I. REFLECTION OF FEELINGS

To express, in different words, the essential attitudes expressed by the patient.

A. To grasp the underlying feeling not the content.²¹

B. To give back to the patient an image or likeness of what was expressed.²²

C. To reformulate what the patient said and check whether the new version makes more sense to the patient.²³

²¹ Lawrence M. Brammer and Everett L. Shostrom, Therapeutic Psychology (Englewood Cliffs, New Jersey: Prentice Hall, Inc., 1960), p. 175.

²² Webster's New Collegiate Dictionary (Springfield, Mass.: G. and C. Merriam Co., 1953), p. 711.

²³ Jurgen Ruesch, Therapeutic Communication (New York: W. W. Norton and Co., Inc., 1961), p. 190.

II. CLARIFICATION OF FEELINGS

To translate the obscure into the clear, the less familiar into terms that are more familiar, the variant into the constant, the complex into the simple, the vague into the precise, forms into functions and states into forces.²⁴

III. ALLOWING FOR EXPRESSION OF FEELINGS

To encourage the patient to verbally express or act out feelings within safe limits.

A. To gradually "tease out" patient's thoughts about the area of concern.

B. To ask direct, leading or open-ended questions.²⁵

IV. STRUCTURING

To define the nature, limits and goals of the process and the particular relationship at hand.

A. To provide the patient with a framework or orientation for therapy.

B. To provide clear cut limits.²⁶

V. PROVIDING A PERMISSIVE, ACCEPTING ATMOSPHERE

To provide the friendly encouragement to proceed, with a guarantee that no unforeseen punishment is going to surprise the patient and respect for his individuality.²⁷

A. To allow the patient the choice of messages and actions, giving him a chance to consider alternatives.²⁸

²⁴ Ibid., p. 191.

²⁵ Hofling and Leininger, op. cit., p. 62.

²⁶ Brammer and Shostrom, op. cit., p. 183.

²⁷ Ruesch, op. cit., p. 124.

²⁸ Ibid., p. 126.

- VIII. B. To allow the patient to experiment, to make his choices and to correct errors.²⁹
- C. To permit the patient to express strongly held feelings.³⁰
- D. To be sensitive to patient's feelings and to acknowledge the fact, by attitude, that the patient has a right to behave as he does.³¹
- E. To clearly draw and consistently enforce limitations within the group.³²

VI. SETTING LIMITS

To provide firm, realistic acknowledgment to the patient about his behavior and requesting his cooperation in curtailing this.³³

VII. INTERPRETATION

Pilot Study

To impart meaning to the patient by presenting him with an hypothesis about relationships or meanings of attitude behaviors for his consideration.³⁴

- A. To explain or tell the meaning of.³⁵
- B. To connect the past with the present, the inside experience with the outside effect, the self with the group.³⁶

²⁹ Ibid., p. 126.

³⁰ Ruth V. Matheney and Mary Topalis, Psychiatric Nursing (St. Louis: C. V. Mosby Co., 1961), p. 80.

³¹ Ibid., p. 79.

³² Ibid., p. 105.

³³ Hofling and Leininger, op. cit., p. 62.

³⁴ Brammer and Shostrom, op. cit., p. 240.

³⁵ Brammer and Shostrom, op. cit., p. 166.

³⁶ Webster's, op. cit., p. 240.

³⁷ Hofling and Leininger, op. cit., p. 62.

³⁸ Ruesch, op. cit., p. 198.

³⁹ Webster's, op. cit., p. 853.

The VIII. GIVING SUPPORT asked to answer how they thought

the nurse would promote comfort and security through the construction of optimal conditions of living.³⁷

told that the answers sought were their honest responses

A. To be sensitive to patient's feelings and not necessarily needs.

B. To help the patient to see his strengths, progress and successes.

be anonymous in the study and that the study would be made

C. To plan with the patient experiences that are constructive and of interest to him.³⁸

The D. To verify or substantiate.³⁹ give answers

to the research E. To verify or substantiate by enlisting opinions of the group.

identical to that used for the entire study and is de-

Pilot Study Chapter IV. No revisions in the questionnaire

were made A pilot study was conducted for the following two

purposes: (1) to determine whether the instrument yielded

answers to the research questions; and (2) to ascertain

whether the tool was answerable by the particular group com-

posing the sample. One nurse, psychiatrist, social worker

and psychologist were given the questionnaire. Verbal and

written instructions were given to the group of respondents.

They were told that the study concerned the identification

of the psychiatric nurse's role in group psychotherapy. The

nurses were asked to try to project themselves into the sit-

uation and answer how they would respond in that situation.

Procedure of Data Collection

Permission was obtained from the administrator and
³⁷Brammer and Shostrom, op. cit., p. 166.
 the director of nursing service of the hospital to admin-

³⁸Hofling and Leininger, op. cit., p. 62.

ister the questionnaire to the respondents during their

³⁹Webster's, op. cit., p. 853.

The other disciplines were asked to answer how they thought the nurse would respond in that situation. Everyone was told that the answers sought were their honest responses and not necessarily what they thought might be a correct theoretical answer. They were also told that they would be anonymous in the study and that the study would be made available to them upon completion.

The data were analyzed and found to give answers to the research questions. The analysis procedure was identical to that used for the entire study and is described in Chapter IV. No revisions in the questionnaire were made following the pilot study as none were indicated. The pilot group was added to the sample.

III. SUMMARY

II. COLLECTION OF THE DATA

The descriptive method was the general approach Sample this research problem. A situational questionnaire The population of concern in this study included eighteen psychiatric nurses, three psychologists, three psychiatrists and eight social workers of three therapeutic teams which had been in existence more than one and a half years. study demonstrated the instrument and technique

Procedure of Data Collection

Eighteen nurses, eight social workers, three psychiatrists and three psychologists participated as respondents in the study. All were members of therapeutic teams. Permission was obtained from the administrator and the director of nursing service of the hospital to administer the questionnaire to the respondents during their

working hours. The respondents were asked to participate in the study by the director of nursing service and then by the investigator at the time of the administration of the questionnaire.

The questionnaire was administered in groups in the presence of the investigator. The same written and verbal instructions were given to the population as were given to the population in the pilot study.

When all respondents could not be studied at one time, the investigator returned at the mutual convenience of both respondents and herself to collect the remaining data.

III. SUMMARY

The descriptive method was the general approach made to this research problem. A situational questionnaire was employed as the data-gathering device. It was constructed by the investigator and two of her colleagues. The situations used were subjected to evaluation by a panel of experts in psychiatric nursing as a test for validity. A pilot study demonstrated the instrument and technique reliable for this study.

Eighteen nurses, eight social workers, three psychiatrists and three psychologists participated as respondents in the study. All were members of therapeutic

teams doing group psychotherapy at the time the data were collected.

CHAPTER IV

ANALYSIS AND INTERPRETATION OF THE DATA

A presentation of the data and the analytic procedures employed to interpret the response are the major portion of this chapter. Data for each aspect of the problem investigated are presented in separate sections of the chapter. Determination of the identity of the task represented by the response was made in accordance with the definitions determined in Chapter III. The response to each situation was scrutinized to ascertain if it met the definition of the corresponding task. If it did not meet this definition, it was analyzed to determine what other task was being represented by the response. The report follows this order.

I. PSYCHIATRIC NURSES' IDENTIFICATION OF SELF ROLE

Data

Table I shows the responses made to each situation by the psychiatric nurses.

Situation I. Five of the eighteen responses were identified as reflection of feelings. An example of the response is: "... this feeling must make you pretty

TABLE I

CHAPTER IV
RESPONSES OF EIGHTEEN PSYCHIATRIC NURSES

ANALYSIS AND INTERPRETATION OF THE DATA

Situation and Therapeutic Tasks	No. of Respondents
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A presentation of the data and the analytic procedures employed to interpret the response are the major portion of this chapter. Data for each aspect of the problem investigated are presented in separate sections of the chapter. Determination of the identity of the task represented by the response was made in accordance with the definitions determined in Chapter III. The response to each situation was scrutinized to ascertain if it met the definition of the corresponding task. If it did not meet this definition, it was analyzed to determine what other task was being represented by the response. The report follows this order.

I. PSYCHIATRIC NURSES' IDENTIFICATION OF SELF ROLE

Data

Table I shows the responses made to each situation by the psychiatric nurses.

Situation I. Five of the eighteen responses were identified as reflection of feelings. An example of the response is: ". . . this feeling must make you pretty

*Task deemed most therapeutic by judges.

TABLE I
RESPONSES OF EIGHTEEN PSYCHIATRIC NURSES

Situation and Therapeutic Tasks	No. of Respondents
Situation I	
*Reflection of feelings	5
Allowing for expression of feelings	10
Support	2
Structuring	1
Situation II	
*Clarification of feelings	7
Allowing for expression of feelings	7
Support	3
Interpretation	1
Situation III	
*Allowing for expression of feelings	18
Situation IV	
*Structuring	14
Allowing for expression of feelings	4
Situation V	
*Providing a permissive, accepting atmosphere	14
Interpretation	3
Structuring	1
Situation VI	
*Setting limits	8
Interpretation	6
Allowing for expression of feelings	3
I don't know	1
Situation VII	
*Interpretation	9
Allowing for expression of feelings	8
Reflection of feelings	1
Situation VIII	
*Giving support	14
Allowing for expression of feelings	4
*Task deemed most therapeutic by judges.	

angry." frightened of starting this job soon?"

Ten of the eighteen responses were identified as Situation III. All eighteen responses to this situation were identified as allowing for the expression of feelings. An example of this response is: "How do you feel about these two people monopolizing the whole hour?"

Two of the eighteen responses were identified as giving support. An example of this response is: "... ask if the rest of the group shares Jane's feeling."

One respondent out of the eighteen answered that she would structure by asking "why Jane and the others didn't interrupt and set limits on the use of the group for the monopolizers' own therapy exclusively."

Situation II. Seven of the eighteen responses were identified as clarification of feelings. An example of this response is: "Is Bill saying that it is hard to leave the hospital . . ."

Seven of the eighteen responses were identified as allowing for the expression of feelings. An example of this response is: "How or what do you mean?"

Three of the eighteen respondents answered that they would offer support in this situation. An example of this response is: "I would ask the group to all talk about their similar feelings on this subject."

One of the eighteen respondents responded to the situation by offering an interpretation by asking, "Bill

are you frightened of starting this job soon?"

Situation III. All eighteen responses to this situation were identified as allowing for the expression of feelings. An example of this response is "Go ahead Mildred."

Situation IV. Sixteen out of the eighteen respondents answered that they would structure in this situation. An example of this response is: "I would explain the purpose of group therapy and what is within the realm of reality in group as far as expressing one's self is concerned."

Two of the eighteen responses were identified as allowing for the expression of feelings. An example of this response is: "What do you mean? I would like to hear more about this."

Situation V. Fourteen out of the eighteen respondents answered that they would provide a permissive, accepting atmosphere. An example of this response is: "I would encourage this expression--explore reason for the anger, etc."

Three out of the eighteen respondents answered that they would provide interpretation in this situation. An example of this response is: "I wonder if the older patients are feeling that because of the increase in patient manner that the group feels he is not a part of them in the

number, they feel threatened and afraid? Possibly that they will not get as much attention from staff?" identified

as allow One respondent answered that she would structure in this situation by: "helping the patients to accept large group--pointing out that large group exists."ed that she

would reflect feelings in this situation by stating, "Jim,

Situation VI. Eight out of the eighteen responses were identified as setting limits. An example of this re-

sponse is: "This is not appropriate behavior and is frightening to other group members. We expect you to control this behavior."ost therapeutic by the judges. An ex-

ample Six out of eighteen respondents answered that they would offer an interpretation in this situation. ca Annex-

ample of this response is: "Phil you seem to be very anxious."ur out of the eighteen responses were identified

as allow Three out of the eighteen responses were identified as allowing for expression of feelings. An example of this response is: "Why are you masturbating in group Phil?"

One respondent was not sure what she would do in Interpretation the situation.

On the basis of the analysis of responses to group therapy Situation VII. Nine out of the eighteen responses were identified as offering an interpretation of this situation. An example of this responses is: "Point out how the group feels Jim is neglecting talking about himself in the group and seems to want to help others but in such a manner that the group feels he is not a part of them in the

sense he doesn't ask them for help." the respondents

Eight out of the eighteen responses were identified as allowing for expression of feelings. An example of this response is: "How might Jim and other group members be more helpful?" One of the respondents answered that she would reflect feelings in this situation by stating, "Jim, I feel you are quite angry with the discussion today."

Situation VIII. Fourteen of the eighteen responses were identified as being supportive in this situation. This is the task deemed most therapeutic by the judges. An example of this response is: "Many patients have felt this way, Phyllis. I wonder if some of these people can help us out with this problem (mention names)."

Four out of the eighteen responses were identified as allowing for the expression of feelings. An example of this response is: "Help Phyllis to express her feelings of why she can't."

Interpretation

On the basis of the analysis of responses to group therapy situations, psychiatric nurses identified their role as performing the therapeutic tasks of: allowing for expression of feelings, structuring, providing a permissive, accepting atmosphere, giving support and reflection of feelings.

Perhaps one of the most interesting findings of

this study is that less than half of the respondents answered that they would reflect or clarify feelings in the appropriate situation. It is interesting from the standpoint that these two therapeutic tasks are the primary focus in psychiatric nursing education. Perhaps the feelings expressed in the situations were not clear enough to call for this response. This might account for the inconsistency.

Situation 1. Five of the eight responses were identified as reflection of feelings. An example of this response is: "Nurse would comment that Jane sounded angry. . . ." The limited number of respondents setting limits in the appropriate situation demands that this aspect of the response is: "Nurse would comment that Jane sounded angry. . . ." Two of the eight responses were identified as allow-accounts for the nurse's reluctance to set limits. That is, for the expression of feelings. An example of this response is: "Jane, do you want to tell us how you are feeling now?" Perhaps the nurse looks to the team leader to set the limits. Also, the philosophy of this selected mental health center is based upon democratic principles and group dynamics. This, too, may account for the reticence of the nurse to set limits. Perhaps, she interprets this philosophy as meaning the limits should come from within the patient group and not be imposed by authority figures.

Exactly half of the respondents answered that they would interpret in the appropriate situation which is interesting from the standpoint of traditional roles in the psychiatric field. Traditionally, this task has been reserved for the psychiatrist. This might indicate that there is evolving a gradual merging and sharing of

therapeutic tasks among the various disciplines.

TABLE II

II. SOCIAL WORKERS' IDENTIFICATION OF THE ROLE OF THE PSYCHIATRIC NURSE

Situation and Therapeutic Tasks	No. of Respondents
<u>Data</u>	

Table II shows the responses made to each situation by the social workers.

Situation I. Five of the eight responses were identified as reflection of feelings. An example of this response is: "Nurse would comment that Jane sounded angry. . . ."

Two of the eight responses were identified as allowing for the expression of feelings. An example of this response is: "Jane, do you want to tell us how you are feeling now?"

One of the respondents answered that the nurse would clarify feelings in this situation by "asking Jane to clarify what was on her mind."

Situation II. Four of the eight responses were identified as clarification of feelings. An example of this response is: "Bill, it sounds as if you're kind of anxious or scared about leaving soon."

Three out of the eight responses were identified as allowing for the expression of feelings. An example of this response is: "Nurse would ask Bill how he does

TABLE II

RESPONSES OF EIGHT SOCIAL WORKERS

Situation and Therapeutic Tasks	No. of Respondents
Situation I	
*Reflection of feelings	5
Clarification of feelings	1
Allowing for expression of feelings	2
Situation II	
*Clarification of feelings	4
Allowing for expression of feelings	3
Giving support	1
Situation III	
*Allowing for expression of feelings	7
Giving support	1
Situation IV	
*Structuring	6
Allowing for expression of feelings	2
Situation V	
*Providing a permissive, accepting atmosphere	7
Other	1
Situation VI	
*Setting limits	4
Allowing for expression of feelings	1
Interpretation	1
Other	2
Situation VII	
*Interpretation	5
Allowing for expression of feelings	2
Other	1
Situation VIII	
*Giving support	7
Allowing for expression of feelings	1
*Task deemed most therapeutic in this situation by judges.	

feel about the prospect of discharge." Garrett, etc.

One respondent answered that the nurse would provide support in this situation by "offering supportive remarks about how difficult it is to leave the security of the hospital, etc."

Situation III. Seven of the eight responses were identified as allowing for the expression of feelings. An example of this response is: "Like what Mildred?"

One of the eight respondents answered that the nurse would be supportive in this situation by talking and giving assurance that her problem was important.

Situation IV. Six of the eight responses were identified as structuring. An example of this response is: "Nurse would interpret purpose of meeting defining limits as to what he could do."

Two of the responses were identified as allowing for expression of feelings. An example of this response is: "Why do you ask?"

Situation V. Seven of the eight responses were identified as providing a permissive, accepting atmosphere. An example of this response is: "They would listen, and probably encourage further expression of hostility . . ."

One respondent felt that the nurse would not respond verbally but, would manifest signs of discomfort such as

changing seating position, lighting cigarettes, etc.

One respondent answered that the nurse would allow Situation VI. Four of the eight responses were identified as setting limits. An example of this response is: "Phil, that is not appropriate behavior here."

One respondent answered that the nurse would interpret in this situation by "Telling Phil that he seemed upset and could he talk about this."

One respondent answered that the nurse would allow for expression of feelings by "Asking what he was thinking about or feeling at the moment." Two of the responses indicated that the nurses would look to other staff members to handle this situation and preferably a male member.

Two respondents answered that the nurse would allow for the expression of feelings by "Asking the members of the group why they feel angry toward Jim today." One respondent did not know how the nurse would respond in this situation.

Two respondents answered that the nurse would allow for the expression of feelings by "Asking the members of the group why they feel angry toward Jim today."

One respondent did not know how the nurse would respond in this situation.

Situation VIII. Seven of the responses were identified as giving support by "asking other members of the

group if they had ever felt this way."

One respondent answered that the nurse would allow for expression of feelings by asking "What do you think would happen, Phil, if you tried to talk about your problems?"

Interpretation

The majority of the social workers who participated in the study indicated by their responses that the psychiatric nurse would perform those therapeutic tasks deemed most therapeutic by the judges for the particular situation. These tasks correspond to the eight tasks which are part of the group therapist's role. Consequently, it seems then that the social workers see the psychiatric nurse's role as performing the therapeutic tasks of: reflection of feelings, clarification of feelings, allowing for the expression of feelings, structuring, providing a permissive, accepting atmosphere, setting limits, interpretation, and giving support.

It is interesting that social workers see the nurse performing all of the tasks of the group therapist and the nurse sees herself performing only six of these eight tasks. From these findings, it might seem that the nurse is unaware, at times, of her therapeutic function. Perhaps, this might mean that, at times, the psychiatric nurse is functioning on an intuitive level and not

cognitive.

These findings might indicate that there is a high degree of identification of the social worker with the nurse. The fact that both of these disciplines have had difficulty in being accepted and utilized for their therapeutic function, in the psychiatric field, might promote mutual identification.

III. PSYCHIATRISTS' IDENTIFICATION OF THE PSYCHIATRIC NURSE'S ROLE

Data

Table III shows the responses made to each situation by the psychiatrists.

Situation I. Each of the three psychiatrists answered differently. One answered that the nurse would allow for the expression of feelings by asking, "How does it make you feel Jane?" One answered that the nurse would provide support. The other psychiatrist answered that the nurse would interpret in this situation.

Situation II. Two of the three respondents answered that the nurse would clarify feelings in this situation.

One respondent answered that the nurse would allow for the expression of feelings.

Situation III. All three respondents answered that

the nurse would allow for the expression of feelings in this situation.

TABLE III

Situation IV. All three respondents answered that the nurse would structure in this situation.

Situation and Therapeutic Tasks	No. of Respondents
Situation I	
Expression of feelings	1
Interpretation	1
Support	1
Situation II	
*Clarification of feelings	2
Encouraging expression of feelings	1
Situation III	
*Allowing for expression of feelings	3
Situation IV	
*Structuring	3
Situation V	
*Providing a permissive, accepting atmosphere	1
Interpretation	1
Other	1
Situation VI	
*Setting limits	3
Situation VII	
*Interpretation	2
Allowing for expression of feelings	1
Situation VIII	
*Giving support	
*Task deemed most therapeutic in this situation by judges.	

the majority of the psychiatrists who participated in the study indicated by their responses that the

the nurse would allow for the expression of feelings in this situation. the appropriate situation. These were:

Situation IV. All three respondents answered that the nurse would structure in this situation. clarification of feelings, allowing for expression of feelings, structuring, setting limits, interpretation, and giving support.

Situation V. One respondent answered that the nurse would provide a permissive, accepting atmosphere in this situation. form a different therapeutic task in those situations. One respondent answered that the nurses would interpret in this situation. performing the therapeutic tasks of ref One respondent did not know how the nurse would ac- respond in this situation. well defined.

It is interesting that only one of the psychiatrists answered that the nurse provides a permissive, accepting atmosphere in the appropriate situation and the overwhelming majority of psychiatrists were doing

Situation VI. All three of the responses were identified as setting limits.

Situation VII. Two of the three responses were identified as interpretation. The other response was allowing for expression of feelings. fact

wherein patients can express their feelings, is a prerequisite to therapeutic functioning. This then raises the question that if the psychiatrist does not perceive the other response was allowing for the expression of feelings. nurse as performing this therapeutic task then indeed, does he feel that she can and/or should be functioning in

Interpretation capacity?

The majority of the psychiatrists who participated in the study indicated by their responses that the

psychiatric nurse would perform six of the eight therapeutic tasks in the appropriate situation. These were:

clarification of feelings, allowing for expression of feelings, structuring, setting limits, interpretation, and giving support.

There was wide variance in the responses to Situations I and V. Each respondent indicated that the nurse would perform a different therapeutic task in those situations. Consequently, it seems then, that to the psychiatrist, the nurse's role in performing the therapeutic tasks of reflection of feelings and providing a permissive, accepting atmosphere, is not well defined.

It is interesting that only one of the psychiatrists answered that the nurse provides a permissive, accepting atmosphere in the appropriate situation and the overwhelming majority of the psychiatric nurses see themselves doing this. The importance of this finding is found in the fact that the provision of a permissive, accepting atmosphere, wherein patients can express their feelings, is a prerequisite to therapeutic functioning. This then raises the question that if the psychiatrist does not perceive the nurse as performing this therapeutic task then indeed, does he feel that she can and/or should be functioning in a therapeutic capacity?

Two of the responses were identified as structuring. The third was identified as allowing for expression of feelings.

IV. PSYCHOLOGISTS' IDENTIFICATION OF THE PSYCHIATRIC NURSE'S ROLE

TABLE IV

Data

RESPONSES OF THREE PSYCHOLOGISTS

Table IV shows the responses made to each situation by the clinical psychologists.

Situation I. Each of the three psychologists gave a different answer as to how they felt the nurse would respond in this situation. One answered that she would reflect feelings by saying, "You feel shut out." The other psychologist answered that she would allow for the expression of feelings by asking what the feelings were. The third answered that the nurse would structure in the situation by asking what the remedy is for those who monopolize in the group.

Situation II. Two of the responses were identified as allowing for expression of feelings by silence or asking what the feelings were. A third did not think the nurse would respond in this situation.

Situation III. All three responses were identified as allowing for expression of feelings.

Situation IV. Two of the responses were identified as structuring. The third was identified as allowing for expression of feelings.

Situation V. Two of the respondents felt that the nurse would provide a permissive, accepting atmosphere in this situation. The third answered that the nurse would interpret.

TABLE IV

RESPONSES OF THREE PSYCHOLOGISTS

Situation and Therapeutic Tasks	No. of Respondents
Situation I	
*Reflection of feelings	1
Allowing for expression of feelings	1
*Structuring	1
Situation II	
Allowing for expression of feelings	2
Other	1
Situation III	
*Allowing for expression of feelings	3
Situation IV	
*Structuring	2
Allowing for expression of feelings	1
Situation V	
*Providing a permissive, accepting atmosphere	2
Interpretation	1
Situation VI	
*Setting limits	3
Situation VII	
*Interpretation	1
Allowing for expression of feelings	1
Other	1
Situation VIII	
*Giving support	2
Other	1

*Task deemed most therapeutic in this situation by judges. The majority of the psychologists who participated in the study indicated by their responses that the psychiatric nurse would perform five of the eight therapeutic tasks in the appropriate situation. These being: allowing

Situation V. Two of the respondents felt that the nurse would provide a permissive, accepting atmosphere in this situation. The third answered that the nurse would interpret.

Situation VI. All three of the respondents answered that the nurse would set limits in this situation.

Situation VII. One of the responses was identified as interpretation. Another answered that the nurse would allow for expression of feelings. One respondent answered that the nurse would not make any comment.

It is interesting that the psychologists differ in this situation. Perhaps, the psychologist feels that this is a task reserved for another discipline. Or, if there is a gradual merging of roles as is mentioned previously in this chapter, this finding might indicate a resistance, on the part of the psychologist, to this change.

Situation VIII. Two of the respondents answered that the nurse would offer support in this situation. The third answered that the nurse would not make any comment.

Discussion Interpretation

The majority of nurses, psychiatrists, social workers and psychologists perceive the psychiatric nurse as performing the therapeutic tasks of: allowing for expression of feelings, structuring, providing a permissive, accepting tasks in the appropriate situation. These being: allowing

for expression of feelings, structuring, providing a permissive, accepting atmosphere, setting limits, and giving support.

There was wide variance in the responses to Situations I and VII. Each respondent indicated that the nurse would perform a different therapeutic task in those situations. Consequently, it seems then, that to the psychologist, the nurse does not perform the therapeutic tasks of reflection of feelings and interpretation.

The responses to Situation II were identified as allowing for expression of feelings when the therapeutic task was to clarify feelings. It would seem then, that the psychologist does not perceive the nurse as clarifying feelings in the appropriate situation.

IV. COMPARISON OF THE PSYCHIATRIC NURSE'S IDENTIFICATION OF HER ROLE WITH THE IDENTIFICATION BY OTHER TEAM MEMBERS

Table V shows the comparison of responses given by nurses and other team members.

Discussion

The majority of nurses, psychiatrists, social workers and psychologists perceive the psychiatric nurse as performing the therapeutic tasks of: allowing for expression of feelings, structuring, providing a permissive, accepting

atmosphere and giving support

TABLE V

COMPARISON OF RESPONSES GIVEN BY EIGHTEEN NURSES, EIGHT SOCIAL WORKERS, THREE PSYCHIATRISTS AND THREE PSYCHOLOGISTS

Corresponding Therapeutic Task	No. of Respondents
<u>Situation I--Reflection of Feelings</u>	
Nurses	5
Psychiatrists	0
Social Workers	5
Psychologists	1
<u>Situation II--Clarification of Feelings</u>	
Nurses	7
Psychiatrists	2
Social Workers	4
Psychologists	0
<u>Situation III--Allowing for Expression of Feelings</u>	
Nurses	18
Psychiatrists	3
Social Workers	7
Psychologists	3
<u>Situation IV--Structuring</u>	
Nurses	16
Psychiatrists	3
Social Workers	6
Psychologists	2
<u>Situation V--Providing a Permissive, Accepting Atmosphere</u>	
Nurses	14
Psychiatrists	1
Social Workers	7
Psychologists	2
<u>Situation VI--Setting Limits</u>	
Nurses	8
Psychiatrists	3
Social Workers	4
Psychologists	3
<u>Situation VII--Interpretation</u>	
Nurses	9
Psychiatrists	2
Social Workers	5
Psychologists	1
<u>Situation VIII--Providing Support</u>	
Nurses	14
Psychiatrists	2
Social Workers	7
Psychologists	2

atmosphere and giving support.

Five out of eighteen nurses, no psychiatrists, five out of eight social workers and one psychologist perceive the psychiatric nurse as performing the therapeutic task of reflection of feelings.

Seven out of eighteen nurses, two out of three psychiatrists, four out of eight social workers and no psychologists perceive the psychiatric nurse performing the task of clarification of feelings.

All of the psychiatrists, half of the social workers, all of the psychologists and eight out of eighteen nurses perceive the psychiatric nurse as performing the task of setting limits.

Half of the nurses, the majority of the social workers and psychiatrists and only one out of the three psychologists perceive the psychiatric nurse as performing the task of interpretation.

V. SUMMARY

The analysis of the data revealed that the forces which determine a stable role definition, namely self perceptions and perceptions of colleagues, are consistent enough in six of the eight situations to provide these tasks as a stable role for the psychiatric nurse. On the basis of this study, the psychiatric nurse's role is to perform the therapeutic tasks of: allowing for expression of

feelings, structuring, providing a permissive, accepting atmosphere, setting limits, interpretation and providing support.

CHAPTER V

In Situations I and II the data reveal inconsistencies. Therefore, the role of the psychiatric nurse in performing the therapeutic tasks of reflection of feelings and clarification of feelings is inconclusive. It

is interesting that in Situations I and II, the majority of social workers perceive the psychiatric nurse as performing the corresponding tasks whereas the majority of

psychologists, psychiatrists and nurses do not.

The problem studied was the identification of the role of the psychiatric nurse, as a member of a therapeutic team, practicing group psychotherapy. The forces which constitute a stable role definition were studied.

The purposes of the study were: (1) to identify and compare the role of the psychiatric nurse as perceived by herself and her colleagues; and (2) to add to the research and clarification of the psychiatric nurse's role as a group therapist because of the nurse's importance in the current treatment of the mentally ill.

Psychiatric nursing literature and group therapy literature revealed that nurses were engaged in group psychotherapy. There was generally a lack of information available on the specificity of the psychiatric nurse's role in this setting. There was an awareness of the potential value group therapy possesses for the improvement of patient care as well as for the provision of rewarding

experiences for the nurse.

This was a descriptive study with a specially constructed situational questionnaire used as the data-

CHAPTER V

gathering device. SUMMARY AND RECOMMENDATIONS

posed of eight group therapy situations so constructed as to elicit a

This chapter presents a summary of the study and corresponding therapeutic task. These therapeutic tasks and recommendations for further related investigations were decided upon after an investigation of the literature

concerning the role of the group therapist. Each situation was judged to be illustrative of the corresponding

I. SUMMARY

The problem studied was the identification of the therapeutic task. A pilot study was done to judge the

role of the psychiatric nurse, as a member of a therapeutic team, practicing group psychotherapy. The forces

which constitute a stable role definition were studied. administered to eighteen psychiatric nurses, eight social

workers, three psychiatrists and three psychologists.

The purposes of the study were: (1) to identify and compare the role of the psychiatric nurse as perceived by herself and her colleagues; and (2) to add to the research and

clarification of the psychiatric nurse's role as a group therapist because of the nurse's importance in the current treatment of the mentally ill. Self-perceptions and perceptions of colleagues were consistent in the responses to six of the eight situations to provide a stable role for the psychiatric nurse in the performance of six therapeutic tasks. These were: allow-

ing for expression of feelings, structuring, providing a Psychiatric nursing literature and group therapy literature revealed that nurses were engaged in group permissive, accepting atmosphere, setting limits, interpretation and giving support. There was generally a lack of information available on the specificity of the psychiatric nurse's role in this setting. There was an awareness of the potential value group therapy possesses for the improvement of patient care as well as for the provision of rewarding tasks of reflection of feelings and clarification of feelings.

experiences for the nurse.

This was a descriptive study with a specially constructed situational questionnaire used as the data-gathering device. The questionnaire was composed of eight group therapy situations so constructed as to elicit a corresponding therapeutic task. These therapeutic tasks were decided upon after an investigation of the literature concerning the role of the group therapist. Each situation was judged to be illustrative of the corresponding therapeutic task. A pilot study was done to judge the efficacy of the instrument. The questionnaires were administered to eighteen psychiatric nurses, eight social workers, three psychiatrists and three psychologists. All were members of therapeutic teams doing group psychotherapy.

Self-perceptions and perceptions of colleagues were consistent in the responses to six of the eight situations to provide a stable role for the psychiatric nurse in the performance of six therapeutic tasks. These were: allowing for expression of feelings, structuring, providing a permissive, accepting atmosphere, setting limits, interpretation and giving support. In two situations, the data revealed inconsistencies of perceptions, thus blurring the role of the psychiatric nurse in performing the therapeutic tasks of reflection of feelings and clarification of feelings.

be considered; and II.) RECOMMENDATIONS study, utilizing the same technique be considered for a larger population.

Recommendations which were made on the basis of this study are herewith presented.

(1) It was recommended that the finding of this study be used as a basis of further research to discover if and why there is a conflict between this identification of the psychiatric nurse's role and that role which is the primary focus of psychiatric nursing education. Other recommendations were: (2) that further research be done on the comparison of the psychiatric nurse's identification of her role with the identification by other team members; (3) that the discrepancies of the role identification among various disciplines be further explored; (4) that further research be done to discover if and why psychiatric nurses do not perform the tasks of reflection of feelings and clarification of feelings; (5) that research be done to discover if the philosophy of a therapeutic community influences the role of the psychiatric nurse and in what ways; (6) that further study of the identification of the nurse's role in group psychotherapy, using direct observation, be considered; (7) that the method and technique used to collect data on the role of the nurse, in this study, be considered for research in other areas of nursing; (8) that further study, in a different setting, on the role of the psychiatric nurse in group psychotherapy

be considered; and (9) that a follow-up study, utilizing the same technique be considered for a larger population.

BIBLIOGRAPHY

BIBLIOGRAPHY

A. BOOKS

Bach, George R. Intensive Group Psychotherapy. New York: The Ronald Press, 1954.

Best, John W. Research in Education. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1959.

Brammer, Lawrence M., and Everett L. Shostrom. Therapeutic Psychology. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1960.

Cameron, D. Ewen. General Psychotherapy. New York: Grune and Stratton, 1950.

Denber, Herman C. (ed.). Therapeutic Community. Springfield, Illinois: Charles C. Thomas, 1960.

BIBLIOGRAPHY

Good, Carter V. Research in Education. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1959.

_____ and Douglas E. Scates. Methods of Research. New York: Appleton-Century-Crofts, Inc., 1959.

Greenblatt, Milton, Richard H. York, and Esther Lucille Brown. From Custodial to Therapeutic Care in Mental Hospitals. New York: Russell Sage Foundation, 1955.

Hinckley, Robert G. and Lydia Hermann. Group Treatment in Psychotherapy. Minneapolis: University of Minnesota Press, 1951.

Hofling, Charles K. and Madeleine M. Leininger. Basic Psychiatric Concepts in Nursing. Philadelphia: J. B. Lippincott Company, 1961.

Klapman, J. W. Group Psychotherapy. New York: Grune and Stratton, 1959.

Matheney, Ruth V. and Mary Topalis. Psychiatric Nursing. St. Louis: C. V. Mosby Company, 1961.

Newcomb, Theodore M. Social Psychology. New York: The Dryden Press, 1950.

Noyes, Arthur P., Edith [unclear] and Mildred van Sickle. Textbook of Psychiatric Nursing. New York: The Macmillan Company, 1959.

A. BOOKS

Powdermaker, Florence B. and Jerome D. Frank. Group Psychotherapy. Cambridge, Massachusetts: Harvard Uni-

Bach, George R. Intensive Group Psychotherapy. New York: The Ronald Press, 1954.

Ruesch, Jurgen. Therapeutic Communication. New York: Best, John W. Research in Education. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1959.

Stanton, Alfred H. and Morris S. Schwartz. The Mental Hos-
Brammer, Lawrence M., and Everett L. Shostrom. Therapeutic Psychology. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1960. and Elizabeth Hage. Measurement and Evaluation in Psychology and Education. New York:

Cameron, D. Ewen. General Psychotherapy. New York: Grune and Stratton, 1950.

Webster's New Collegiate Dictionary. Springfield, Mass-
Denber, Herman C. (ed.). Therapeutic Community. Springfield, Illinois: Charles C. Thomas, 1960.

Good, Carter V. Research in Education. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1959.

Jahoda, [unclear] and Douglas E. Scates. Methods of Research. New York: Appleton-Century-Crofts, Inc., 1959. Processes. New York: The Dryden Press, 1951.

Greenblatt, Milton, Richard H. York, and Esther Lucille Brown. From Custodial to Therapeutic Care in Mental Hospitals. New York: Russell Sage Foundation, 1955.

Hinckley, Robert G. and Lydia Hermann. Group Treatment in Psychotherapy. Minneapolis: University of Minnesota Press, 1951. Technical Report Series No. 9. Geneva, Switzerland: World Health Organization, 1950.

Hofling, Charles K. and Madeleine M. Leininger. Basic Psychiatric Concepts in Nursing. Philadelphia: J. B. Lippincott Company, 1961. MEDICALS

Klapman, J. W. Group Psychotherapy. New York: Grune and Stratton, 1959. "The Nurse as an Active Member of the

Psychiatric Team," American Journal of Nursing, L (No-
Matheney, Ruth V. and Mary Topalis. Psychiatric Nursing. St. Louis: C. V. Mosby Company, 1961.

Benney, Kenneth D. and Warren Benney. "The Role of the Professional Nurse," American Journal of Nursing, LIX (February, 1959), 197-199.

Newcomb, Theodore M. Social Psychology. New York: The Dryden Press, 1950.

Noyes, Arthur P., Edith M. Haydon and Mildred van Sicklen. Textbook of Psychiatric Nursing. New York: The Macmillan Company, 1959.

Powdermaker, Florence B. and Jerome D. Frank. Group Psychotherapy. Cambridge, Massachusetts: Harvard University Press, 1953.

Ruesch, Jurgen. Therapeutic Communication. New York: W.W. Norton and Company, 1961.

Stanton, Alfred H. and Morris S. Schwartz. The Mental Hospital. New York: Basic Books, Inc., 1954.

Thorndike, Robert L. and Elizabeth Hage. Measurement and Evaluation in Psychology and Education. New York: John Wiley and Sons, Inc., 1955.

Webster's New Collegiate Dictionary. Springfield, Massachusetts: G. & G. Merriam Company, 1953.

B. BOOKS: PARTS OF SERIES

Jahoda, Marie, Morton Deutsch and Stuart W. Cook. Research Methods in Social Relations. Part I: Basic Processes. New York: The Dryden Press, 1951.

C. PUBLICATIONS OF LEARNED SOCIETIES

Expert Committee on Mental Health. Report on the First Session, Technical Report Series No. 9. Geneva, Switzerland: World Health Organization, 1950.

D. PERIODICALS

Barton, Walter E. "The Nurse as an Active Member of the Psychiatric Team," American Journal of Nursing, L (November, 1950), 714-716.

Benne, Kenneth D. and Warren Bennes. "The Role of the Professional Nurse," American Journal of Nursing, LIX (February, 1959), 197-199.

- Bennet, A. E. and June Eaton. "The Role of the Nurse in the Newer Therapies," American Journal of Psychiatry, CVIII (1951), 167-170.
- Brown, Donald L. "Nurses Participate in Group Therapy," American Journal of Nursing, LXII (January, 1962), 68-69.
- Butler, Herbert. "The Role of the Psychiatric Nurse," Nursing Research, X (January, 1962), 27-29.
- Denber, Herman. "A Study of the Therapeutic Community," Progress in Psychotherapy, V (1960), 116.
- Frey, Lavonne M. "The Scope of Psychiatric Nursing Today," Nursing Outlook, III (March, 1955), 153-154.
- Galinioti, Elmer, et. al. "Group Techniques in Rehabilitating Back Ward Patients," American Journal of Nursing, LIV (August, 1954).
- Gregg, Dorothy. "The Psychiatric Nurse's Role," American Journal of Nursing, LIV (July, 1954), 848-851.
- Hargraves, Ann G. and Alice M. Robinson. "The Nurse Leader in Group Psychotherapy," American Journal of Nursing, L (November, 1950), 713-714.
- Jones, Maxwell. "The Concept of a Therapeutic Community," American Journal of Psychiatry, CXII (1956), 647.
- Kaldeck, Rudolph. "Group Psychotherapy by Nurses and Attendants," Diseases of the Nervous System, XII (May, 1951), 138-142.
- Mann, James and Harold Mann. "The Organization and Technique of Group Treatment of Psychoses," Diseases of the Nervous System, IX (February, 1948), 46-50.
- Marchesini, Erika. "The Widening Horizons in Psychiatric Nursing," American Journal of Nursing, LIX (July, 1959), 978-981.
- Martinez, Ruth E. "The Nurse as Group Psychotherapist," American Journal of Nursing, LVIII (December, 1958), 1681-1682.
- Robinson, Alice M. "Research in Psychiatric Nursing," American Journal of Nursing, LV (April, 1955), 441-444.

Sommer, Robert. "Working Effectively With Groups," American Journal of Nursing, LX (February, 1960), 223-226.

Wender, Louis. "The Dynamics of Group Psychotherapy and Its Application," Journal of Nervous and Mental Diseases, LXXXIV (July, 1936), 54-60.

E. ESSAYS AND ARTICLES IN COLLECTION

Frank, Jerome. "Therapy in a Group Setting," in Contemporary Psychotherapies, ed. Morris I. Stein. Glencoe, Illinois: The Free Press, 1961.

Sarbin, Theodore R. "Role Theory," in Handbook of Social Psychology, ed. Gardner Lindzey. Cambridge, Massachusetts: Addison-Wesley Publishing Company, Inc., 1954.

Will, Gwen Tudor. "Psychiatric Nursing Administration and Its Implications for Patient Care," in The Patient and the Mental Hospital, Milton Greenblatt, Daniel J. Levinson and Richard H. Williams, eds. Glencoe, Illinois: The Free Press, 1957.

Williams, Richard H. "What is Therapy and Who Does It?" in The Patient and the Mental Hospital, Milton Greenblatt, Daniel J. Levinson and Richard H. Williams, eds. Glencoe, Illinois: The Free Press, 1957.

F. UNPUBLISHED MATERIALS

Fatka, Nada Jean. "Critical Requirements of Psychiatric Personnel as Determined by Selected Psychiatric Patients." Unpublished Master's thesis, The University of Colorado, Boulder, 1958.

Hurley, Elizabeth Ann. "An Investigation of Therapeutic Intervention as Practiced by Four Psychiatric Nurses in Group Work with Selected Psychiatric Patients." Unpublished Master's thesis, The University of Colorado, Boulder, 1960.

Salenius, Hildegard Margaret. "Student Appraisal of a Course in Psychiatric Nursing Offered by a Selected University School of Nursing." Unpublished Master's thesis, The University of Colorado, Boulder, 1958.

DIRECTIONS: Described below are eight situations depicting patient activity in a formal group psychotherapy session. Please read the description of the group situation carefully. In the blank following each situation, write out, in as few words as possible, what you, a psychiatric nurse, would say and/or do if you were one of the therapists in this situation. Please do not discuss these situations with anyone else involved in the study. Thank you.

- I. Midway through the hour, Jane says, in a loud, sarcastic voice, "How can any of the rest of us get any help with our problems as long as there are one or two people in here who monopolize the whole hour talking about their troubles?"

APPENDIX A

QUESTIONNAIRES

- II. The discussion has centered around discharge, getting jobs, etc., when Bill says, "When I first came to the hospital, I looked forward to the day when I wouldn't have to come at all and now that it's almost here, . . . well, . . . I'm not as . . . excited I guess as I thought I would be. . . ."
- III. After a few minutes of silence, Mildred says, "If no one is going to start off, I've got something important that I would like to discuss. . . ."

DIRECTIONS: Described below are eight situations depicting patient activity in a formal group psychotherapy session. Please read the description of the group situation carefully. In the blank following each situation, write out, in as few words as possible, what you, a psychiatric nurse, would say and/or do if you were one of the therapists in this situation. Please do not discuss these situations with anyone else involved in the study. Thank you.

I. Midway through the hour, Jane says, in a loud, sarcastic voice, "How can any of the rest of us get any help with our problems as long as there are one or two lily people in here who monopolize the whole hour talking about their troubles?"

VI. During the session, Phil begins to masturbate openly in the group.

II. The discussion has centered around discharge, getting jobs, etc., when Bill says, "When I first came to the hospital, I looked forward to the day when I wouldn't have to come at all and now that it's almost here. . . well. . . I'm not as. . . excited I guess as I thought I would be. . ."

VII. The group has centered their discussion on verbal expressions of hostility toward Jim, the monopolist. One therapist asks Jim how he feels about what has been said and Jim replies, "I don't understand why they're acting this way, I only try to help people--isn't that what we're here for--to help each other? If I know something which will help someone, I tell them that's all." (elicits groans from the group)

III. After a few minutes of silence, Mildred says, "If no one is going to start off, I've got something important that I would like to discuss. . ."

VIII. The group has been discussing the purpose of group psychotherapy when Phyllis says, "I'll just never be able to talk about my problems in front of all these people."

IV. Donald, a new patient looks at the nurse and says, "I understand that we can say or do anything we want in here, is that right?"

[Faded text: DIRECTIO... psychotherapy session. Please read the description of the group situation carefully. In the blank following each situation, write out, in as few words as possible what you think your nurse co-workers would say and/or do if she were one of the therapists in this situation. Please do not discuss these situations with anyone else involved in the study. Thank you.]

V. Two weeks ago, there was a change from small group therapy to large. Today, the first part of the hour has contained verbal expressions of hostility toward the staff.

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VI. During the session, Phil begins to masturbate openly in the group. APPENDIX B

LETTER TO JUDGES AND SITUATIONS FOR
THEIR EVALUATIONS

VII. The group has centered their discussion on verbal expressions of hostility toward Jim, the monopolist. One therapist asks Jim how he feels about what has been said and Jim replies, "I don't understand why they're acting this way, I only try to help people--isn't that what we're here for--to help each other? If I know something which will help someone, I tell them that's all." (elicits groans from the group)

VIII. The group has been discussing the purpose of group psychotherapy when Phyllis says, "I'll just never be able to talk about my problems in front of all these people."

The problem of my study is to identify the role of the nurse therapist in group psychotherapy. My population will be nurses, psychiatrists, social workers and psychologists from the Fort Logan Mental Health Center.

In order to facilitate the analysis of data, I have gathered and defined, from the literature, the eight most common therapeutic tasks of the group therapist. I have set up one situation to correspond with each task. This makes a total of eight situations. The situations are numbered to correspond with the numbers on the tasks.

APPENDIX B

The situations are to be judged as to their reliability in representing the corresponding therapeutic tasks. If you think the situation would call for the corresponding task, do not mark it. If you think the situation contains incomplete information, mark it INC. If you think the situation would call for more than one task, mark it A for ambiguous and list the task(s) you think appropriate.

The problem of my study is to identify the role of the nurse therapist in group psychotherapy. My population will be nurses, psychiatrists, social workers and psychologists from the Fort Logan Mental Health Center.

In order to facilitate the analysis of data, I have gathered and defined, from the literature, the eight most common therapeutic tasks of the group therapist. I have set up one situation to correspond with each task. This makes a total of eight situations. The situations are numbered to correspond with the numbers on the tasks.

The situations are to be judged as to their reliability in representing the corresponding therapeutic tasks. If you think the situation would call for the corresponding task, do not mark it. If you think the situation contains incomplete information, mark it INC.

If you think the situation would call for more than one task, mark it A for ambiguous and list the task(s) you think appropriate.

IV. STRUCTURING

To define the nature, limits and goals of the process and the particular relationship(s) at hand.

A. To provide the patient with a framework or orientation for therapy.

B. To provide clear cut limits.

V. PERMISSIVE, ACCEPTING ATMOSPHERE

To provide the friendly encouragement to proceed, with a guarantee that no punishment is going to surprise the patient and respect for his individuality.

THERAPEUTIC TASKS

I. REFLECTION OF FEELINGS

To express, in different words, the essential attitudes expressed by the patient.

- A. To grasp the underlying feeling not the content.
- B. To give back to the patient an image or likeness of what was expressed.
- C. To reformulate what the patient said and check whether the new version makes more sense to the patient.

II. CLARIFICATION OF FEELINGS

To translate the obscure into the clear, the less familiar into terms that are more familiar, the variant into the constant, the complex into the simple, the vague into the precise, forms into functions and states into forces.

III. ENCOURAGING EXPRESSION OF FEELINGS

To encourage the patient to verbally express or act out feelings within safe limits.

- A. To gradually "tease out" patient's thoughts about the area of concern.
- B. To ask direct, leading or open-ended questions.

IV. STRUCTURING

To define the nature, limits and goals of the process and the particular relationship(s) at hand.

- A. To provide the patient with a framework or orientation for therapy.
- B. To provide clear cut limits.

To help the patient to see his strengths, progress and successes.

V. PERMISSIVE, ACCEPTING ATMOSPHERE

To provide the friendly encouragement to proceed, with a guarantee that no unforeseen punishment is going to surprise the patient and respect for his individuality.

- A. To allow the patient the choice of messages and actions, giving him a chance to consider alternatives.
- B. To allow the patient to experiment, to make his choices and to correct errors.
- C. To permit the patient to express strongly held feelings.
- D. To acknowledge the fact, by attitude, that the patient has a right to behave as he does.
- E. To clearly draw and consistently enforce limitations within the group.

VI. SETTING LIMITS

To provide firm, realistic acknowledgment to the patient about his behavior and requesting his cooperation in curtailing this.

VII. INTERPRETATION

To impart meaning to the patient by presenting him with an hypothesis about relationships or meanings of attitude behaviors for his consideration.

- A. To explain or tell the meaning of.
- B. To connect the past with the present, the inside experience with the outside effect, the self with the group.

VIII. GIVING SUPPORT

To promote comfort and security through the construction of optimal conditions of living.

- A. To be sensitive to patient's feelings and needs.
- B. To help the patient to see his strengths, progress and successes.

- C. To plan with the patient experiences that are constructive and of interest to him.
- D. To verify or substantiate.
- E. To verify by enlisting opinions of the group.

- I. Midway through the hour, Jane says in a loud, sarcastic voice, "How can any of the rest of us get any help with our problems as long as there are one or two people in here who monopolize the whole hour talking about their troubles?"
- II. The discussion has centered around discharge, getting jobs, etc., when Bill says, "When I first came to the hospital, I looked forward to the day that I would be discharged and now that it's almost here, well . . . I'm not as . . . excited, I guess, as I thought I would be . . ."
- III. After a few minutes of silence, Mildred says, "If no one else is going to start off, I've got something important that I would like to discuss . . ."
- IV. Donald, a new patient, looks at the nurse and says, "I understand that we can say or do anything we want in here, is that right?"
- V. Two weeks ago, there was a change from small group therapy to large. Today, the first part of the hour has contained verbal expressions of hostility toward the staff.
- VI. During the session, Phil begins to masturbate openly in the group.

VII. The group has centered their discussion on verbal expressions of hostility toward Jim, the monopolist. One therapist asks Jim how he feels about what has been said and Jim replies, "I don't understand why they're acting this way. I only try to help people -- isn't that what we're here for--to help each other? If I know something which will help some-

SITUATIONS

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APPENDIX C

LETTER REQUESTING PERMISSION TO DO STUDY

851 Lafayette
Denver 18, Colorado
October 26, 1962

Director, Fort Logan Mental Health Center
P.O. Box 188
Ft. Logan, Colorado

Dear Dr. _____:

I am a graduate student at the University of Colorado engaged in writing a thesis to complete the requirements for my Master's Degree in Psychiatric Nursing. I am doing an exploratory study in order to identify the role of the psychiatric nurse in formal group psychotherapy, as perceived by herself and her colleagues from other professional disciplines.

I would like your permission to interview and administer a questionnaire to members of your staff at Ft. Logan in the near future. I plan to limit my population to members of the tri-country teams.

APPENDIX C

In addition, I would like to know your policy and preference concerning the use of the description of the Ft. Logan Mental Health Center in unpublished materials such as a thesis.

LETTER REQUESTING PERMISSION TO DO STUDY

Sincerely Yours,

(Mrs.) Carole Robbins

cc: Director of Nursing Service

Dear Dr. _____:

I am endorsing Mrs. Robbin's request, since I believe that the findings may help to clarify the role of the psychiatric nurse on the team in a hospital utilizing a therapeutic environment in the treatment of the mentally ill. I hope that you will give her permission to work with your staff in her study.

Sincerely yours,

Marjory G. Hibbard,
Assistant Director
Graduate Programs in Nursing
University of Colorado

851 Lafayette
Denver 18, Colorado
October 26, 1962

Director, Fort Logan Mental Health Center
P.O. Box 188
Ft. Logan, Colorado

Dear Dr. _____:

I am a graduate student at the University of Colorado engaged in writing a thesis to complete the requirements for my Master's Degree in Psychiatric Nursing. I am doing an exploratory study in order to identify the role of the psychiatric nurse in formal group psychotherapy, as perceived by herself and her colleagues from other professional disciplines.

I would like your permission to interview and administer a questionnaire to members of your staff at Ft. Logan in the near future. I plan to limit my population to members of the Tri-County teams.

In addition, I would like to know your policy and preference concerning the matter of using the name and description of the Ft. Logan Mental Health Center in unpublished materials such as a thesis.

Sincerely Yours,

(Mrs.) Carole Robbins

cc: Director of Nursing Service

Dear Dr. _____:

I am endorsing Mrs. Robbin's request, since I believe that the findings may help to clarify the role of the psychiatric nurse on the team in a hospital utilizing a therapeutic environment in the treatment of the mentally ill. I hope that you will give her permission to work with your staff in her study.

Sincerely yours,

Marjory G. Hibbard,
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