Lecture Objectives:

1. Understand and be able to utilize the concepts and nursing implications for the following theories: psychoanalytical, interpersonal, psychosocial, object relations, cognitive development, and moral development, and Peplau’s Nursing Theory.

2. Recognize the coping (defense) mechanisms utilized for the different levels of anxiety and be able to recognize them in real-life situations and utilize them appropriately.

3. Be able to define mental health and mental illness, know their characteristics, and differentiate between the two states of being. Utilize both the outline and your textbook in obtaining this information.

4. Know the roles Peplau advocates for nurses and how she utilized roles in the nursing management and treatment of psychiatric patients.

5. Know which axes of DSM-IV contain which types of information. Be prepared to recognize this on a test and understand it when it is noted in a chart. Know the significance of the different levels of GAF. Also, be prepared to use this information when writing about your clients.

LECTURE OUTLINE

I. Mental health

A. Definition - successful adaptation ............that are age-appropriate and congruent with local and cultural norms.

B. Characteristics - (self-actualization) - according to Maslow:
   1. Appropriate perception of reality
   2. Ability to accept oneself, others, and human nature
   3. Ability to manifest spontaneity
   4. Capacity for focusing concentration on problem solving
   5. Need for detachment and desire for privacy
   6. Independence, autonomy, and a resistance to enculturation
   7. An intensity of emotional reaction
   8. A frequency of “peak” experiences that validate the worthwhileness, richness, and beauty of life
   9. Identification with humankind
10. Ability to achieve satisfactory interpersonal relationships
11. A democratic character structure and strong sense of ethics
12. Creativeness
13. A degree of nonconformance

II. Mental illness
A. Definition - **maladaptive** responses to stressors evidenced by thoughts, feelings, and behaviors that are incongruent with the local and cultural norms, and interfere with the individual’s social, occupational, and/or physical functioning.

B. Behavior patterns that may be interpreted as **symptoms** of mental illness:
   1. Change in behavior
   2. Appearance
   3. Physical symptoms
   4. Substance abuse
   5. Talk of death or suicide
   6. Acting out

C. Conscious attempts at coping
   1. Suppression - helps keep forbidden drives and wishes out of one’s conscience.
   2. Substitution - helps reduce frustration by disguising motivations
   3. Rationalization - helps raise self-esteem and social approval by disguising motivations.
   4. Fantasy - provides a way to resolve conflict and meet needs in a symbolic way.

D. Character development as a way of coping
   1. Identification - helps preserve the ego of the person while allowing concealment of inadequacies.
   2. Internalization or introjection - attempts to deny or disguise by changing the ego to avoid threat.
   3. Restitution - attempts to assuage guilt feelings by making reparation

E. Repressive attempts at coping
   1. Compensation - helps relieve fears of failure in one activity by emphasizing another can result in one-sidedness caused by over-compensation.
   2. Reaction formation - serves as a protective device to prevent painful or unacceptable attitudes from being expressed.
   3. Sublimation - helps channel forbidden instinctual impulses into constructive activities.
   4. Displacement - helps the person disguise feelings by using a less threatening object to release feelings.
   5. Projection - helps the person avoid awareness of his undesirable impulses.
   6. Symbolization - serves to help compensate for and disguise true feelings.
   7. Conversion - channels and contains unbearable feelings through body expression.
   8. Repression - helps provide a forgetting and protective function for the ego.
9. Undoing - disguises and attempts to repair feeling or actions that have led to anxiety or guilt.

F. Regressive attempts at coping
1. Denial - helps the person escape unpleasant reality.
2. Dissociation - helps the person put painful feelings aside and isolate, compartmentalize them.
3. Regression - helps the person retreat from the present situation and become dependent and less anxious.

III. Models (Theoretical Frameworks) for explaining and treating mental illness – a model is defined by Johnson as "a conceptual system consisting of interrelated propositions that describe, explain, and predict selected phenomena."

A. Psychogenic/psychoanalytic - devised by Freud, the father of psychiatry
   1. Separates personality into 3 components
      a. **Id** - present at birth, instinctual drives, “pleasure principle”
      b. **Ego** - rational self, “reality principle,” begins 4-6 mos. Primary function - harmony between external world, id, superego.
      c. **Superego** - “perfection principle,” develops between ages 3 and 6, internalizes the values and morals set forth by primary caregivers, assists the ego in control of id impulses, can become so rigid and punitive that low self-esteem may result.

   2. Freud’s levels of thought:
      a. **Conscious** - the smallest - includes memories that are easily remembered or retrieved. Controlled by the ego.
      b. **Preconscious** - memories forgotten or not in present awareness that can be recalled with deep thought or attention. Controlled by the superego.
      c. **Unconscious** - all memories that one is unable to bring to conscious awareness. Largest memory level. Includes repressed memories. Requires hypnosis, therapy, or drugs to recall. May emerge in dreams or seemingly incomprehensible behavior.

   3. 5 stages of psychosexual development
      a. Oral stage - birth to 18 months
         (1) Behavior directed by id, goal is immediate gratification of needs
         (2) Infant attached to mom, unable to differentiate self from mom at first. Feels the feelings mom feels, including anxiety.
         (3) Beginning development of ego at 4-6 months, begins to separate self from mom.
         (4) Sense of security and the ability to trust others is derived out of gratification from fulfillment of basic needs.
      b. Anal stage - 18 months to 3 years
         (1) Major tasks - gaining independence and control, especially
over excretory functions.

(2) Believed strict and rigid toilet training leads to (1) retention of feces by the child and later to adult retentive personality traits that include stubbornness, stinginess, and miserliness or (2) the expelling of feces in unacceptable manner or inappropriate times with adult patterns of malevolence, cruelty to others, destructiveness, disorganization, and untidiness.

(3) Permissive, accepting attitude re toilet training leads to extroverted, productive, and altruistic adults.

c. Phallic stage - 3 years to 6 years
(1) Focus of energy shifts to genital area, children discover differences which results in heightened interest in the sexuality of self and others.
(2) Development of oedipus complex with resulting guilt feelings. Resolution occurs when child identifies with parent of same sex.

d. Latency stage - 6 to 12 years
(1) Focus changes from egocentrism to one in which there is more interest in group activities, learning, and socialization with peers.
(2) Preference is same-sex relationships.

e. Genital stage - 13 to 20 years
(1) Reawakening of libidinal drive.
(2) Focus is on relationships with members of opposite sex and preparations for selecting mate.
(3) Interpersonal relationships are based on genuine pleasure derived from interaction.

4. Basic assumptions
a. All behavior has meaning
b. Behavior is influenced by past events
c. All human behavior is driven by libido
d. First five years of life bear heavily on one’s adaptation patterns and personality traits in adulthood.

5. Relevance of psychoanalytic theory to nursing practice
a. Recognizing behaviors from id, ego, superego. Assist in the assessment of developmental level.
b. Recognize ego defense mechanisms - determine when behaviors are maladaptive; assist clients in creating change
c. Nursing goal is to assist client in developing better coping skills.

B. Interpersonal theory - Sullivan - believed that the individual is a social being. Personality development is determined within the context of interactions with other humans.
1. Key concepts
   a. **Anxiety** is a feeling of emotional discomfort. **All behavior is aimed at preventing or relieving it.** It arises out of one’s inability to satisfy needs or achieve interpersonal security.
   b. Satisfaction of needs - the fulfillment of all requirements associated with an individual’s physicochemical environment. The absence of these items produces discomfort in the individual.
   c. Interpersonal security - the feel associated with relief from anxiety - a feeling of total well-being.
   d. Self-system - a collection of experiences or security measures adopted by the individual to protect against anxiety.
      (1) “Good me” - develops in response to positive feedback from the primary caregiver. Feelings of pleasure, contentment, gratification.
      (2) “Bad me” - develops in response to negative feedback from the primary caregiver. Feelings of discomfort, displeasure, and distress. Behavior altered to avoid these feelings.
      (3) “Not me” - develops in response to situations that produce intense anxiety in the child. Experienced feelings of horror, awe, dread and loathing and, to avoid the anxiety these feelings engenders, the child denies them and may state those feelings belong to someone else. This may be the basis for the development of serious mental problems as an adult.

2. Sullivan’s Stages of Personality Development
   a. Infancy - birth to 18 months - Relief from anxiety through oral gratification of needs.
   b. Childhood - 18 months to 6 years - learn to accept delayed gratification without anxiety.
   c. Juvenile - 6 years to 9 years - Formation of satisfactory relationships within peer groups.
   d. Preadolescence - 9 years to 12 years - Develop relationships with persons of same sex. Collaborate with and show love and affection for others.
   e. Early adolescence - 12 to 14 years - major task is formation of satisfactory relationships with members of the opposite sex. Struggle with own identity. Lust emerges.
   f. Late adolescence - 14 years to 21 years - establish self-identity; work to develop lasting, intimate opposite-sex relationship.

3. Basic assumptions
   a. Interpersonal experiences determine personality structure.
   b. Anxiety is a primary motivator of behavior.
   c. All humans want security and satisfaction in their relationships.
4. Relevance to nursing practice
   a. **Nurses develop therapeutic relationships** with clients in an effort to help them generalize this ability to interact successfully with others.
   b. Nurses use their ability to recognize the levels of anxiety and their knowledge of methods of alleviating anxiety to help the client achieve interpersonal security and a feeling of well-being.
   c. Nurses assist the clients in achieving a higher degree of independent and interpersonal functioning.

C. Psychosocial development - Erikson
   1. Key concepts
      a. There are 8 stages to the life cycle.
      b. Individuals must complete the tasks associated with each stage for emotional growth to occur.
   2. Relevance to nursing practice - nurses can plan to assist individuals that are still struggling to achieve tasks from any number of developmental stages to fulfill these tasks and move on to a higher developmental level.
   3. Stages of Personality Development
      a. Trust vs. mistrust - birth to 18 months - primary care givers must respond to infant’s signal promptly and consistently - achievement of this task results in self-confidence, faith, and hope for future. Failure to develop trust in mom results in emotional dissatisfaction with others, suspiciousness, difficulty with interpersonal relationships.
      b. Autonomy vs. shame and doubt - 18 months to 3 years - major developmental task - gain self-control and independence within environment. Autonomy achieved when parents encourage and provide opportunities for independent activities and do not have unrealistic expectations. Achievement of task results in self-confidence and ability to delay gratification. Failure results in lack of self-confidence and pride and rage against self.
      c. Initiative vs. guilt - 3 to 6 years - Goal is to develop a sense of purpose and the ability to initiate and direct own activities. Failure results in feelings of inadequacy and guilt and the accepting of liability in situations for which he or she is not responsible.
      d. Industry vs. inferiority - 6-12 years - Goal is to achieve a sense of self-confidence by learning, competing, performing successfully, and receiving recognition from significant others, peers, and acquaintances. Failure results in difficulty in interpersonal relationships because of feelings of inadequacy. May manipulate or violate rights of others or become workaholic with unrealistic expectations for personal achievement.
      e. Identity vs. role confusion - 12-20 years - Goal is to integrate the
tasks mastered in the previous stages into a secure sense of self. Failure results in a sense of self-consciousness, doubt, and confusion about one’s role in life; personal values and goal’s for one’s life are absent. Relationships are superficial and brief. Delinquent and rebellious behavior occurs.

f. Intimacy vs. isolation - 20-30 years - Goal is to form an intense, lasting relationship or a commitment to another person, a cause, an institution, or a creative effort. Failure results in withdrawal, social isolation, aloneness, and the inability to form lasting, intimate relationships. Individual may have numerous superficial sexual contacts. May have history of job changes, or may stay in an undesirable job situation.

g. Generativity vs. Stagnation or Self-absorption - 30-65 years - Goal is to achieve the life goals established for oneself while considering the welfare of future generations. Failure results in lack of concern for the welfare of others and total preoccupation with the self. May be withdrawn, isolated, highly self-indulgent.

h. Ego Integrity vs. Despair - 65 years to death - Goal: to review one’s life and derive meaning from both positive and negative events, while achieving a positive sense of self-worth. Have dignity and do not fear death. Failure results in a sense of self-contempt and disgust with how life has progressed. Individual feels worthless and helpless to change. Anger, depression, loneliness are evident. May fear death, or suicide may result.

D. Object relations - Mahler

1. Concept - 3 stages of separation-individuation of the infant from the maternal figure.
   a. Phase I: Autistic Phase - birth to 1 month - Goal: fulfillment of basic needs for survival and comfort. Fixation at this level can predispose to autistic disorder.
   b. Phase II: Symbiosis - 1 to 5 months - At first views self as extension of mother, but is becoming aware of external source of need fulfillment. Lack of expected nurturing in this phase may lead to symbiotic psychosis, including adolescent or adult-onset schizophrenia.
   c. Phase III: Separation-individuation - 5-36 months - the “psychological” birth of the child. The process of separating from mothering figure and the strengthening of the sense of self.
      (1) Subphase 1: Differentiation. Beginning recognition of separateness from the mother.
      (2) Subphase 2: Practicing. Increased independence through locomotor functioning; increased sense of separateness of self.
(3) Subphase 3: Rapprochement. Acute awareness of separateness of self; learning to see “emotional refueling” from mothering figure to maintain feeling of security. Critical phase – if emotional needs inconsistently met or mom rewards only dependent behaviors, sense of rage and fear of abandonment results - these feelings may persist into adulthood.

(4) Subphase 4: Consolidation. Sense of separateness established; on the way to object constancy–able to internalize a sustained image of loved object/person when object/person is out of sight; resolution of separation anxiety.

2. Relevance to nursing practice - the emotional problems of many individuals can be traced to lack of fulfillment of tasks of separation/individuation. E.G.: the individual with borderline personality disorder is thought to be fixed in the rapprochement phase of development, harboring fears of abandonment and underlying rage. The nurse who understands these concepts can better assess the client’s level of individuation from primary caregivers.

E. Cognitive development - Piaget (the father of child psychology)
1. Basic premises
   a. Human intelligence is an extension of biological adaptation -- one/s ability to adapt psychologically to the environment.
   b. Human intelligence progresses through a series of stages that are related to age, demonstrating at each successive stage a higher level of logical organization than at the previous stages.
   c. Each stage is a necessary prerequisite for the one that follows.
2. Piaget’s Cognitive Development Stages
   a. Stage 1 - sensorimotor - birth to 2 years - as increased mobility and awareness develops, a sense of self as separate from the external environment develops, also. The concept of object permanence occurs.
   b. Stage 2 - preoperational - 2 to 6 years - characterized by egocentrism. The child is learning to express self with language, develops understanding of symbolic gestures, and achieves concept of object permanence.
   c. Stage 3 - concrete operations - 6 to 12 years - logical thinking begins but concreteness predominates. Develops understanding of reversibility and spatiality; learns to differentiate and classify; child becomes more socialized and rule conscious.
   d. Stage 4 - formal operations - 12 to 15+ years - Able to think and reason in abstract terms - Tests hypotheses using logical and orderly problem solving. Future idealized but can distinguish
between ideal and real. Cognitive maturity achieved in middle to late adolescence.

3. Relevance to nursing practice
   a. Nurses are likely to be involved in helping clients with techniques of cognitive therapy, where the individual is taught to control thought distortions that are considered to be a factor in the development and maintenance of mood disorders.
   b. In the Cognitive Development model, depression is viewed as a distortion in cognitive development, the self is unrealistically devalued, and the future is perceived as hopeless. Therapy focuses on changing “automatic thoughts” that occur spontaneously and contribute to the distorted affect. Nurses must know how cognition develops to help clients identify the distorted thought patterns and make the changes required for improvement in affective functioning.

F. Moral development - Kohlberg
   1. Key concepts
      a. Each stage is necessary and basic to the next stage.
      b. All individuals must progress through each stage sequentially.
      c. 3 major levels of moral development, two stages in each level.
         (1) Level I: Preconvention level - 4 to 10 years
             (a) Stage 1 - punishment and obedience orientation.
                 Behavior is motivated by fear of punishment.
             (b) Stage 2 - instrumental relativist orientation.
                 Behavior is motivated by egocentrism and concern for self.
         (2) Level II: Conventional level - 10 to 13 years and into adulthood
             (a) Stage 3 - interpersonal concordance orientation.
                 Behavior is motivated by the expectations of others; strong desire for approval and acceptance.
             (b) Stage 4 - law and order orientation. Behavior is motivated by respect for authority. Rules and laws override personal principles.
         (3) Level III: Postconventional level - can occur from adolescence on
             (a) Stage 5 - social contract legalistic orientation.
                 Behavior is motivated by respect for universal laws and moral principles and guided by an internal set of values.
             (b) Stage 6 - universal ethical principle orientation.
                 Behavior is motivated by internalized principles of
honor, justice, and respect for human dignity and guided by the conscience. Laws are abstract and unwritten. Intense guilt can result from failure to meet self-expected behaviors.

2. Relevance to nursing practice
   a. Moral development affects critical thinking about how individuals ought to behave and treat others.
   b. Moral behavior reflects the way a person interprets basic respect for other persons, such as the respect for human life, freedom, justice, or confidentiality.
   c. Nurses must be able to assess the level of moral development of their clients in order to be able to help them in their effort to advance in their progression toward a higher level of developmental maturity.

G. Biogenic/Biologic (Medical Model) - mental illness is viewed as a disease. Neurochemistry - neurotransmitters involved - dopamine, serotonin, epinephrine, norepinephrine. Medication useful.
   1. Basic Assumptions
      a. Explains psychopathology from an illness reference frame.
      b. Symptoms result from a combination of physiological, genetic, environmental and social factors.
      c. Deviant behavior relates to the person's stress tolerance.
      d. Restoration of health usually requires somatic intervention.
   2. Key Content
      a. Medical nomenclature
      b. Body systems

H. Transactional analysis - classed as a psychoanalytical theory -
   1. Key Content
      a. 3 ego states - parent, child, and adult.
      b. Strokes are basic motivators of behavior.
      c. Stroke - an act that implies recognition of the presence of another person.
      d. Game - a type of human behavior that is predictable, stereotyped, usually destructive, and directed by hidden motives.
      e. Four life positions that underlie behavior. The first 3 are based on feelings, the fourth on thought.
         (1) "I'm not OK; you're OK" depressive, despair position.
         (2) "I'm not OK; you're not OK" the futility, giving up position.
         (3) "I'm OK; you're not OK" the destructive, arrogant position.
         (4) "I'm OK; you're OK" the healthy, mature position.
      f. Individuals can move to new life positions.
g. An exchange of strokes constitutes a transaction.

2. Although rooted in psychoanalysis, therapy focuses on learning and doing and is health oriented rather than illness oriented.

I. Sociological Framework - also called sociocultural - based on work by George Mead - emphasizes social processes and their roles in mental illness.
   1. Basic assumptions
      a. Significant others teach the child the rules by which to live. These rules acknowledge norms.
      b. Society teaches roles.
      c. Labels arise from norm deviations and are a powerful force in deciding the fate of people. E. G., "crazy." Stigma is a similar term.
      d. Consensual validation is the constant checking on what a given situation means to one's reference group.
   2. Key Content - the concept of self develops through interaction between the child and significant others. This is called socialization.

J. Behavioral Framework - B. F. Skinner, Albert Bandura, Joseph Wolpe, Pavlov - Skinner wanted to know why a behavior starts and what makes it rewarding for the person to continue the behavior.
   1. Basic assumptions
      a. All behavior is learned.
      b. Learning is reflected by changes in behavior. It is a result of reinforcement (positive or negative).
      c. Since behavior is learned, maladaptive behavior can be "unlearned" and adaptive behavior substituted.
      d. Maladaptive behavior often develops as a way to decrease anxiety.
   2. Key Content
      a. Analysis of behavior - Skinner
      b. Systematic desensitization is a technique for extinguishing maladaptive responses and replacing them with more acceptable ones. (Behavior modification)

K. Nursing model - Peplau - based on interpersonal theory. Depends on 1:1 contact.
   1. Key concepts
      a. Psychodynamic nursing - ability to understand one’s own behavior, help others identify felt difficulties, and apply principles of human relations to the problems that arise at all levels of experience.
      b. Nursing roles
(1) **resource person**
(2) **counselor**
(3) teacher
(4) **leader**
(5) technical expert
(6) surrogate

c. Phases of nurse-client relationship
(1) orientation - recognize, clarify, define the existing problem
(2) identification - client begins to respond to those who offer needed help.
(3) exploitation - client takes full advantage of services offered.
(4) resolution - client gathers strength to assume independence.

d. Psychological tasks - developmental lessons that must be learned on the way to achieving maturity of the personality.

e. Relevance of the Peplau Model to nursing practice:
(1) there are several roles that nurses may assume to assist clients to progress and to achieve or resume their appropriate developmental level.
(2) nurses serve to facilitate learning of that which has not been learned in earlier experiences.

L. Orem’s Nursing Theory - the goal of nursing is to meet the client’s self-care demands until the client or client’s family is capable to doing so.

M. Roger’s Theory - the human organism is in continuous mutual interaction with the environment. Humans have an energy field that is in constant mutual interaction with the energy fields of the environment and can transcend conventional concepts. (This explains paranormal phenomena).

N. Roy’s Theory - Humans change - maladaptively or adaptively - in response to stimuli. Ineffective behavior results when stress surpasses coping mechanisms. The goal of nursing is to promote the client’s adaptation in health and illness.