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NURSE - PATIENT RELATIONSHIP – THE HEART OF NURSING

Ways of Understanding: How our 'states of minds' affect our thinking and creativity in nursing, teamwork and networking

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ABSTRACT

Like doctors and all other healthcare professionals, it is crucial that we as nurses must possess right knowledge, skills and attitudes for the job. This way we can provide good and meaningful care for our patients. Nurses are the only professional care group, who spend the whole of 24 hours directly with patient care. They are in the fore front of the healthcare spectrum and are, therefore, in a central and unique position to determine every patient's experience while they are in hospital.

As individuals and teams, we are continuously required to collaborate with other disciplines and service providers in the pursuit of excellence in care. But, such developments are doomed to fail unless people have an understanding of the psychoanalytical theories that seek to explain human behaviour. An insight into the dynamics of why and how our own 'states of minds' can affect our thinking and behaviour, can help to explain why the same issues are brought forward again and again in the workplace.

Keywords: Knowledge of Nursing, Nurse and Patient Relationship, Nursing Profession

INTRODUCTION

In the United Kingdom, the need for collaboration among all healthcare professional disciplines and agencies is the cornerstone of healthcare provision. Despite all the problems inherent in such an approach, successive governments and policymakers continue to emphasize its utility. This has been reaffirmed again and again by consecutive government initiatives and directives.

This collaborative approach to healthcare can also be seen in the service provision system of Malaysia, with nurses at the forefront of the care system in the wards of hospitals. As the terms implies, multidisciplinary and multiagency team-work involves a range of people collaborating on a daily basis. For such an approach to flourish much is required from every team members. Organisation, thinking, and commitment are just a few of the prerequisites. I believe an understanding of psychoanalytic theories and group processes can inspire thinking and creativity, and thereby help to contribute towards better team cohesion, working and collaboration, thereby leading to enhancement of all round patient care. The psychoanalytical concept of the movement of the 'paranoid-schizoid/depressive' positions of the mind offers an understanding of how our own 'states of mind' can affect the thinking and creativity of collaborative networking.

CONCEPT OF THE 'PARANOID-SCHIZOID/ DEPRESSIVE' STATES OF MIND

This concept derived from the work of the well known psychoanalyst, Melanie Klein, who through her works with children in the 1920s, developed a conceptualisation of an unconscious inner world, which is present in everyone. Klein's work (1946) followed from Sigmund Freud's (1921) idea that the original mental processes are derived from bodily experiences. These concern the instincts and basic physiological processes such as feeding, urinating, blinking, of which the infant is aware and which he or she already has some control. In the Kleinian approach, the infant is born with an expectation of an object – at the very least a nipple.

In the infant's world there are no whole objects, just parts. The infant sees the world in very ideal manner in a persecutory way. In line with Freud's belief the early stage of life of a child is governed by the pleasure principle, trying to avoid unpleasant stimulation. According to Klein the infant remains in a world of fantasy, outside himself or herself. At this early stage, the infant has no capacity to tolerate painful experiences. Splitting and projection are the predominant defences adopted for avoiding anxiety and pain in early childhood. Klein referred to this as the 'paranoid-schizoid' position (paranoid referring to the troubled condition being experienced as an outsider and schizoid referring to splitting conditions). The infant needs to split in order to protect the loved object, usually the mother, from all the horrible feelings. This is a normal stage of development and, as a state of mind, it can recur throughout life.

A mother, who is able to take in the baby's projections and not be overwhelmed by them, will make the baby feel better. The baby remembers the modified feelings over time and in this way he is able to deal with his or her own feelings, without the need to separate good from bad and project them. A mother, who can allow the baby to be 'contained' (Bion, 1962) and then to experience frustration, will help to enable the baby to tolerate anxieties or frustrations more easily. In this manner they will be less frightened during crisis situations. Gradually, as the infant gain sufficiently moderated experience, he or she begins to learn the differences between himself or herself and others. Previously separated feelings such as love and hate, sadness and joy, acceptance and rejection, can ultimately be integrated within the mind of the child. Klein called this stage of integration the 'depressive' position (Klein, 1935), because giving up the comforting simplicity of self-idealisation and facing the complexity of internal and external reality, inevitably stirs up painful feeling of guilt, concern and sadness. These feelings give rise to a desire to make reparation for injuries caused through previous hatred and aggression, and it stimulates work and creativity.

IMPACT ON THINKING AND CREATIVITY

On an Individual Level

As 'states of mind', we all move to and fro in the 'paranoid-schizoid' and 'depressive' positions in our lifetime. There is a natural tendency to operate in the 'paranoid-schizoid' mode or infantile state of mind whenever we are faced with overwhelming anxiety or whenever we have difficulty in coping with uncertainty. When in this mode, everything is polarised and reduced to start contrast; black and white, right and wrong, good and bad, superior and inferior. There is little room for reflection and thinking. Splitting and projection are rife. We deny things that we do not like and, through projection, blame it on someone else. We find it impossible to listen properly to others because we are pre-occupied with our own anxieties and thoughts. In our relationship with others, there is a strong tendency to criticise and to use a language in which there is always a tendency to blame others and to find faults. As a result they view relationships as an issue of winning and losing matters. The ability to value things is lost, differences are viewed as threatening and there is a lack of concern for others. Thus in this circumstances it is difficult to sustained any meaningful and creative relationships.

In practice, this can be seen in professionals operating within a team, who have tendency to feel rather defensive whenever they are faced with comments or suggestions relating to their work. This sometimes can also be linked to territorial issues among the different professionals. Different opinions, which are meant to be constructive, can be seen as critical, threatening or even persecutory. Most of us like to think that we are reasonably good at our work and that we take our responsibilities seriously, so much so that we believe we are usually right and others are wrong. An insight into the nature of the 'paranoid-schizoid/depressive' modes of mind can be the first step towards a better understanding of our own defensive behaviour that can stifle thinking and creativity.

When we feel more 'contained' or when we are enabled to reflect on our feelings and anxieties through some form of 'containing' environment, we find that we are able to cope with uncertainty more efficiently. We move to the 'depressive' position, a state of mind where reality can be faced. When in this state of mind, we become more open, not just to other people's viewpoints, but also to their feelings. We become less critical towards others as we begin to view differences as helpful, and where perceptions and beliefs are tested. People, opinions, and points of view are valued without having to be perfect. Unlike the 'paranoid-schizoid' position where there is a tendency to blame and to find fault, the language in this case is of achievement and concern. This can lead to more meaningful and creative relationships.

A working culture in which staff feels supported and encouraged in using their imagination and creativity helps in instilling and enhancing the value and worth of their work. Staff support groups, work discussion groups and clinical supervision are examples of potential environments that can provide the 'containing' element, which can help staff move towards a more 'depressive' state of mind that can lead to thinking and creativity. An understanding of this Kleinian concept can help us to recognise our natural defensive nature in the face of anxiety and uncertainty. Furthermore, Wilfred Bion's idea of a 'container/contained' relationship can also help us to appreciate the importance of nurturing a 'containment environment' if one is to be helped to move from a defensive 'paranoid-schizoid' state of mind to a more thinking 'depressive' state. Just as mothers, who help to nurture their infants by 'holding and containing' their anxieties, and then returning them to the infant in a more moderated form, an understanding of the concept can help us to be more tolerant, thoughtful and reflective in our relationships with colleagues. This is a small but significant step towards nurturing a more 'containing' environment, thereby enhancing thinking and creativity in team working.

Group Processes and Institutional Defences

The concept of the movement of the 'paranoid-schizoid/depressive' positions can also be applied in our understanding of group and institutional processes. Psychoanalytical theories suggest that groups also have an unconscious life comparable to an individualistic approach, and that institutions pursue unconscious tasks alongside their conscious ones. These affect both the efficiency of the staff and affect the stress that they experience. Subtle interplay between personal and institutional anxieties and defences permeates all aspects of organisational life, often on an unconscious level (Hinshelwood and Skogstad, 2000).

The development of the understanding of groups and organisations in terms of anxiety and defence began in the 1950s in the United Kingdom (Jaques, 1953; Menzies Lyth, 1970). Central to this understanding is the unconscious use of the social system by individuals to help themselves defend against anxieties. While it is the individual who feels the anxiety and who initiates and operates the defences, the process can also be locked into the social system. The system then operates in a way that allows the individuals to avoid certain anxieties and conflicts. Over time, as the process is repeated many times, it becomes a cultural form of the organisation or institution and becomes a 'social defence system'.

In the 'paranoid-schizoid' state of mind, parts of the individual which are perceived as dreadful are separated out and projected outwards, thereby creating external figures who are both fated and feared. This state of mind can also be seen in professionals who, in denying the feelings of hatred or rejection towards the clients, project these feelings onto other groups or disciplines. This often led to feelings of frustration and anxiety, which leads to projections and blaming. The projection of feelings of badness outside the self, helps to produce a state of illusory goodness and self-idealisation in a multidisciplinary/multiagency setting. This could lead to an evasion of contact and meetings in order to preserve unconsciously self-idealisation based on the projections. Over time, these results in the team or organisation to remain attached to 'paranoid-schizoid' projective system, which may produce a rigid culture, giving rise to blaming and more projections. Thinking and creativity are stifled and growth is very much inhibited. In this sort of environment, any potential for learning cannot be harnessed and, therefore, the same issues tend to crop up repeatedly (Halton, 1994).

Bion's concept of the 'container/contained' relationship can also be seen and understood in teams or organisations. Institutions can provide a sense of psychological and emotional containment through various support mechanisms, for example, staff support groups and staff clinical supervision. If staff can be helped to explore, understand and learn to tolerate their feelings and anxieties long enough so that they can reflect on them, and to 'contain' the anxieties they stir up, it may be possible to bring about change and promote integration and co-operation among disciplines. In effect, this sort of understanding, appreciation and containment help in the movement from the 'paranoid-schizoid' position to the 'depressive' position.

Bion's (1961) ideas and working with groups have contributed much to the understanding of unconscious group processes. Bion saw the life of a group in two essential ways; a tendency towards a 'working group' and a tendency towards a 'basic assumption group'. In the former, the focus is on the primary task with a willingness to face and work with reality, but in the latter, there is a wish to evade reality, in order to meet the

unconscious need of the group by reducing anxiety and internal conflicts. A parallel can be drawn between the 'paranoid-schizoid' state of mind and the 'basic assumption group', and the 'depressive position and the 'working group'. Whereas the need to reduce anxiety stirs up defences such as splitting and projection, leading to fragmentation and lack of thinking and clarity. On the other hand working group mentality leads to thinking, discussion, co-operation and cohesion.

Another important contribution of Bion in this sort of understanding is his idea of 'valency', our own personal pre-disposition towards our response in a given situation. This understanding also helps us to be more conscious of the way we relate to one another at the workplace, and to strive towards a more 'depressive' state of mind, individually and collectively.

Defences in Nursing

Aspects of the above psychoanalytical understanding about institutions and the subtle interplay between personal and institutional anxieties are aptly illustrated in Isabelle Menzies Lyth's classic and pioneering study of a nursing service in the United Kingdom (Menzies Lyth, 1970). The insights and implications of the study appear to be as relevant then as they are to this day.

The study reveals that high levels of anxiety are experienced by nurses in carrying out their nursing duties as a result of close physical and emotional contact with patients and their illnesses. When faced with these anxieties, the nurses try to organise their work both consciously and unconsciously in ways which will help them to manage these anxieties. Over time, these 'defensive social systems' become an integral parts of the institution, which can affect the personality structure of the staff. Any new member of the staff will need to adapt to this system otherwise the individual will fail to continue with his job. These social systems reflect early infantile and primitive defences against anxiety, such as 'splitting' and 'project identification'. For example, there is a 'splitting up' of the nurse/patient relationship in the way nurses relate to patients, primarily on the basis of the tasks they had to perform for them.

Within this institutional 'paranoid-schizoid' state of mind, Menzies Lyth highlighted a process that has a diminishing effect on the nurse's role. This is a 'projective' process, as responsibility is projected upwards towards superiors and irresponsibility is projected downwards towards subordinates. While this may relieve some anxiety, it also means the loss of competence skills. The 'projective' process leaves a vacuum in which nurses become very unsure of just what they can be doing. This means that what they are doing could be well below their capabilities. As for the senior staff, the 'projective' processes leave them with a feeling of projected competence and control, although they are frequently overwhelmed with tasks that more junior colleagues could have appropriately performed.

This diminishing sense of responsibility and the lack of contact with patients due to an emphasis on task orientation become part of the hospital social systems, which are considered as ways to avoid anxiety. These defences result in the prevention of nurses from overcoming the anxieties in a more constructive manner. In some respects, the work is less stressful, but it is also less demanding and does not help in the development of capacities, and therefore, may cause stresses. Above all, these defences frustrate the nurses' motivations for choosing such work, because entering the profession implies a wish to overcome these anxieties by reparative work (Zagier Roberts, 1994). Within our constant changing professional practice, the emphasis on task orientation may also be reflected today in our need to comply with an ever increasing administrative tasks and paperwork in our day to day professional work, which is of course is often important and necessary. However, an insight into the possible unconscious defensive nature of these tasks can help us to get this into perspective, which takes us away from direct contact with patient.

CONCLUSION

The movement of the 'paranoid-schizoid/depressive' positions, a key concept in psychoanalytical theory, can impact and affect us at various levels; individuals, groups, teams and organisations. Its effects our thinking and creativity which in turn has enormous impact on the way we work. By realising its impact on ourselves and on group processes, we can begin to appreciate why, and how, we never seem to learn from our workplace and the same issues seem to recur again and again.

Psychodynamic understanding helps to explain the pressures and barriers, which prevent thinking in groups, teams and organisations. Such an understanding also provides the key that can unlock the pressures. At its best, it can create a space in the organisation in which we

can stand back and think about the emotional processes we are involved in, resulting in the reduction of stress and conflict. In this manner we can bring about change and development gradually. This can lead to more meaningful relationships, better team cohesion and ultimately, better patient care. It is easy in professional activities and situations to mask anxiety and uncertainty, which can undermine thinking and creativity.

In the pursuit of excellence in patient care, this psychodynamic way of understanding has enormous implications for all of us in terms of practice, staff training, education and development, whether we are doctors, managers, leaders, educators, administrators or policy makers. But for nurses, this is particularly pertinent, as we are the largest and only professional group, who spend maximum hours of our professional lives with patients. The patients in stressed situations when, at their lowest ebb, expect and need us to be there for them. It is our duty and indeed our privilege, as nurses, to stay beside the patients, not just to carry out the various everyday physical nursing tasks, but more importantly, to hear, listen, explain and reassure them. To do this, we will need to establish, assemble and sustain a strong and meaningful nurse/patient relationship that is built on trust, respect and dignity. This is called the heart of nursing. The central role of nursing in the provision of quality care for patients and in enhancing the patient journey and experience should be a precious and endearing task for all nurses.

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