

# The Use of Theories in Psychiatric Nursing-II

## Teorilerin Psikiyatri Hemşireliğinde Kullanımı-II

Tuğba PEHLİVAN,<sup>1</sup> Perihan GÜNER<sup>2</sup>

### SUMMARY

The use of theory in the mental health field can be traced back before the 19th century. Later, with the detection of biological causes for the formation of mental health problems, psychosocial theories and biological approaches began to be used together. Accordingly, some authors tried to define the theoretical framework of psychiatric nursing, and it has been said that the biological and psychosocial theories used in the mental health field can also be used in the field of psychiatric nursing. This article discusses how psychiatric nurses can use the theories that constitute the framework of psychiatric nursing, and it explores this concept through the perspectives of the theories' authors.

**Keywords:** Psychiatric nursing; psychiatric nursing practice; theory; theoretical framework.

### ÖZET

Ruh sağlığı alanında teorilerin kullanımı 1800'lü yılların öncesine dayanmaktadır. Daha sonra ruhsal sorunların oluşumunda biyolojik nedenlerin saptanması ile birlikte psikososyal teoriler ve biyolojik yaklaşımlar birlikte kullanılmaya başlanmıştır. Bu doğrultuda bazı yazarlar tarafından psikiyatri hemşireliğinin kuramsal çerçevesi tanımlanmaya çalışılmıştır ve ruh sağlığı alanında kullanılan biyolojik ve psikososyal teorilerin psikiyatri hemşireliği alanında da kullanılabileceği ifade edilmiştir. Bu makalede, kuramsal çerçeveleri oluşturan yazarların bakış açısından, psikiyatri hemşireliğinin kuramsal çerçevesini oluşturan teorilerin psikiyatri hemşireliği alanında nasıl kullanılabileceği tartışılmıştır.

**Anahtar sözcükler:** Psikiyatri hemşireliği; psikiyatri hemşireliği uygulaması; teoriler; teorik çerçeve.

### Introduction

Theories and models in the field of psychiatry are used by mental health professionals to determine the basis of behaviors and to plan necessary initiatives.<sup>[1]</sup> However, it should be noted that many of these theories are still under development and have been supported by a limited number of studies. However, it is stated that the inadequate number of studies does not imply that these theories are useless. Therefore, it is essential for researchers and clinicians to note that information and experiments relating to present theories are limited.<sup>[2]</sup> Videbeck (2013) also states that since many psychosocial theories are developed based on theoreticians' personal experiences rather than on research, it is appropriate for them to be called "models" instead of "theories." Therefore, some authors observed in the literature prefer to use the word "model" rather than "theory."<sup>[3]</sup>

The emergence, development, and spread of psychosocial models/theories dates back to before the 19<sup>th</sup> century. These theories revealed potential explanations for the ways in which

people think, feel, and behave, and models related to developmental processes. In the past, theoreticians used various forms of speech therapy or psychotherapy. They were interested in the complex structure of the mind and emphasized the effect of environmental factors on its development. Today, at the beginning of the 21<sup>st</sup> century, it is a generally accepted belief that mental health and mental disorder is a process that emerges through the effect of psychosocial and biological factors, and it is generally accepted that there is a dynamic interaction between them.<sup>[4]</sup> Many authors trying to define the theoretical framework of psychiatric nursing also choose biological and psychosocial theories when defining their framework.<sup>[5]</sup>

Some authors have tried to construct the theoretical framework of psychiatric nursing based on theories used in the mental health field, while others have identified nursing models or theories as being at the base of the theoretical framework for psychiatric nursing.<sup>[1-3,6-14]</sup> While constructing the theoretical framework for psychiatric nursing, each author attempted to explain why she or he chose these theories, and also tried to identify the relationship of each theory to nursing practices.<sup>[5]</sup> Authors associated the theories that they identified while constructing a theoretical framework of psychiatric nursing with psychiatric nursing practices as explained below.

### How Can Theories Be Used in Psychiatric Nursing Practices?

#### Psychoanalytic Theory

Psychoanalytic theory is based on the philosophies of

<sup>1</sup>Student in Nursing, Koç University Health Sciences Faculty, İstanbul

<sup>2</sup>Department of Psychiatric Nursing, Koç University College of Nursing, İstanbul

**Correspondence (İletişim):** Tuğba PEHLİVAN.  
**e-mail (e-posta):** tpehlivan14@ku.edu.tr

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Freud and Jung. It argues that mental disorder occurs because of unconscious powers in the human mind. It is based on unconscious behaviors and dynamic interaction between the id, the ego and the superego. In this theory, the aims of treatment are (1) to increase the individual's awareness about the underlying causes of his or her behaviors and (2) to enable identification of conflicts.<sup>[6,8]</sup> Boyd (2002) states that Freud's theory is associated with psychiatric nursing practices in many aspects and that psychiatric nurses use many concepts of psychoanalytic theories in their practice, such as interpersonal relations, defense mechanisms, transference, countertransference, empathy, levels of consciousness, and internal objects.<sup>[2]</sup> Moreover, it is also stated that relationships between therapeutic individuals is a fundamental element of psychiatric nursing and that psychiatric nurses can analyze and solve patients' mental health problems through the strong relationships between therapeutic individuals.<sup>[2]</sup> Boyd (2002) also states that empathy is another concept adopted from psychoanalytic theories that is used in psychiatric nursing practices. The concept of empathy is quite important for all areas of nursing and is studied by many nursing experts.<sup>[2]</sup> Shives (2008) states that Freud's theory influences the development of psychiatric nursing theories, and accordingly the nurses adopt non-adaptive defense mechanisms in their professional practices.<sup>[9]</sup> In contrast, Kneisl and Trigoboff (2013) state that psychoanalytic theory provides nurses with quite a limited treatment role.<sup>[10]</sup> They also report that nurses gained interest in this theory following the establishment of treatment areas, such as interview rooms in private hospitals, based on psychoanalytic theory. However, the nurses who are not knowledgeable about the psychoanalytic theory, cannot play psychotherapeutic roles, and they can only use the concepts and language of psychoanalytic theory.<sup>[10]</sup>

### Developmental Theories

Basavanthappa (2011) and Shives (2008) report that developmental theories focus on duties particular to a developmental stage, successful departure from the stage, cognitive maturation, and moral maturation, and these theories establish guidelines for expected development during the life span.<sup>[6,9]</sup> Shives (2008) states that nurses realized that human development begins with insemination and continues throughout the life until death, thanks to the developmental theories.<sup>[9]</sup> Crowe et al. (2008) state that according to psychoanalytic theory, difficulties experienced by an adult result from his or her childhood, and nurses can help the individual learn new ways to solve problems by helping him or her to realize that coping mechanisms that served a purpose during childhood are ineffective in adulthood.<sup>[11]</sup> Similarly, based on Freud's psychosexual development theory, Halter (2013) states that childhood experiences have a profound effect on an individual's personality formation, and a nurse can research and

identify the main causes of a patient's suffering using this information.<sup>[12]</sup> Halter (2013) also states that Erikson's developmental model is a fundamental element of patient evaluation, and a developmental framework helps nurses recognize which initiatives are the most effective.<sup>[12]</sup> For example, in the "initiative versus guilt" stage of Erikson's developmental theory, it is stated that "children give the best response if they actively participate and ask questions." A nurse can inform family members about how they should approach to the child in that period using this information.<sup>[12]</sup> Basavanthappa (2011) notes that Erikson's theory also provides an opportunity for the interpretation of sensitive stages of development.<sup>[6]</sup> For example, it is stated that a nurse can help a patient who is paralyzed and feels hopeless and depressed because of not being able to provide care for his or her house by exploring his or her existing power and skills (raising children, tutoring young people et cetera).<sup>[6]</sup> Boyd (2002) states that developmental theories are particularly helpful for nurses who work with children to determine their state of development and mood; however, the use of these models is limited because they have not been adequately tested.<sup>[2]</sup>

### Theory of Interpersonal Relations

American psychiatrist Sullivan enlarged the theory of personality development by incorporating the importance of interpersonal relationships and developing the theory of interpersonal relations.<sup>[3]</sup> According to this theory, personality and mental health diseases are generated as a result of social powers and interpersonal experiences. Therefore, the aims of therapy are (1) to rehabilitate interpersonal experiences and (2) to ensure positive relationships. Based on this information, Shives (2008) states that nurses should focus on the changes in the development of individuals, non-adaptive behaviors, and interpersonal relations resulted with stress or anxiety.<sup>[9]</sup> Similarly, Crowe et al. (2008) state that nursing initiatives based on the interpersonal approach are performed to determine interpersonal patterns and how these patterns affect an individual.<sup>[11]</sup> They also report that nurses study an individual's needs in the relationship with his or her partner, his or her expectations for the relationship, his or her feelings, and how the individual's behaviors are perceived by his or her partner in their practices.<sup>[11]</sup>

Based on Sullivan's theory of interpersonal relations, Peplau, a nursing theorist, developed the concept of the therapeutic relationship between patient and nurse.<sup>[3]</sup> Boyd (2002) explained the theory of interpersonal relations' effect on psychiatric nursing with the fact that Sullivan's theory became a base for Peplau's theory of interpersonal relations.<sup>[2]</sup> According to Boyd (2002), Peplau's contribution to psychiatric nursing is the fact that Sullivan's anxiety theory was put into nursing practice.<sup>[2]</sup> Peplau identified the effects of different anxiety levels on perception and learning and nursing initia-

tives. For example, the aim of low-level anxiety is to develop the patient's thinking skills and capacity.<sup>[2]</sup>

### **Cognitive-Behavioral Theories (CBT)**

The underlying mechanism affecting patient behavior is addressed in cognitive-behavioral approach. This mechanism is related to beliefs and schemas that underlie clearly observable emotional, behavioral, and cognitive difficulties experienced by an individual. Psychiatric nurses focus on schemas and opinions affecting an individual's behavior, and the treatment is performed to alter incorrect opinions and schemas in his or her initiatives based on this approach.<sup>[6,11]</sup> Sticklely and Wright (2014) state that psychiatric nurses who are educated in CBT can treat patients who have common mental disorders such as anxiety disorder and depression, or serious mental disorders such as schizophrenia, in the inpatient and outpatient clinics in England.<sup>[13]</sup> Halter (2013) states that the cognitive approach also helps a nurse to understand his or her own responses in some cases.<sup>[12]</sup> For example, making generalizations about psychiatric nursing clinical practices such as "all psychiatric patients are dangerous" can cause students to experience anxiety. The replacement of these unrealistic opinions with more realistic ones is ensured through CBT.<sup>[12]</sup>

Behavioral theories try to explain "how individuals behave and learn".<sup>[13]</sup> Boyd (2002) states that nursing practices based on behavioral theories have a wide application in psychiatric nursing.<sup>[2]</sup> For example, initiatives for patient education were grounded in learning principles based on certain behavioral theories.<sup>[2]</sup> Shives (2008) states that nurses realized that they can change an individual's feelings, opinions, and behaviors through nursing practices based on Skinner's behavioral theory.<sup>[9]</sup> Also, Sticklely and Wright (2014) report that psychiatric nurses often benefit from behavioral theories while teaching patients skills to cope with the symptoms of mental disorder.<sup>[13]</sup> Basavanthappa (2011) states that while working with children in particular, nurses benefit from behavioral theories in order to promote and reinforce adaptive behaviors.<sup>[6]</sup> Similarly, Halter (2013) emphasizes the proven success of behavioral initiatives based on Skinner's principles in changing targeted behaviors and states that behavioral methods are especially effective in children, adolescents, and patients with chronic mental disorder.<sup>[12]</sup>

### **Humanistic Theories**

According to this theory, the individual names his or her problem, finds its solution, and determines the outcome of therapy. Rogers and Maslow are important defenders of this theory. Rogers perceives individuals as good, healthy and ambitious in their efforts to do their best. There are three important priorities used in this model: sincerity and honesty (congruence), empathy, and respect.<sup>[8]</sup> Sticklely and Wright (2014) state that humanistic theory provides a useful frame-

work for understanding patients, and they also state that nurses benefit from applying this theory to meet patients' physiological and psychosocial needs.<sup>[13]</sup> Halter (2013) reported that Maslow's theory is valuable for nursing because of two reasons.<sup>[12]</sup> One of them is that selecting the concept of human potential as a baseline for this theory, along with emphasizing the patient's strengths in patient-nurse relations, is a key factor for achievement.<sup>[6,12]</sup> The other reason is that the theory helps to determine nursing initiative priorities in nurse-patient relationships. For example, it is inappropriate to attempt to collect data from a patient who is suffering from pain. According to Maslow, the nurse should meet the patient's physiological needs and relieve his or her pain before collecting general information.<sup>[12]</sup> Sticklely and Wright (2014) state that psychiatric nurses should realize that some patients can be in danger or have difficulty meeting essential requirements because of their diseases.<sup>[13]</sup> They also state that nurses should ensure the patient's safety and meet his or her physiological requirements first in such cases. Similarly, Basavanthappa (2011) mentions the importance of this theory for aiding nurses in determining priorities.<sup>[6]</sup> For example, while working with a patient who has attempted suicide, a nurse might think that asking the patient's opinion about killing himself or herself is rude. However, in this case, patient safety is more important than the potential threat to self-esteem, and ensuring the patient's safety takes priority.<sup>[6]</sup>

### **Biological Theories**

The biological approach argues that mental disorder occurs due to physical and chemical changes in brain. The aims of treatment are (1) to correct this chemical imbalance or (2) to repair physical damage and eliminate it. According to this approach, a sufferer is also a sick person and needs a medical doctor to recover.<sup>[6,8]</sup> Clarke and Walsh (2009) state that psychiatric nurses should recognize the importance of the mind-body relationship in maintaining health while administering medicines prescribed by psychiatrists in the scope of the biological approach.<sup>[8]</sup> Sticklely and Wright (2014) state that nurses can take biological factors, such as genetics or chemical imbalances, into consideration when trying to understand an individual's problems, and they also state that it is vital for nurses to know the positive and adverse effects of biological treatment.<sup>[13]</sup> Similarly, Kneisl and Trigoboff (2013) state that nurses are responsible for the physical well-being of patients in psychiatric care.<sup>[10]</sup> For example, they state that providing care for patients who receive treatments such as electroconvulsive therapy or psychosurgery is the nurses' responsibility. Boyd (2002) states that nursing evaluations in physiological field of Neuman's Systems Model and Roy's Adaptation Model are both originated from Selye's model and that the biological theories influenced the psychiatric nursing.<sup>[2]</sup> Neeraje (2008) emphasizes that the holistic

approach should be accepted for caring of individuals, and when using the biological model, nursing care should be directed toward the individual's entire health.<sup>[7]</sup> For example, the aim of the holistic approach for an individual who lost his wife or her husband, and who is now suffering from shock and feeling deep sorrow, is to determine how this case affects the individual in every aspect, including appetite, sleep, relaxation, energy level, mood, family relationships, and interaction with other individuals.<sup>[7]</sup>

### Social Theories

Certain social factors such as housing, financial status, social network, business relationships, and romantic relationships are necessary for good mental health. According to social theory, suffering due to mental problems may occur because when any of these factors are lacking. Therefore, the focal point in therapy is to find solutions for the factors that are missing from the individual's life. According to this theory, the individual is not ill and does not need medical help. Abnormal behaviors emerge as a response to the lack of social support in the individual's life rather than due to his or her "insanity." For example, a psychiatric nurse tries to determine the social aspects (level of family support; how age, sex, culture and ethnicity affect her present situation) of the problems of a young woman who is in sorrow, who has worries about hurting her children, and who cannot cope with this situation, using social model. If her children are at risk, the nurse can ask social services for help. Moreover the nurse can help the young woman to be placed in a mental health clinic, both for her sake and her family's.<sup>[8]</sup> Boyd (2002) states that many social theories highlight psychiatric nursing practices and reports that nurses can use the following social theories in their practices.<sup>[2]</sup>

*Family Dynamics Theories:* Family dynamics theories focus on social interactions and interpersonal relations within a family. The family is regarded as an open system in these theories, and it is accepted that behavior of an individual family member affects the entire system. Boyd (2002) states that family theories are highly beneficial, especially for use by nurses who evaluate family dynamics and plan initiatives.<sup>[2]</sup> These theories help nurses establish a collaborative relationship with the patient and his or her family with respect to health problems. Since the symptoms of many mental disorders, such as hallucinating and delusions, affect the entire family and relationships within the family, numerous family initiatives are related to these theories.

*Balance theory:* Balance theory is especially beneficial for mental health services provided in rural regions where resources are limited. According to this theory, case managers can help with the interactions of the patients and their family members in the health system, and work collaboratively

through determining communication barriers in this process. For example, a patient might miss his or her appointment due to a transportation problem. In this instance, the case manager can help the patient explain his or her problems with the system to get a new appointment.

*Role Theories:* Role theories highlight the importance of social interaction. Psychiatric nurses can use the concept of roles to understand the role the patient plays in his or her family, society, and group interactions. It is not possible for an evaluation to be adequately completed while ignoring an individual's role in his or her family and society.

*Socio-Cultural Theories:* The socio-cultural approach is used for individual or family evaluation. Initiatives are based on the importance and meaning of family and cultural norms. It is impossible to interact with a family without taking the family's cultural values into consideration. When providing inpatient clinics, nurses are responsible for arranging the social environment as well as ensuring the safety of both the patient and others. Moreover, numerous group initiatives are based on socio-cultural theories.

### Nursing Theories

Boyd (2002) mentions about the applicability of many nursing theories to psychiatric nursing and states that the use of these theories changes depending on the patient and his or her problems.<sup>[2]</sup> For example, Orem's self-care theory can be beneficial for a schizophrenic patient who has difficulties maintaining self-care, while Peplau's theory can be useful for helping a nurse to develop a relationship with his or her patient. Similarly, Shives (2008) states that the concepts focused upon by many nursing theorists such as Peplau, Orem, Roy, and Parse are associated with psychiatric nursing in particular.<sup>[9]</sup> For example, Peplau plays an important role for the emergence of theory-based psychiatric nursing practice. In his theory of interpersonal relations, Peplau adapted the concepts of communication and relationships from Sullivan's interpersonal theory and focused on patient-nurse relationships for the development of problem-solving skills. Peplau's theory is effective for chronic patient care, home care, psychiatry services, and health development.<sup>[9]</sup> Orem's behavioral nursing theory focuses on self-care deficiency and is one of the theories used in psychiatric nursing practices. It recommends that patients who are incapable of maintaining their self-care should be provided with nursing care. This theory can be used for individuals who neglect self-care requirements such as safety, hygiene, relaxation, and nutrition because of their diseases. Shives (2008) states that Roy's Adaptation Theory related to psychiatric nursing defines individual as living creatures who use coping mechanisms to adapt to internal and external stimuli.<sup>[9]</sup> Roy's theory consists of regulator (physiological reactions)

and cognator (perceptual, social, and information processing functions) coping mechanisms along with four adaptive modes (physiologic, self-concept, role function, and interdependence).<sup>[9]</sup> Using this theory, Shives (2008) states that nurses can evaluate patients' behaviors in psychiatry clinics and develop care plans to adapt patient to these four modes.<sup>[9]</sup> Finally, Shives (2008) reports that Parse's nursing theory of human becoming is also used in psychiatric nursing practices.<sup>[9]</sup> According to this theory, the nurse's role is to guide individuals to explain the meaning of their own experiences, and this theory recommends that individuals' experiences, not their problems, should be the focus in community mental health nursing.<sup>[9]</sup>

### Conclusion

Theories are used in the mental health field to assess the patient and family's current situation and to take necessary initiatives. It is observed that the theories which constitute the theoretical framework of psychiatric nursing are based upon theories used in the field of general psychiatry. Some authors state that general nursing theories can also be used by psychiatric nurses. Although it is stated that these theories have not been adequately tested, realizing this limitation and working based on a theory or theories are vital for the nursing profession.

This article briefly explained how and in which fields the theories can be applied to psychiatric nursing practices. Therefore, further and more detailed articles relating to where and how each theory can be used in the field of psychiatric nursing are necessary. Thus, the use of each theory in psychiatric nursing can be better understood and theory-based training and practices can be increased. This can make posi-

tive contributions to psychiatric nurses' occupational identity and job satisfaction.

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