AN EXPERIMENTAL PROJECT TO DETERMINE THE VALUE

OF PARTICIPATION IN GROUP PSYCHOTHERAPY

BY STUDENT NURSES

A Thesis

Presented to

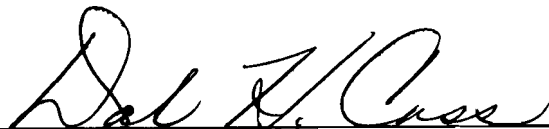The Department of Psychology

Kansas State Teachers College

In Partial Fulfillment

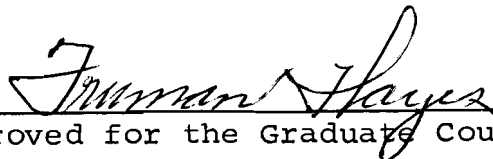of the Requirements for the Degree

Master of Science

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by

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January 1970

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Approved for the Major Department

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INTRODUCTION

With the development of psychiatry toward an under-
standing of emotional problems in dynamic terms and toward
treatment of the patient's total personality, psychotherapy
acquires increasing importance. It becomes one of the most
powerful tools for effecting change in a patient's attitude
and in helping him to better adjustment. The professional
staff at Topeka State Hospital is fully aware that psycho-
therapy thus has to have a prominent place in the overall
treatment and that the learning of psychotherapy needs to
be an essential part of the different training programs.

It is the policy of the Hospital that psychotherapy
and its supervision must meet certain minimum standards and
must be practiced under conditions which insure maximum
benefits for the patient and optimal opportunities for
learning.[1]

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[1]"Policy and Procedure Manual," Topeka State Hospital,
(revised 1967).

CHAPTER I

THE PROBLEM AND DEFINITIONS OF TERMS USED

An introduction and background of the study, the
statement of the problem, the research hypotheses, the pur-
pose and significance of the study, and the definitions of
the terms used have been encompassed in this chapter.

I. THE PROBLEM

It is generally accepted that the purposes of group
psychotherapy arise from the fact that the group is used as
the therapeutic vehicle. Its nature and dynamics offer an
increase in the varied ways its members display their in-
trapersonal and interpersonal psychopathology. All of the
health disciplines have much to learn so that they can pre-
pare their practitioners more fully in psychotherapeutic
groups.[1]

Nurses are beginning to recognize that if all the
psychiatric patients now hospitalized are to have some def-

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[1]Shirley W. Armstrong and Sheila Rouslin, Group Psy-
chotherapy in Nursing Practice (New York: The Macmillan
Co., 1963), p. 73.

inite hope of improvement, the maximum use of the time of

all professional people will be of the utmost importance.

Nurses ought to be participants in this endeavor in behalf

of recovery of the mentally ill; psychiatric nurses should

use their individual initiative for their participation in

group psychotherapy.[2]

Statement of the Problem. The psychotherapeutic

group will be utilized by the student nurse to enable her

to have a better understanding of the behavior of herself

and others. The following areas will be investigated:

1. The necessary competency for participating in a psy-
   chotherapeutic group.

2. Assistance in communicating by teaching her when she
   can be most effective as an active participant, an
   observer, a listener, or as a catalyst.

3. Aid in learning to perceive what each individual is
   really trying to communicate.

4. Assistance in understanding and accepting behavior
   as an expression of unconscious feelings and needs.

5. Assistance in understanding her problems in inter-
   acting with the patients to meet their needs.

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[2]Ibid., Foreword One by Hildegard E. Peplau.

6. Assistance in becoming less anxious in her interpersonal relationships with her patients.

7. Aid in identifying her own needs.

8. Assistance in recognizing obstacles she unconsciously uses to prevent adequate relationships. (See Appendix A.)

Statement of the Hypothesis. Does the psychotherapeutic group enable the student nurse to have a better understanding of the behavior of herself and others.

General Purpose of the Study. The general purpose of this study is to justify the addition of exploratory psychotherapeutic groups into the curriculum of the Student Nurse Affiliation at Topeka State Hospital. The following are the specific intentions of the writer of this study.

1. To provide the administration of the Topeka State Hospital with sufficient information concerning the problem to help convince them of the need for the proposed change in the curriculum.

2. To provide for other student nurse affiliations the findings and results of such an experimental program.

Significance of the study. The major significance of this study would be the addition of exploratory psycho-

therapeutic groups to the curriculum of the Student Nurse affiliation at Topeka State Hospital. It is also hoped that other nursing instructors will make use of the information of this study.

II. DEFINITIONS OF TERMS USED

Student Nurses. Student nurses from Kansas hospitals who are in the latter part of their junior or in their senior year spend ten weeks at Topeka State Hospital for Basic Psychiatric Training. They attend classes in Basic Psychiatry and in Psychiatric Nursing and are placed on selected supervised areas so that they may receive a variety of clinical experiences. These training experiences are for educational purposes and they are not used primarily for nursing service.[3]

Group Psychotherapy. Treatment is scheduled so that the patients and therapists talk to each other for a specified time, at regular intervals, with the stated purpose of relieving emotional distress or realizing some potential of the patient.[4]

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[3]"Policy and Procedure Manual," Topeka State Hospital (revised 1967).

[4]Ibid.

Head nurse. The head nurse is responsible to the section nurse and to the ward physician for the treatment and training programs on her assigned unit. It is necessary that she plan, teach and participate in any activity which directly or indirectly affects the care of the patients on her unit. In addition to this she may be required to assume responsibility which ordinarily would be carried by the Nursing Educational Department. This may include teaching the clinical area, counseling, and evaluating either student nurses, aides, or both.[5]

Aide. The aide is a member of the team that comes in contact with the patient most often and over the longest periods of time. In the care and treatment of patients, the aide is expected to assist the doctor and nurse in all medical procedures.[6]

Group psychotherapy supervisor. Staff psychiatrists and psychologists function as psychotherapy supervisors. Upon suggestion by their respective section or department head, the Psychotherapy Board determines which staff member

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[5]Ibid.

[6]Ibid.

is far enough advanced in his skill to take the position of a psychotherapy supervisor. In general, each staff psychiatrist and psychologist who has reached this level is expected to spend a minimum of two hours per week during psychotherapy supervision.[7]

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[7]Ibid.

CHAPTER II

REVIEW OF RELATED RESEARCH

The following are the outstanding impressions found
in a review of the literature:

1. That nurses believe they ought to be participants in
   group psychotherapy in behalf of the recovery of the
   mentally ill.

2. That the nurses who have participated in psychother-
   apeutic groups for the mentally ill have found that
   it offers a unique opportunity for self discovery.

3. That the expectation is that the individual dynamics
   and the group process will be utilized to increase
   self-awareness and awareness of others.

4. That the group's nature and dynamics offer an in-
   crease in the varied ways its members display their
   intrapersonal and interpersonal psychopathology.

Kline took a self-conscious look at her communica-
tion skills as she functioned in a therapy group as its
leader for the first time. Shaken by it, and also profit-
ing, she exposed her deficiencies in an article, "An Exper-

ience in Self-Discovery."[1]

Armstrong and Rouslin are two nurses who have written the first textbook on the techniques of group psychotherapy for nursing practice. They have used a basic approach, defining and describing the province and purpose of group psychotherapy.[2]

Brown stated that at the present time at Logansport State Hospital, nurses are conducting group therapy sessions. He stated that this expansion of the traditional role of psychiatric nurses in a state hospital has developed in the past five years. He feels it was prompted in part by the limited staff in all disciplines and the need for nursing service to reinforce treatment programs and somehow find a way to devote more time to patients. Brown believes that before a leadership role for nurses in groups can be developed, a reasonably well coordinated hospital that is patient-centered and progressively therapeutic is necessary. Brown thinks that this exists in his hospital, enabling psychiatric nurses to learn to work more closely

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[1]Priscilla M. Kline, "An Experience in Self-Discovery," Perspectives in Psychiatric Nursing Care, V, No. 6 (1967).

[2]Armstrong and Rouslin, op. cit.

with patients' reinforcing treatment programs.[3]

Clark and Wackerman analyzed group therapy sessions in which nurses served as group leaders.[4]

The article by Buecker and Warrick stated that some nurses are engaged in group therapy and in at least one institution are being taught to be therapists. These authors felt that there are differences of opinion about the background and training needed by group therapists. They took the position that group therapy is as much a part of nursing therapy as it is a part of psychiatric treatment; that psychiatric nurses as well as psychologists, social workers, and psychiatrists are capable of being group leaders.

The authors felt that the nurses in this program must have completed inservice courses in basic psychiatry and a psychiatric nursing course which focuses on the one-to-one nurse-patient relationship, or otherwise have demonstrated an understanding of the dynamics of behavior, psychopathology, and the skill in the nurse-patient relationship.

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[3]Donald I. Brown, "Nurses Participate in Group Therapy," American Journal of Nursing (January, 1962), pp. 68-69.

[4]Janice Clark and Elizabeth A. Wackerman, "Five Patients in Group Therapy," American Journal of Nursing, 58: 836 (1958).

Other points in this article were thoughts that the nurse beginning to work in group therapy should assume the responsibility for making arrangements. This might include seeking the help of a group therapy supervisor with whom she would discuss plans for the group and discuss the group as it progressed. It was felt that support and guidance from a trained group therapist are essential, particularly for the newcomer to the field. After making the initial arrangements, the nurse should then begin to plan specific details, such as a regular place and time to meet, frequency of sessions, structure of the group management of the meetings, and so forth. Careful consideration should be given to such things as her own availability for meetings, possible conflicting commitments, visiting hours for patients, or established schedules which patients have followed in work assignments or other therapies. Many difficulties can be avoided later when these details are worked out beforehand. The authors felt that a very important point is in obtaining the support of the team for the group which will be the nurse's "trial run" in group leadership. They suggested this support can often be obtained most effectively when those on the team are given the opportunity to discuss, as a group, the nurse's intentions, goals, and plans.

Buecker and Warrick also emphasized that it is especially essential for her to discuss the detailed plans with the nursing personnel on the unit, emphasizing the importance of their roles in group therapy. The aides should understand that their attitudes toward the group will markedly influence the attitudes of patients. Some of these responsibilities of the aides may be to gather the group together, encourage the patients to meet regularly, and make sure that the patients are on time. The greater understanding they have of nursing therapy and its goals, the better they can contribute as team members.

The nurse who conducts group psychotherapy would need to continue to expand her knowledge and skill through participating in interdisciplinary conferences, seminars, and other educational opportunities in the community.

They stressed that like any other professional endeavor, group psychotherapy is more than a matter of applying a set of techniques to a static situation. It is a process which requires a dynamic and flexible leader, able to adjust to continual changes in the group and group members. The therapist, therefore, must be extremely sensitive to the reactions of group members and be prepared to change her approach when she observes the need and indica-

tions for new leadership techniques. Such skills come only with supervised experience and continual learning.

Therapeutic interaction through which patients can develop better understanding of themselves and others and acquire greater facility in communication and participation with others can be attained in group therapy. They see this as a component of psychiatric nursing and an essential tool for improving nursing care.[5]

In the article by Hays, she discussed anger in group psychotherapy. She stated that feelings related to anger are hate and hostility. Both are, like anger, substituted for anxiety. The nurse in order to deal effectively with feelings of anger in her relationships with patients has to understand concepts related to anger, her own patterns of reacting to and dealing with anger-provoking situations, and how to recognize anger in patients and help them to cope with this experience in a meaningful way. Anger is a concept which can be helpful to nurses in understanding and controlling their own behavior and in assisting patients in learning about the meaning of their anger reaction patterns. The author stated that patients experiencing anger differ

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[5]Buecker and Warrick, "Can Nurses Be Group Thera-pists?" American Journal of Nursing (May, 1964).

widely and are related to the cultural background and in-
dividual upbringing. Understanding and using one's anger
constructively are learning tasks.[6]

In an article by Carnes, Cleland and Beha, it was
stressed that the student nurses' psychiatric experience
can be one of the most intense periods of nursing education.
The authors felt that by providing the student with an ave-
nue for dealing with these feelings, it was thought to be
helpful and implemented more efficiently in the group coun-
seling. The regular meetings allowed students freedom to
bring in feelings and problems usually suppressed in formal
class work. Under the leadership of a trained therapist,
the students were not only able to relieve disruptive emo-
tions but were able to achieve increased maturity in inter-
personal relations. Discussions of specific situations
bridged the gap between theory and the applied situation
while simultaneously permitting an understanding of the
group therapy process. In addition, group experiences of-
ten acted as catalysts for more general behavioral changes
in the professional and personal lives of the students.

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[6]Dorothea R. Hays, "Anger: A Clinical Problem," In
Some Clinical Approaches to Psychiatric Nursing, ed. Shir-
ley T. Byrd and Margaret A. Marshall (New York: Macmillan
Co., 1963), pp. 110-115.

Group counseling for student nurses during their psychiat-

ric affiliation was found to be very successful and is

therefore recommended for other programs by these authors.[7]

Baker and Estes presented discussions that had been

taped at the end of taped therapies. These included (1)

the psychopathology of the patients, (2) the group process

and goals, and (3) techniques which might be useful in

working with psychotherapeutic groups of patients. (There

was a written detailed account of each session.) The

authors' main goal was to provide patients with an oppor-

tunity to express their thoughts and feelings freely, ap-

praise their interaction with others and gain insight into

some of their own behavioral patterns.[8]

Getty and Shannon used their experiences with a man

and wife with whom they were involved in psychotherapy to

draw up some basic assumptions to guide such psychothera-

peutic experiences. These included:

8. Nursing psychotherapy is based on the model of a
   therapeutic interpersonal relationship.

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[7]G. D. Carnes, R. S. Cleland, and W. Beha, "Group
Counselling with Student Nurses During Their Psychiatric
Affiliation," Journal of Psychiatric Nursing, II, No. 3
(May-June, 1964).

[8]Joan M. Baker and Nada J. Estes, "Anger in Group
Therapy," Journal of Psychiatric Nursing, IV, No. 1 (Janu-
ary-February, 1966), pp. 50-62.

9. Nursing psychotherapy deals primarily with conscious experiences of the here and now.

10. The major ways human beings experience one another and live in the world is through their ability to communicate. The ways in which persons communicate with one another are indicative of their interpersonal functioning.[9]

Therapists can function together in a complementary manner to the advantage of the patients and the therapists themselves.

Churchill stated that there are considerable differences of opinion within the field of nursing and between nursing and allied professions, as to whether psychiatric nurses can and/or should do psychotherapy. This author felt that working with patients in naturally occurring groups and situations and dealing with problems as they evolve in day-to-day situations brings the nurse into intimate contact with the patient. This affords a unique opportunity, unavailable to other disciplines, to intervene in pathological behavior. A nurse with a background based on psychotherapeutic theory and techniques, coupled with knowledge and expertise in working in social settings, is

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[9]Cathleen Getty and Anna M. Shannon, "Nurses as Co-Therapists in a Family-Therapy Setting," Perspectives in Psychiatric Care, V, No. 1 (1967), pp. 36-46.

capable of moving freely between the two areas to increase

her capacity and potential according to the needs of the

patient and the setting in which she is working. She felt

that psychiatric nurses can and should do psychotherapy

when they have had the educational and experimental back-

ground required to carry out this specialized form of rela-

tionship, but the nurse should be free to move in and out

of the psychotherapeutic role according to the needs of the

patients and her expert analysis and evaluation of present-

ing situations.[10]

Coe, Curry and Huels wrote an article discussing the

evolving role of the psychiatric nurse in group treatment

and suggested the need to explore ways in which nurses em-

ployed in psychiatric hospitals can be prepared to assume

this role. Such was undertaken by personnel associated

with Langley Porter Neuropsychiatric Institute of the Cali-

fornia Department of Mental Hygiene. They accepted the as-

sumption that nurses could and should contribute to a hos-

pital treatment plan in the role of group therapist. A

structured program was planned. A time limit of six months

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[10]Julia R. Churchill, "An Issue: Nurses and Psycho-
therapy," Perspectives in Psychiatric Care, V, No. 4 (1967)
pp. 160-162.

was set and an orderly progression through this period was outlined for the trainees. In general, the supervisors believed the program was effective. They felt that the program as it was carried out is adequate to meet their original purpose of providing competent therapists for small groups of psychiatric in-patients. They believe that this general procedure should lend itself to adaptation in other settings. They believe that an organized effort of this kind could rather quickly make a dent in the deficit of therapeutic personnel as well as increase the interest of psychiatric nurses in their professional roles.[11]

Two articles by Hill were concerned with (1) training designs and their components,[12] and (2) problems of evaluating training.[13]

A third article by Staub reported the results of

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[11]William C. Coe, Andrew E. Curry and Mary Ann Huels, "A Method of Group Therapy Training for Nurses in Psychiatric Hospitals," Perspectives in Psychiatric Care, V, No. 5 (1967), pp. 231-234.

[12]Wm. Fawcett Hill, "Description of the Group Counseling Course," American Behavioral Scientist, II (1967-1968), pp. 2-14.

[13]Wm. Fawcett Hill, "Description of the Evaluation Study," American Behavioral Scientist, II (1967-1968), pp. 15-28.

evaluating the process and components of the training design.[14]

A fourth article by Stoller reported on the reactions and responses of the trainees, and attempted to discover the predictors of success in terms of factually putting the training to use.[15]

A fifth article by Hill and Stoller summed up the findings of their study by projecting the "ideal" course which comes out of the learnings of their exercise.[16]

Horowitz discussed classes in group dynamics consisting primarily of an unstructured group experience which is an important part of the curriculum in the Menninger School of Psychiatry. Offered in the first year, the course is viewed partly as an introduction to group psychotherapy and partly as a general introduction to clinical concepts and clinical techniques, taught and learned in a

[14]Constance Staub, "An Evaluation of the Components of the Curriculum, American Behavioral Scientist, II (1967-1968), pp. 22-29.

[15]Frederick H. Stoller, "An Evaluation of the Course," American Behavioral Scientist, II (1967-1968), pp. 29-37.

[16]Wm. Fawcett Hill and Frederick H. Stoller, "Summation: Toward the 'Ideal' Course," American Behavioral Scientist, II (1967-1968), p. 38.

real-life situation as a supplement to the more abstract,

didactic courses. Although the course is not offered as

psychotherapy and is not intended as such, many of the is-

sues which arise resemble those occurring in a therapeutic

group. The emphasis, however, is upon understanding group

issues, and the leader confines himself largely to group

relevant interventions. The extent to which the group

delves into self-understanding is a matter of choice for

the members. Two major dimensions govern the extent of the

regressive preoccupation which develops around the leader:

the degree of frustration which he induces by limiting his

participation and the extent to which his interpretations

focus upon leader-member as opposed to member-member trans-

ference. Because of the relatively limited amount of time

available to resolve regressive transference reactions, the

leader strives for a more diluted and less intense rela-

tionship with himself than he would encourage in a thera-

peutic group.[17]

Day discussed the systematic progression through the

phases of fantasied familiarity, transcient and focused

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[17]Leonard Horowitz, "Training Groups of Psychiatric
Residents," International Journal of Group Psychotherapy,
XVII (1967), p. 421.

victimization, and exaggerated unity leading to the indivi-
dualization which are seen repeatedly during the period of
group coalescence. Various phases or maneuvers may be
exaggerated in a given group, depending on its composition.
These are attempts to deal in safety with the problem of
getting close. Early closeness fantasies are revived and
lived out but not worked through as a necessary prelude to
the mobilization of transferences, the development of a
therapeutic alliance, and individualization in a group.
The sources of these developments in the individual and
their vicissitudes in the group are examined.[18]

Arsenian and Semrad stated that what goes on in
group psychotherapy is different than that which occurs in
individual psychotherapy. As a basis for distinction they
note that psychoanalysis proceeds by free associative ex-
ploration of the individual unconscious, whereas group
therapy proceeds more by collective appreciation of the ap-
perceptive mass of each person present. Apperception by
definition means that "understanding and learning depend on
discovering the relationship between the facts presented

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[18]Max Day, "The Natural History of Training Groups,"
International Journal of Psychotherapy, XVII (1967), pp.
436-446.

and the learner's already existing experience."[19]

Peck stated that unfortunately too much of the literature fails to make clear to which of the possible goals of a training group a particular endeavor is committed. This confusion is sometimes extended to an alarming lack of clarity about whether the group is engaged primarily in education or psychotherapy. Perhaps the rational justification for such confusion is easily related to the complex interrelationships between these various processes. He stated that it would be useful to understand why the observation of seemingly similar phenomena does not lead each writer to similar inferences or technical responses. Can such differences be attributed to differences in goals, methods, setting, or group composition are questions he raises. He stated that speculation, however, cannot replace a systematic investigation.[20]

In an article by Sweeney and Drage, it was stated that group therapy is an encapsulated experience which pro-

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[19]John Arsenian and Elvin U. Semrad, "Individual and Group Manifestations," The International Journal of Group Psychotherapy, XVII (1967), p. 82.

[20]Harris B. Peck, "Approaches to Training Through the Small Group," International Journal of Group Psychotherapy, XVII (1967), pp. 419-420.

motes the interactions of group members in the situation.
The expectation is that the individual dynamics and the
group process will be utilized to increase self-awareness
and awareness of others.[21]

In summary,

1. Nurses believe they ought to be participants in
   group psychotherapy.

2. Nurses who have participated in these groups have
   found it offers a unique opportunity for self-dis-
   covery.

3. The expectation is that the individual dynamics and
   the group process have been utilized to increase
   self-awareness and awareness of others.

4. The group's nature and dynamics offer an increase
   in the varied ways its members display their inter-
   personal psychopathology.

5. Little scientific theory on the subject is avail-
   able. Most writers recommend that research be done
   to fill in this gap of theoretical knowledge.

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[21]Anita Sweeney and Elaine Drage, "An Analysis of
the Orientation Phase," Journal of Psychiatric Nursing and
Mental Health Services, VI, No. 1 (January-February, 1968),
pp. 20-26.

CHAPTER III

METHOD OF PROCEDURE

Three experimental groups were used in this study.
Before and after studies from the Student Nurse Psychiatric
Affiliation Program enrolled at Topeka State Hospital dur-
ing the 1968-69 year were used.

These groups were composed of (1) four student
nurses, two of whom were involved as active participants,
one as an observer and the fourth as a recorder; (2) six
to eight Topeka State Hospital hospitalized psychiatric
patients; and (3) the nurse instructor.

I. DESIGN OF THE STUDY

Introduction of group psychotherapy. Permission
and cooperation were required to introduce group psycho-
therapy to the ward staff.

Location. The group sessions were held in the con-
ference room which was not on the ward.

Arrangement of chairs. The group members' chairs
were arranged around a large conference table.

Group attendance. The group meetings were scheduled from 1:00 to 1:30 P.M. daily because this was a time when patients were free to attend meetings. Each group member was expected to attend daily. The student nurses checked with the ward staff in case of absences or lateness.

Replacement of patients. The group was closed in that it was not open to any new members.

Duration of sessions. The total length of time of each group was ten weeks, the length of the student nurse affiliation. This information was conveyed to the patients initially and discussed at length as the time of termination drew near.

Time limits. The time allotted for each session was adhered to closely.

Recording. All meetings were recorded on a tape recorder as well as being recorded by a student recorder.

Patient selection. The names of the patients who participated in the sessions were first submitted by the three ward doctors. From these, patients were then selected by the nurse instructor and the psychiatrist group psycho-

therapy supervisor. The criteria for selecting these patients were many. Not only his motivation, but also his psychological mindedness, ego strength and similar factors had to be assessed in order to determine if psychotherapy might be beneficial.

Student nurse selection. The four student nurses involved in the psychotherapeutic group were chosen the first week of their Student Nurse Affiliation at Topeka State Hospital.

The criterion used was the evaluation sent to the affiliation by the home school. The top four students out of the eight assigned to Rapaport North Ward on Woodsview Section were chosen to participate by the nurse.

Method of procedure. To initiate the study, the writer aroused the students' interest by informing them they would be involved in a psychotherapy group. The instructor met with the student nurses, outlining the functions and goals of the sessions during the students' initial orientation to the psychiatric setting. (See Appendix A.) The nurse instructor described the psychotherapeutic group process to the students, explaining that it referred

to the operation of patients in a situation together,
though recognized as individuals, in order to alleviate
their common problem, in this case difficulty with inter-
personal relations. This was followed by group discussion.

The student nurse was then oriented to (1) her des-
ignated role as active participant, observer, or recorder;
(2) time of sessions; (3) place of sessions; (4) duration
of sessions; (5) number of patients in group; (6) method of
recording; and (7) confidential nature of data.

A reading list for the students involved with the
psychotherapy group was distributed by the nurse instructor.
(See Appendix B.) The students were also presented with
two group therapy self-evaluations (Appendix D).

The student nurses were then instructed to do the
following:

1. Read the required readings and hand in bibliography
   cards, as well as keeping up with material in the
   basic psychiatric nurse program.

2. Attend all sessions regularly and on time.

3. Fill out a student evaluation on the third week and
   again on the ninth week (Appendix D).

4. Write an evaluation of the group therapy each Tues-
   day afternoon.

The tape recorder was set up between 12:30 and 1:00
P.M. daily by the nurse instructor or one of the student

nurses. The student nurses and the nurse instructor were in the conference room before 1:00 P.M.

The patient was responsible for taking the initiative to come to the ward door. However, one of the students unlocked the door and escorted the patients into the conference room as some of the patients were on suicidal or elopement precautions.

The students in their designated roles, the psychiatric patients and the nurse instructor interacted daily for thirty minute sessions. Following the sessions, the student nurses and the nurse instructor met for group discussion. The tape recorder was most adequate in recording group data for a teaching-learning situation. Transcripts of the verbatim data were readily available for playback when both the students' and patients' interactions were discussed. The tape recorder was accepted comparatively well by both the students and patients. However, somewhat suspicious or hostile comments about the recorder were noted.

On Tuesday afternoon, each student wrote an evaluation of the group session. It was also on Tuesday afternoon that the Group Psychotherapy Supervisor, who was selected to be the students' Supervisor, met with the student

urses for supervision. He asked for group discussion con-

erning the interaction of the group session. He then

sked the student recorder to read her notes, and this was

ollowed by a play-back of the session on the tape recorder.

he psychiatrist then evaluated the session and more group

iscussion followed.

Statistical technique. The object of this research

as to construct the best possible weighted evaluation to

easure the change in the competencies of the student

urses during their experiences in the group psychotherapy

essions. Subjectivity is thought of when attempting to

easure behavior change. This was dealt with by giving a

umber rating to the evaluation scales.

No real control group was used due to the fact that

hen dealing with changes in behavior it is not actually

ossible to find paired samples as no human beings react

he same. The before and after method was chosen in pref-

rence to paired samples.

Because of time and practicability it seemed wise to

imit the study to three Student Nurse Groups, each to run

en weeks. It was decided that any increase in points be-

ween the third week and the ninth week, even though sub-

jectively determined on the evaluations, would be indicative of an increase in competency. Any increase in a student's understanding of himself or others would be accepted as meaningful.

The following appendixes were used from which information was derived:

Appendix C, "Guide to the Evaluation Sheet," gives a detailed explanation of the terms used on the "Students Group Therapy Self-Evaluation" and the "Group Therapy Evaluation".

Appendix D, "Students' Group Therapy Self-Evaluation," is the form the students filled out the third and ninth week of their affiliation to measure any change in competency regarding understanding the behavior of themselves or others.

Appendix E, "Group Therapy Evaluation," is the form used by the aide, the head nurse and the group psychotherapy supervisor to determine change (if any) in competency regarding understanding the behavior of themselves and others.

Each student nurse, the head nurse from the ward on which the student nurse worked, the aide from the ward on which the student nurse worked, and the group psychotherapy

supervisor evaluated each student on the third and ninth

week of the group sessions.

The evaluations were to determine:

1. Does the student nurse's presence in the psychother-
   apy group enable her to have a better understanding
   of the behavior of herself and others?

2. Does the role a student nurse plays in a psychother-
   apy group make a difference in her understanding of
   the behavior of herself and others?

3. Does the nurse who is an active participant change
   more than the recorder and observer?

4. Does the nurse who is recorder change more than the
   active participant and observer?

5. Does the student nurse who is observer change more
   than the student nurse who is an active participant?

6. Do other hospital personnel (the group psychotherapy
   supervisor) see a change in the student nurse after
   she has participated in the group sessions?

7. Do nursing personnel who have observed therapeutic
   interaction see a greater change in students partic-
   ipating in group therapy than personnel who have not
   been involved in this interaction?

The three primary variables were:

1. Do the student nurses see self-change?

2. Does the student's role account for change?

3. Is change perceived by others?

The number ratings given to the evaluation scales

were as follows:

1. Never - indicated from 0 - 10 percent.

2. Occasionally - indicated that it was met with, ap-
   peared or occurred at irregular or rare intervals,
   or 10 - 50 percent.

3. Usually - indicated that it was commonly or ordi-
   narily understood or that it ordinarily occurred,
   or 50 - 90 percent.

4. Always - indicated 90 - 100 percent.

CHAPTER IV

PRESENTATION OF RESULTS

Evaluation of the pilot group psychotherapy project
involving student nurses was necessary to determine whether
or not it would be advisable to incorporate exploratory
psychotherapy groups into the curriculum of the Student
Nurse Affiliation at Topeka State Hospital. A need was
felt for an evaluation to be made to determine whether the
program was accomplishing its goals and objectives. (Ap-
pendix A.)

The evaluation plan for the project included the
following: (1) establishment of three groups for the proj-
ect participants; (2) before and after Students' Group Ther-
apy Self-Evaluations (Appendix D); (3) before and after
Group Therapy Evaluation (Appendix E).

The results of the before and after scores on the
student nurses in their roles as active participants, re-
corders and observers as seen by themselves, the aide, the
head nurse and the group psychotherapy supervisor are used
to determine the acceptance or rejection of the hypothesis
stated in Chapter I.

Evaluation scales. The results of the Student Therapy Group Self-Evaluation (Appendix D) indicate that changes in the before and after scores occurred in (1) all three groups; (2) in the students involved as active participants; (3) in the student involved as observer; and (4) in the student involved as recorder. In Group I, according to students group therapy self-evaluation, there was an increase of 29.5 points. For Group II, the change was 28.0 points. Group III increased by 16.5 points.

According to the Student Group Therapy Self-Evaluation, the increase between the before and after comparison of the students involved (1) as active participants was 22 points; (2) as recorders was 23 points; and (3) as observers was 25 points.

The following are the total points possible.

1. Students group therapy self evaluation of competency - 204 points.

2. Students group therapy self evaluation of role competency change - 204 points.

3. Competency changes as seen by hospital personnel group therapy evaluation - 228 points.

4. Role competency change as seen by hospital personnel group therapy evaluation - 228 points.

The secondary interactions are,

1. Student nurses who were involved in group psychother-
   apy saw a change in their understanding of the be-
   havior of themselves and others. Shown in Table I
   are the data relevant to the question.

TABLE I

STUDENTS' SELF EVALUATION OF COMPETENCY

	Before	After
Group I	130.5	160.0
Group II	127.5	155.5
Group III	134.0	150.5

2. Student nurses who were involved in group psychother-
   apy saw change in their understanding of the behavior
   of themselves and others regardless of the role in
   which they participated, as shown in Table II.

TABLE II

STUDENTS' SELF EVALUATION OF ROLE
COMPETENCY CHANGE

	Before	After
Active Participant	127.0	149.0
Observer	125.0	150.0
Recorder	139.0	162.0

3. Hospital personnel (the group psychotherapy supervisor) and nursing personnel who had observed psychotherapeutic interaction saw a change in the three groups of students understanding of their own behavior and the behavior of others, shown in Table III.

TABLE III

COMPETENCY CHANGES AS SEEN BY HOSPITAL PERSONNEL

	Group I		Group II		Group III	
Head Nurse Aide	103.5	141.0	120.0	175.0	123.5	165.5
Group Psycho-therapy Super-visor	128.0	174.0	177.0	189.5	167.5	170.5
	159.0	185.0	153.5	175.0	152.0	172.5

4. Change other personnel (the group psychotherapy supervisor and the nursing personnel who have observed psychotherapeutic interaction) saw in the before and after changes in the students who participated as active participants, observers or as recorders, shown in Table IV.

TABLE IV

ROLE COMPETENCY CHANGE AS SEEN
BY HOSPITAL PERSONNEL

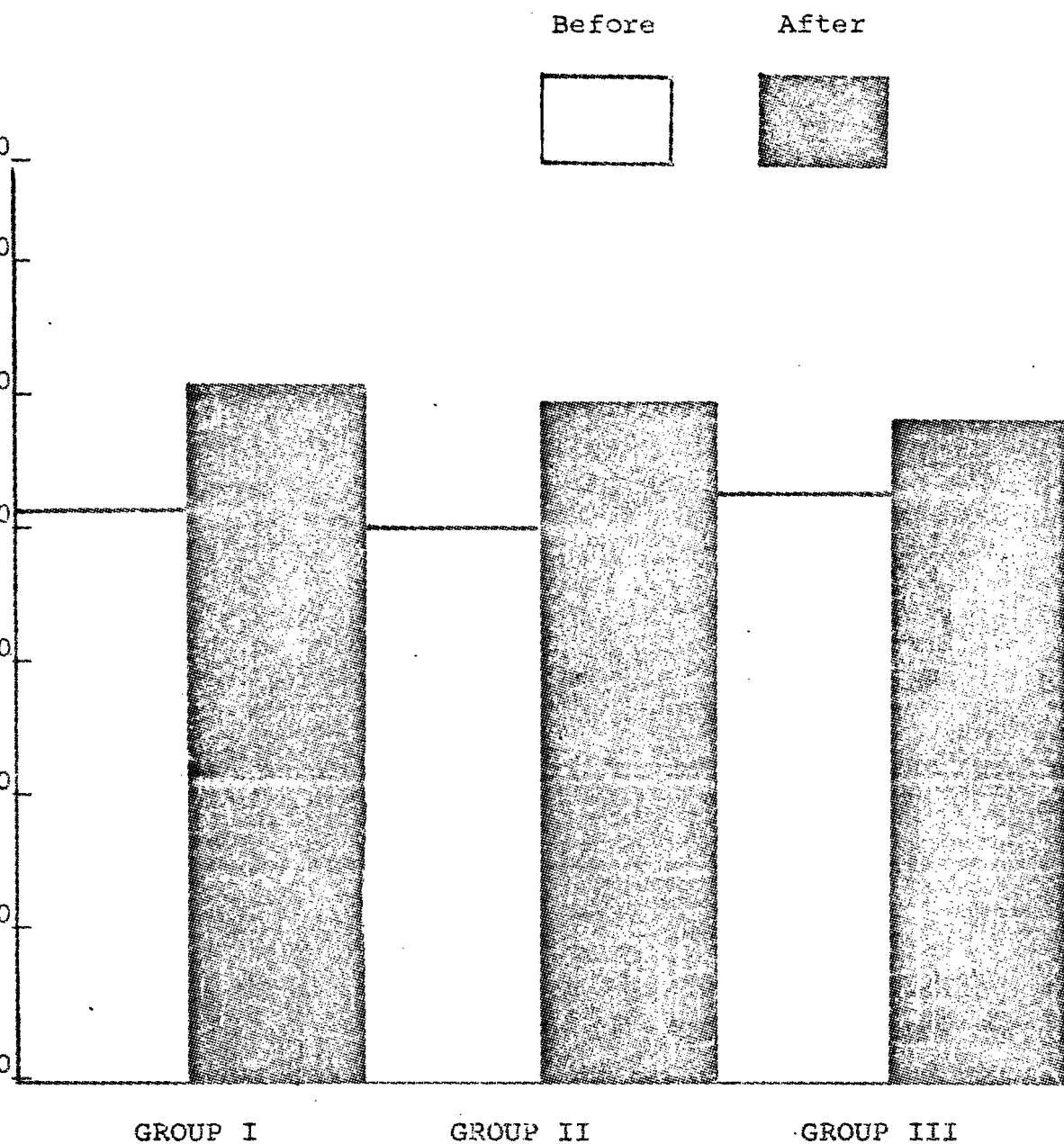|	Active Participant		Observer		Recorder	
	Before	After	Before	After	Before	After
Head Nurse	124.0	155.5	100.0	159.0	123.0	167.0
Aide	154.5	173.0	144.0	179.0	161.0	182.0
Psycho-therapy Group Supervisor	153.5	175.5	152.0	181.0	159.0	176.0

FIGURE 1

THE STUDENT NURSES SELF-EVALUATION REGARDING
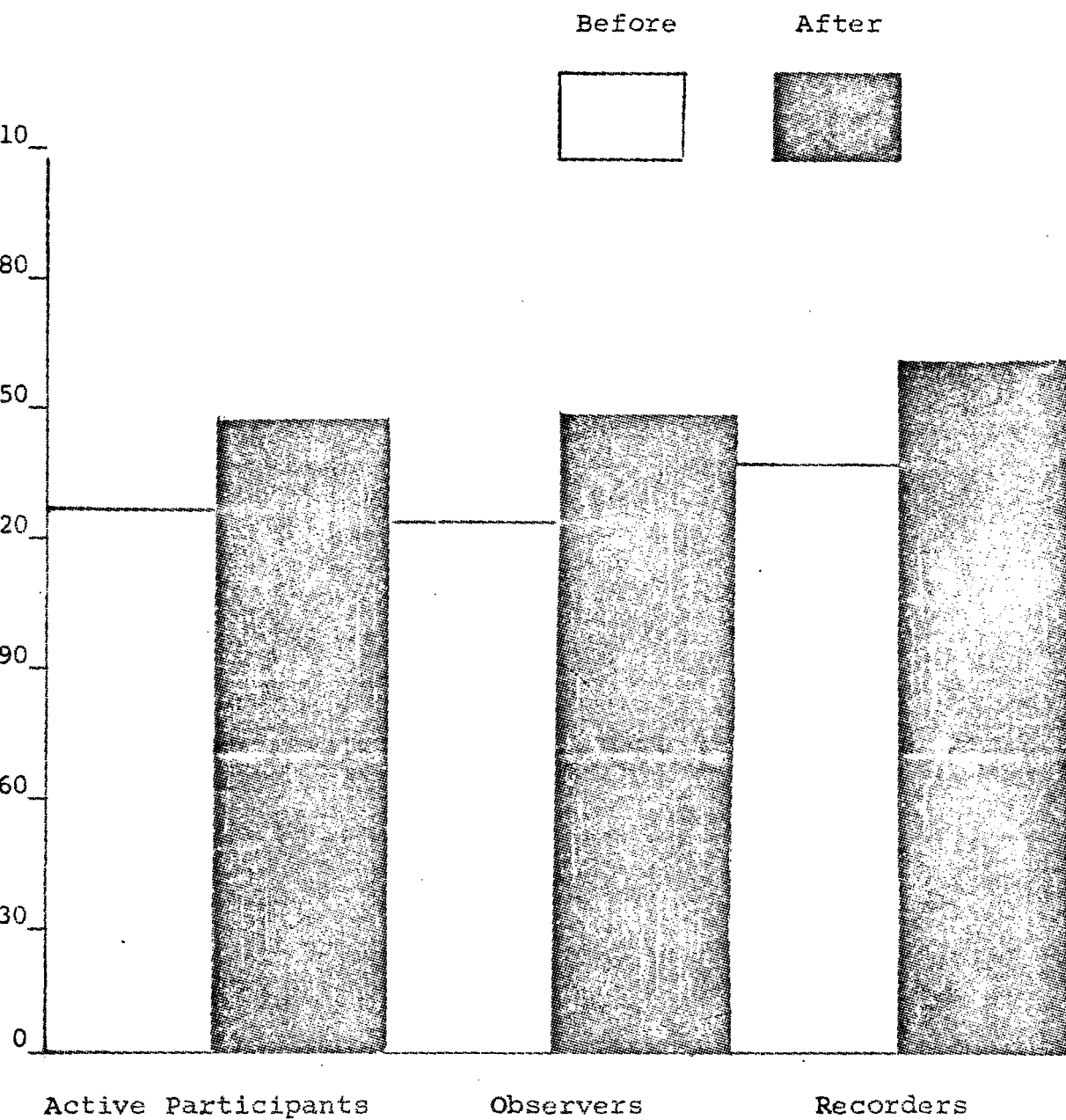INCREASE IN COMPETENCY DURING GROUP PSYCHO-
THERAPY

FIGURE 2

ACCORDING TO THE STUDENTS SELF-EVALUATION, DO
ACTIVE PARTICIPANTS FEEL LIKE THEY CHANGE MORE
THAN RECORDERS OR OBSERVERS

FIGURE 3

THE HEAD NURSE'S EVALUATION REGARDING THE
STUDENTS' INCREASE IN COMPETENCY DURING
GROUP PSYCHOTHERAPY
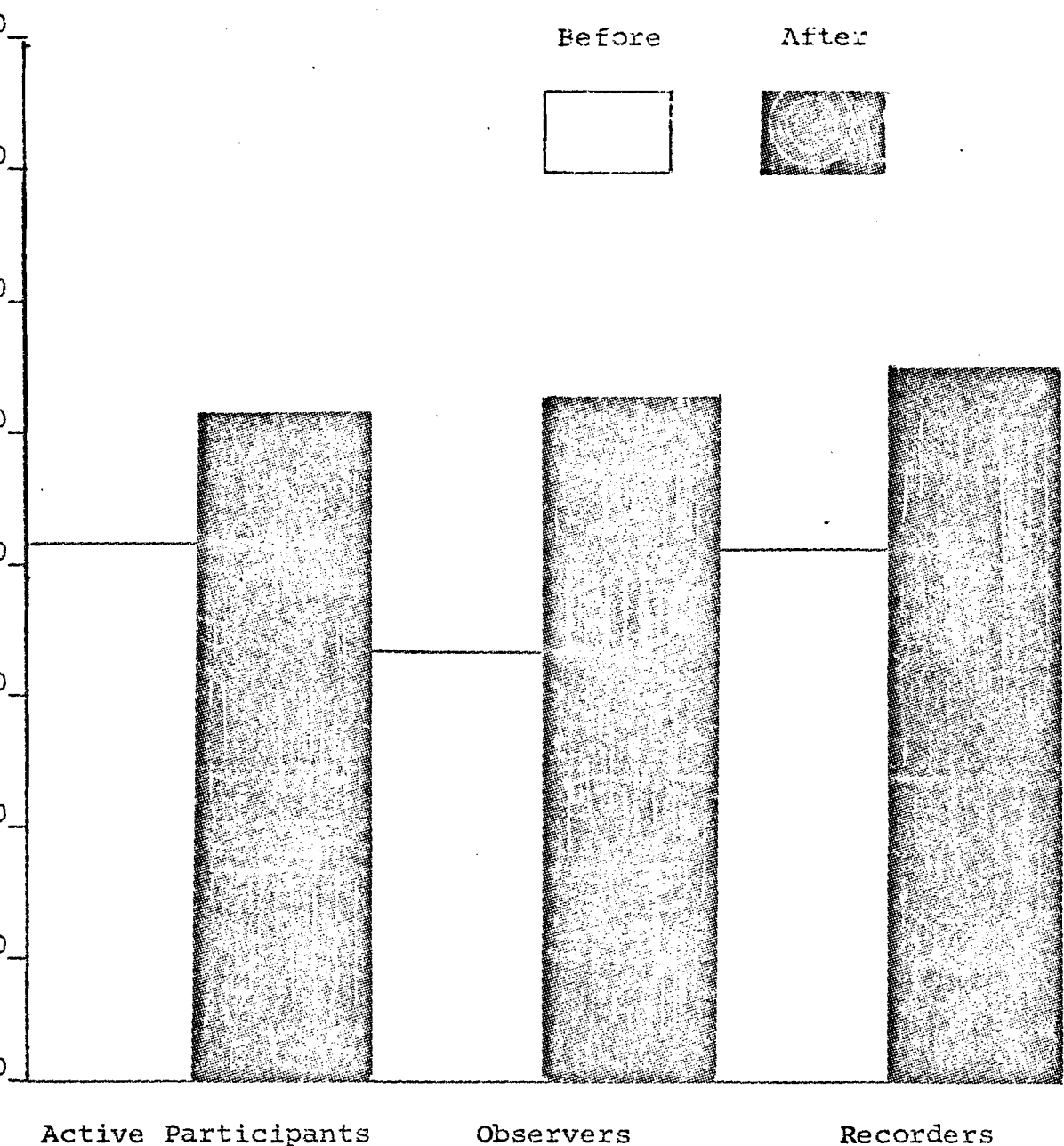
Figure 4

ACCORDING TO THE HEAD NURSE'S EVALUATION, DO
ACTIVE PARTICIPANTS CHANGE MORE THAN RECORDERS
OR OBSERVERS

Before   After

GROUP I   GROUP II   GROUP III

FIGURE 5

THE AIDE'S EVALUATION REGARDING THE STUDENTS'
INCREASE IN COMPETENCY DURING GROUP PSYCHO-
THERAPY

FIGURE 6

ACCORDING TO THE AIDE'S EVALUATION, DO ACTIVE
PARTICIPANTS CHANGE MORE THAN OBSERVERS OR RE-
CORDERS

FIGURE 7

THE GROUP PSYCHOTHERAPY SUPERVISOR'S EVALUATION
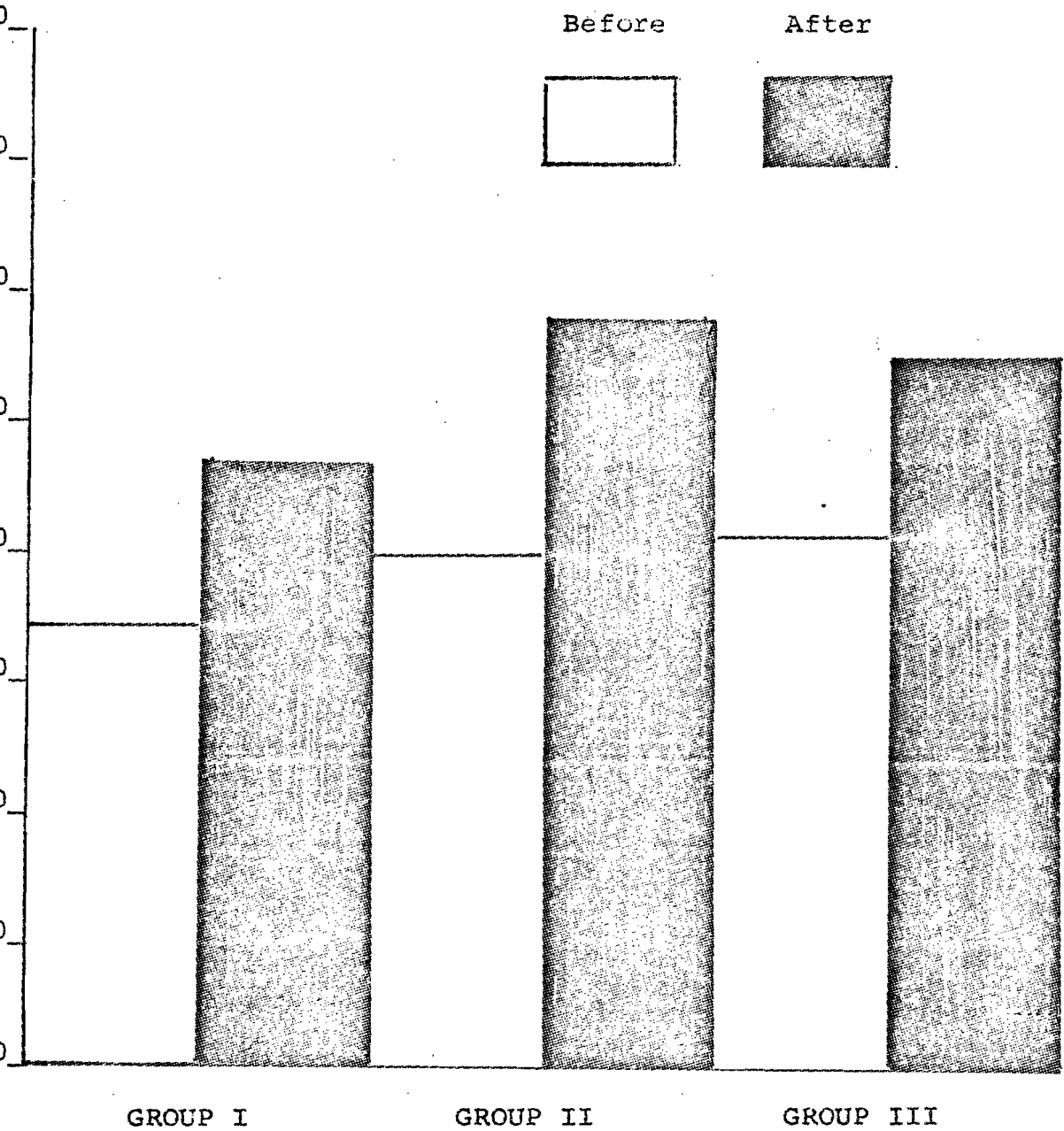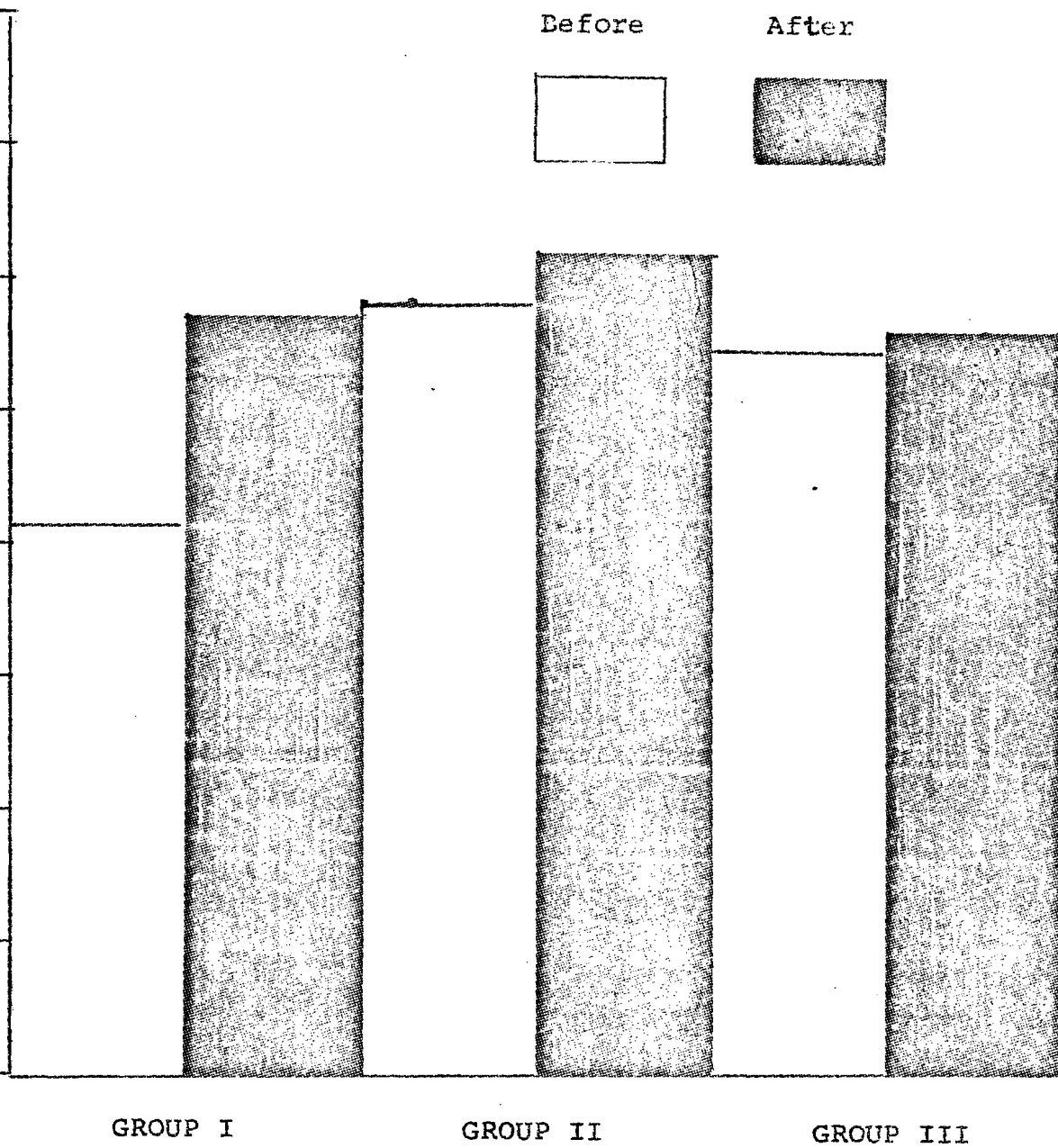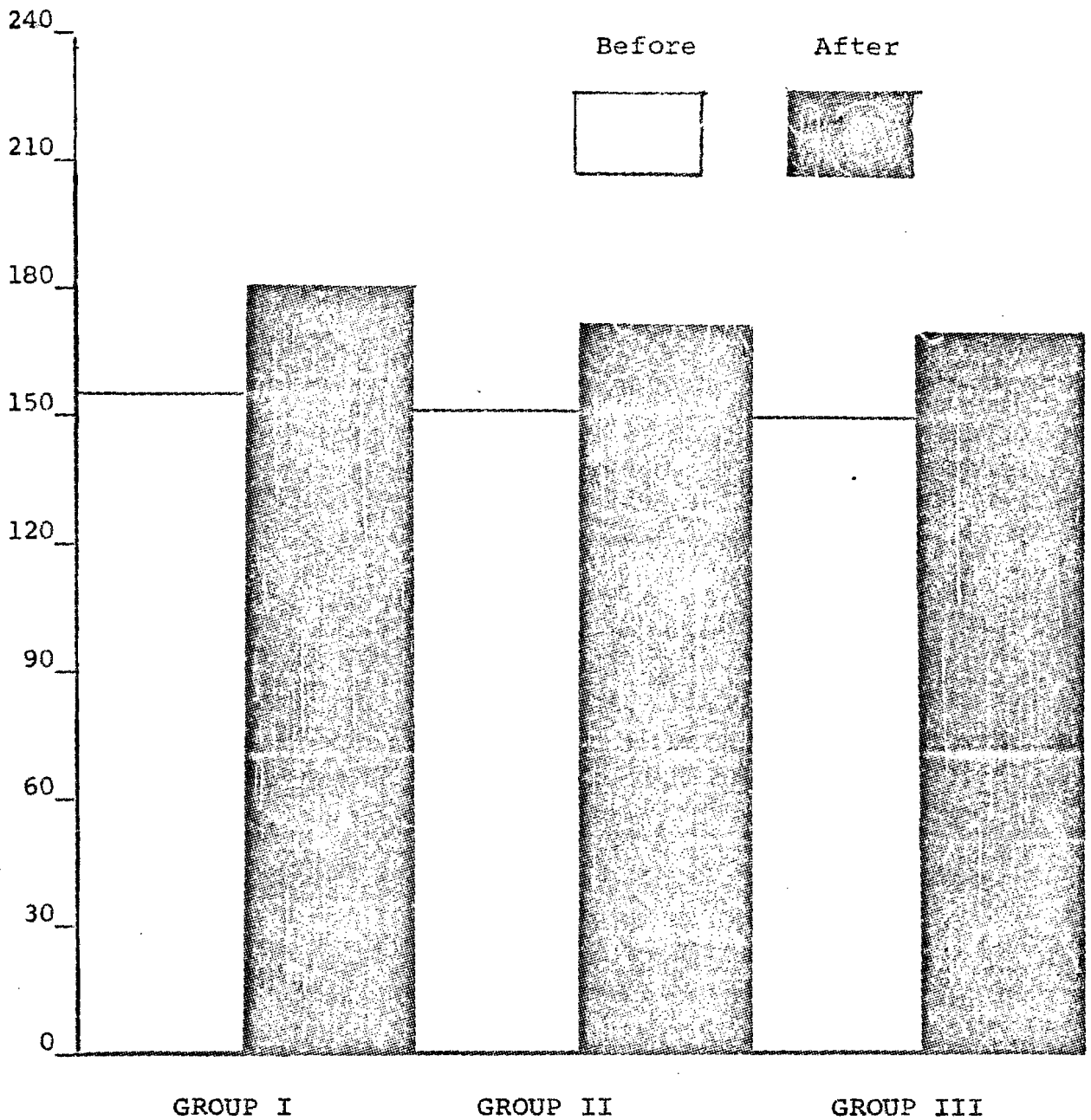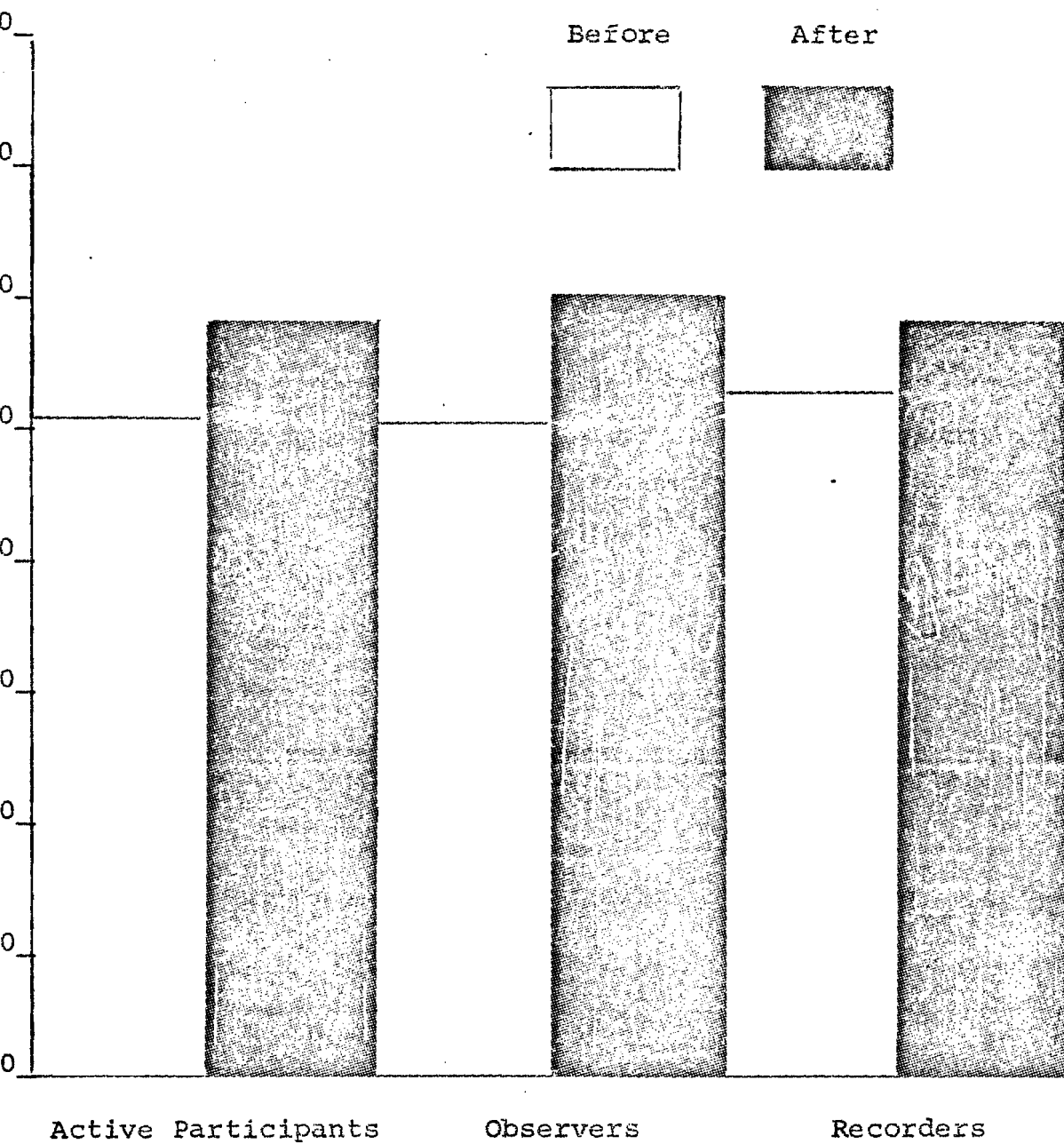REGARDING THE STUDENTS' INCREASE IN COMPETENCY
DURING GROUP PSYCHOTHERAPY

FIGURE 8

ACCORDING TO THE GROUP PSYCHOTHERAPY SUPERVISOR'S
EVALUATION, DO ACTIVE PARTICIPANTS CHANGE MORE
THAN OBSERVERS OR RECORDERS?

The results of the Group Therapy Evaluations (Appendixes C and E) filled out by (1) the aide, (2) the head nurse, and (3) the group psychotherapy supervisor indicate that changes in the before and after scores occurred. The results of the Group Therapy Evaluation filled out by the aide indicate that changes in before and after scores occurred in (1) all three groups, (2) in the students involved as active participants, (3) in the students involved as observers, and (4) in the students involved as recorders.

According to the aides' Group Therapy Evaluation (Appendixes C and E), in Group I there was an increase of 36 points; for Group II the increase was 11.5 points, and Group III was increased by 30 points.

According to the Group Therapy Evaluation filled out by the aide, the increase between the before and after comparison of the students involved as (1) active participants was 18.5 points; (2) recorder was 25 points; and (3) as observer was 35 points.

The results of the Group Therapy Evaluation filled out by the head nurse indicate changes in before and after scores which occurred in (1) all three groups; (2) in the students involved as active participants; (3) in the students involved as recorders; and (4) in the students involved as observers.

According to the head nurse's Group Therapy Evaluation (Appendixes C and E) there was an increase in Group I of 37.5 points. In Group II the increase was 55 points, and Group III increased by 42.0 points. According to the Group Therapy Evaluation filled out by the aide, the increase between the before and after comparison of the students involved (1) as active participants was 31.5 points; (2) student nurses involved as recorders increased 44.0 points; and (3) student nurses involved as observers increased 59.0 points, according to the evaluation of the head nurse.

The results of the Group Therapy Evaluation filled out by the group psychotherapy supervisor also indicated changes in the before and after scores which occurred in (1) all three groups; (2) in the students involved as participants; (3) in the students involved as recorders; and (4) in the students involved as observers. According to the group psychotherapy supervisor's Group Therapy Evaluation (Appendixes C and E), there was an increase in Group I of 26 points; Group II of 21.5 points; and Group III of 25.5 points.

According to the Group Therapy Evaluation filled out by the group psychotherapy supervisor, the increase between

the before and after comparison of the students involved as
(1) active participants was 22 points, (2) the increase of
the recorders was 17.0 points, and (3) the observers in-
creased by 29.0 points.

According to the evaluation data, increases in com-
petency were seen in all three groups, Group I, Group II,
and Group III. Increases in competency were seen in each
role the student nurse was involved in, active participant,
observer and recorder. These increases were found in all
three groups and in all three roles in which the student
nurse was involved by all members evaluating the students,
the aide, the head nurse, the group psychotherapy supervisor,
and the students themselves.

It was determined from the analysis of the data that
there were increases of competency seen in student nurses
who participated in group therapy.

In the opinion of the writer, the greatest increase
was seen in the observer because she was in a position that
created the least anxiety. While the active participants
were intent on interacting with the patients, and the re-
corder was responsible for recording the movements, feel-
ings and words she perceived, no extra demands were made on
the observer.

The hypothesis of this study was proven as the group psychotherapy did enable the student nurse in having a better understanding of the behavior of herself and of others, according to the evaluation data.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This Chapter will present a summary of the study and conclusions and recommendations based on the findings.

I. SUMMARY

The author elected to do a study on student nurses participating in group psychotherapy for the purpose of assisting students in understanding the behavioral patterns of themselves and others and in giving the student another meaningful method of helping the emotionally disturbed to take their useful place in society. More specifically, this study tried to determine if the student nurses' involvement in group psychotherapy would (1) assist the student in communicating by teaching her when she can be most efficient as an active participant, an observer, a listener, or as a catalyst; (2) assist the student in learning to perceive what each individual is really trying to communicate; (3) assist the student in understanding and accepting behavior as an expression of unconscious feelings and needs;

(4) assist the student in understanding her problems in interacting with the patients to meet their needs; (5) assist the student in becoming less anxious in her interpersonal relationships with her patients; (6) assist the student in identifying her own needs; (7) assist the student in recognizing obstacles she unconsciously uses to prevent adequate relationships.

According to the evaluation data, involvement by the student nurses in group psychotherapy did increase the student nurse's competency in understanding the behavioral patterns of themselves and others.

II.   RECOMMENDATIONS AND CONCLUSIONS

It is recommended that before implementing a psychotherapy group involving student nurses that further evaluation should be done. This could include (1) similar before and after methods; (2) paired samplings with larger control groups; and (3) more students. This could be done by selecting students on each student area for placement in the before and after or paired sampling groups during their student Nurse Psychiatric Affiliation Program at Topeka State Hospital.

It is recommended that the location for the group

sessions will be free the entire time of the sessions.

It is further recommended that the patient members be selected carefully by having the ward doctors submit names, and then the nurse instructor and group psychotherapy supervisor select the patients from this group.

Further, it is recommended that all student nurses be involved in group psychotherapy if an adequate number of nurse instructors are available. It does not appear to the writer to be advisable to have more than four students in each group.

In conclusion, it is the determination of this study that these psychotherapeutic groups involving student nurses did enable them to have a better understanding of themselves and others. As a result of these three ten-week psychotherapeutic groups of this project, after further evaluation of substantiating data is completed, it is recommended that the addition of a psychotherapeutic group involving student nurses be incorporated into the curriculum of the Student Nurse Psychiatric Nursing Program at Topeka State Hospital. This, necessarily, takes a series of meetings in which the concept of group psychotherapy is introduced to all of the ward staff on areas where there will be psychotherapeutic groups.

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BIBLIOGRAPHY

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APPENDIX A

GOALS

GOALS

Assist the student in communicating by teaching her when she can be most effective as an active participant, an observer, a listener or as a catalyst.

Assist the student in learning to perceive what each individual is really trying to communicate.

Assist the student in understanding and accepting behavior as an expression of unconscious feelings and needs.

Assist the student un understanding her problems in interacting with the patients to meet their needs.

Assist the student in becoming less anxious in her interpersonal relationships with her patients.

Assist the student in identifying her own needs.

Assist the student in recognizing obstacles she unconsciously uses to prevent adequate relationships.

APPENDIX B

READINGS FOR STUDENTS WORKING WITH GROUP THERAPY

READINGS FOR STUDENTS WORKING WITH GROUP THERAPY

FIRST WEEK

1. Kalkman, Marion E.: Psychiatric Nursing, 3rd. Edition, Chapter 20, Group Psychotherapy.

   Eugene V. Martin, R.N., PhD., pp. 244- 253.

2. Johnson, McGraw-Hill, Group Therapy - A Practical Approach; Chapter 3, pp. 53 - 81.

SECOND WEEK

3. Foulkes, S.H. and Anthony, E.I.: Group Psychotherapy - The Psychoanalytic Approach; Chapter 2, pp. 37 - 42.

THIRD WEEK

4. Foulkes, S.H. and Anthony, E.I.: Group Psychotherapy - The Psychoanalytic Approach; Chapter 3, pp. 43 - 60
   Chapter 4, part 3, pp. 70 - 76.

FOURTH WEEK

5. Foulkes, S.H. and Anthony, E.I.: Group Psychotherapy - The Psychoanalytic Approach; Chapter 6, pp. 118 - 146.

FIFTH WEEK

6. Foulkes, S.H. and Anthony, E.I.: Group Psychotherapy - The Psychoanalytic Approach; Chapter 7, pp. 147 - 184.

SIXTH WEEK

7. Foulkes, S.H. and Anthony, E.I.: Group Psychotherapy - The Psychoanalytic Approach; Chapter 9, pp. 233 - 249.

SEVENTH WEEK

8. Foulkes, S.H. and Anthony, E.I.: Group Psychotherapy - The Psychoanalytic Approach; Chapter 10, pp. 251 - 270.

APPENDIX C

GUIDE TO THE EVALUATION SHEET

GUIDE TO THE EVALUATION SHEET

1. Understanding:

    The student shows an understanding of the needs and behavior of herself, her peers and co-workers and her patients. She can see the appropriateness in using this group as an outlet for patients' unconscious feelings.

2. Communication:

    The student has the ability to communicate effectively both directly and indirectly. She is able to be perceptive as to how the group receives her and the influence she has on the group.

3. Interaction:

    The student shows the ability to perceive when there is a need for her to be an active participant in the group. She is able to ask questions subtly so as to gain more information without becoming threatening by direct questions. She understands advice may not be what the patient wants or needs even though he asks for it. She can also perceive when it is best for her to interact as observer, listener or catalyst.

4. Perception:

    The student shows the ability to perceive what each individual is really communicating or trying to communicate. She can evaluate the situation and objectively determine the progress.

5. Observations:

    The student shows the ability to determine needs by astute observations of the behavior of others. She is able to make astute observations of each individual member and the group as a whole.

6. Listening:

    The student is able to really listen to what each person is saying or trying to say.

7. Acceptance:

    The student is able to accept herself, her peers and co-workers and patients as they are. She is able to accept behavior as an expression of unconscious feelings and needs.

8. Level of Anxiety:

    The student is able to act in the roles of participant, observer, listener and catalyst as needed with a minimum of anxiety.

APPENDIX D

STUDENT'S GROUP THERAPY SELF EVALUATION

STUDENT'S GROUP THERAPY SELF EVALUATION

1. I have the ability to understand my own needs and behavior. _____

2. I can see the appropriateness in using this group as an outlet for patients' aggressive feelings. _____

3. I have the ability to perceive when there is a need for me to be an active participant in the group. _____

4. I feel I am able to ask questions subtly to gain more information without becoming threatening by direct questioning. _____

5. I understand it is not helpful to patients to give them advice but at times I feel compelled to do so. _____

6. I feel comfortable in actively participating in the group. _____

7. I have the ability to perceive when it is best for me to act as an observer in the group. _____

8. I feel comfortable when just listening and observing in the group. _____

9. I have the ability to "listen with my third ear." _____

10. I can recognize hostility in a member of the group. _____

11. I can recognize ambivalence in a member of the group. _____

12. I can understand and accept patients' hostility and ambivalence and do not need to take questions or comments personally or act defensively. _____

13. I feel I can empathise with the group. _____

14. I feel I can empathise with some members of the group. _____

15. I have the ability to perceive when it is best for me to act as a catalyst in the group. _____

16. I feel comfortable when acting as a catalyst in the group. _____

17. I feel the members of the group accept me as a supporting staff member. _____

    1. never
    2. occasionally
    3. usually
    4. always.

APPENDIX E

GROUP THERAPY EVALUATION

GROUP THERAPY EVALUATION

1. UNDERSTANDING:

   a. of self
   b. of peers and co-workers   _____
   c. of patients   _____
   d. of group process.   _____

2. COMMUNICATION:

   a. with peers and co-workers   _____
   b. with patients.   _____

3. INTERACTION:

   a. with peers and co-workers   _____
   b. with patients.   _____

4. PERCEPTION:

   a. of peers and co-workers   _____
   b. of patients   _____
   c. of group process.   _____

5. OBSERVATIONS:

   a. of peers and co-workers   _____
   b. of patients.   _____

6. LISTENING:

   a. to peers and co-workers   _____
   b. to patients.   _____

7. ACCEPTANCE:

   a. of self
   b. of peers and co-workers   _____
   c. of patients.   _____

8. LEVEL OF ANXIETY:

   a. of peers and co-workers   _____
   b. of patients.   _____

   1. never
   2. occasionally
   3. usually
   4. always.