

RESEARCH AND THE NURSE

Address to the First Canadian Conference on Nursing in Psychiatric Divisions

by

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LIFE on the frontiers of psychiatry is exciting. There is no other branch of medicine which has undergone such rapid, such sweeping and profound changes as has the field in which we work. And, in turn, we may say that probably no other area of psychiatric work has such bright promise for adventures in ideas than do the psychiatric divisions of general hospitals. And, at the risk of seeming to use a childhood illustration in saying that within the big box of psychiatry there is a middle sized box of still more exciting nature—namely, the general hospital—and that within the general hospital there is a small one of really extra-special significance, I shall go on to say that, within the psychiatric division of the general hospital there is probably nothing more crucial for the welfare of the patient, and the future expansion of our knowledge of human nature, than the interpersonal relations which exist within the division.

And here we come, by natural steps, to the study of that key individual, the nurse: what she does, and how her nature and her patterns of work radiate out their effects into every part of the life and operation of the psychiatric division in which she works.

Perhaps you will forgive me for endeavouring to paint in the broad background against which I want to talk about my special topic tonight. I would like us to swing the camera of our imaginations swiftly over the last thirty years. As you know, most startling things can be seen when you manipulate the time factor. You will all remember those fascinating pictures which Walt Disney has made in which he has shown flowers apparently springing from the soil: first the green tip, then the slender column, the bud and then the full-

blown flower, as spring advanced. You saw trees turn from their winter brown to the first, slight intimations of the coming spring: their green colour, their ultimate blossoming into their full, towering summer covering. And you know that this interesting technique of telescoping the time factor has been used to show the growth and movement of cells. We have seen the demonstration of the growth of brain cells in an artificial medium, the time factor being manipulated and condensed so that one could actually see these cells move and bend and shift their branches like grasses in the wind.

In the same way, I should like to condense the time factor of the last thirty years. Thirty years ago, psychiatric divisions of general hospitals barely existed. There were a few here and there. But since the methods of treatment then available were confined to dealing with the most superficial levels of behaviour (ensuring sleep, and elimination, and seeing to it that nutrition was kept up as well as possible, calming excitement by tubs and wetpacks) it is not surprising that psychiatric divisions of those earlier days were little more than sorting-houses. Patients who were going to take weeks and months were passed on to the large state and provincial mental hospitals.

And then after long decades of patient trial and courageously-overcome error, Wagner Von Jauregg saw before his eyes the results of the malarial treatment of general paresis.

We cannot stop now; but it is, I think, heartening to go back and look not only at the bright splendour of his success but also to look, for encouragement, at all the foolish things that were said—by people in general, by doctors and

I have no doubt, by nurses as well—that it was wrong to give a patient another disease to cure the first; that the results wouldn't last. I remember, in far-off Scotland, being told that one shouldn't pay any attention to this new method anyway, because everybody knew that Europeans were rather odd people and not altogether reliable; that they were not, in some curious way, "Old School Tie," scientifically speaking.

But one can also see another thing about an advance in research. It is rather like a tremendous game of intellectual bowls: one ball hits another; the first ball loses its momentum, but the second ball hits another and sets it in motion. And the stimulus provided by a major breakthrough has repercussions far outside the direction of the original investigation. Men who saw that one could, at long last, do something and, at that, with one of the most dreadful diseases, general paresis, were vastly encouraged to press forward in all directions in the field of psychiatry.

There is an old line, which I shall repeat to you, for I think that everyman who is concerned with research should know it. The line reads: "Conquest pursues where courage leads the way." And these early investigators really did need courage. Courage was needed for the next great step forward, namely, the insulin treatment of schizophrenia. Sakel discovered more or less by accident and in the course of treatment of other conditions—for example, drug withdrawal symptoms—that insulin produced a calming effect.

You have heard the old story of the princes of Serendip, who were fortunate insofar that when they went out looking for one thing, they very often found other things, of no less value. Their great

fortune, however, was their capacity to recognize that they had found other things of no less value. And this gift is by no means a small one. Sakel had it; and he transferred his observations and his technique immediately from the excited, addictive patient to the excited, schizophrenic patient, and then to schizophrenia in general.

I returned just recently from an International Meeting held in New York to honour Manfred Sakel and his introduction of the insulin method in the treatment of schizophrenia. It is true that this method now is being used in decreasing degree—just as practically nobody now uses the malarial treatment for general paresis. But, like the malarial method, Sakel's treatment of schizophrenia has had a tremendous effect. We may say, indeed, that since he introduced it in the late 1920's, the whole approach and attitude to the treatment of schizophrenia has changed. From an attitude of pessimism and of the anticipation of eventual dementia, we have now pressed forward with determination, with inventiveness and with never-flagging zeal towards the goal of ultimate conquest of this dread disease. And we are making prodigious headway.

While these two great men were making their contributions, other men in quite different aspects of psychiatry were also producing ideas which have had a tremendous impact upon our understanding and treatment of psychiatric illness. Adolf Meyer on this Continent, and Sigmund Freud in Vienna, have made, as you know, profound and sweeping contributions to the understanding of psychodynamics and psychotherapy. And from them, and from all the others who have followed them, we have gained a capacity to manage human behaviour by what we say, and by the relationships which we establish between ourselves and patients.

In recent years, the roll of new and important advances has become positively crowded. Early convulsive treatment was followed by electroshock treatment; one drug has followed another; and now we find, within the last few

years, the setting up of a whole new area; the area of psychopharmacology. I shall not do more than touch on this: it is too close to us, too new. But everyone who sits here tonight knows that in her or his hospital the whole outlook for the psychiatric patient is undergoing extraordinary changes because of the introduction of these new drugs.

And these forward strides have permitted us to change the whole way in which we treat patients. Advances in treatment have opened the way to an enormous expansion in the psychiatric divisions of general hospitals. So great has this expansion been that we now treat, both in Canada and in the United States, as many patients in the psychiatric divisions of general hospitals as are admitted to state and provincial mental hospitals. And there is no doubt that the psychiatric division of the general hospital seems likely to be the major area, at least for acute treatment.

As our treatment procedures have become more and more delicate, intricate, powerful; and, in particular, as we have learned more and more about the setting in which we carry out our treatments; as we have come to build up such new ideas as the "open hospital", the "Day Hospital", the therapeutic community; we have time to look more and more closely at the people who work in these settings—and we have come to look particularly at the nurse.

I have never been altogether sure that nurses are quite what they seem to be; and I have constantly kept tapping on your carefully arranged facades to find out what lies hidden underneath. What I am looking for? It is very simple. I keep bearing in mind that you are often the sister, sometimes the wives, of the bright and stirring young doctors who come to us in such numbers, or of our psychologists, or our research biochemists, or physiologists or electro-encephalographers—all very able and enterprising people who have been attracted by the adventures in ideas to be found in a rapidly

expanding and changing field such as psychiatry. Among these people it is quite easy to find many who are deeply interested in research, and who have within them a quickly running stream of creative thinking, who bubble with original ideas and who, in a word, constitute the very breath, the growing edge, of our psychiatric centres.

But when I look for similar, lively-minded people among the nurses, I do not immediately find them. But I do not believe at the same time, that they are not there—for, after all, creativity is not sex determined, or at least, not creativity in the sense that I mean it.

Understandably, it vexes, annoys and, sometimes, down-right outrages senior members of the nursing profession to be told that they have a responsibility for this apparent lack of creative thinking, of research-mindedness, among the nurses. And yet I think it is true. They reply that they have a serious responsibility to produce conscientious, utterly reliable young women able to step into the ongoing organisation of an active hospital; that they must do so within a very few years, taking as their basic material young girls who have just completed High School and who, a year before were running on the tennis courts, dancing their heads off half the night, and who have no more acquaintance with the dreadful imminence of life and death than any others in their teenage community.

Now, this is true, and it is essential that the teenage girl be converted into the woman on whom major responsibilities can rest; and this must be done very rapidly. But I have never been content that it should be done at such a cost—such a cost in freedom of thought, such a loss of creative thinking, of speculation and conjecture. We live in a world of change. The old world, where things are final and settled, is gone. Change supervenes upon change, and upon further change. And all this change comes from us, it comes from us alone. And it would be a strange and unhappy thing if a

body made up of such eminently intelligent, potentially creative people as nurses were to be isolated, by the nature of their training, from full participation in this vast worldwide advance of humankind.

It is unnecessary, of course, that the nurse should be trained to take responsibility; but I do not think that I exaggerate when I say that at the end of her period of training the nurse has been so inculcated with the necessity of being "an arm of the doctor" that, when she enters his presence, much of her thinking ceases and she becomes only his auxiliary.

Now, I could get myself into a great deal of trouble, and I would be troubled with myself as well, if I were to deny the absolute necessity of something of this kind happening, for nurses and doctors deal with problems of intense danger to the patient. We handle poisons, we handle the sharpest of instruments, we handle the most deadly of apparatus. The public has reposed in our hands the instruments of life and death, in order that we may confute death and support life. And in the presence of these awesome problems there must be single control.

But, having said this, I feel at the same time that we cannot afford to allow the nurse's creative powers to be forever stilled. There are times, of course, when she is not working in immediate relationship to the doctor; but her training is such that the same attitudes are carried over from her functioning as a member of the medical nursing team to her functioning as an individual person, which, after all, she is a good deal of the time. Now, I know that this differentiation and its exploration will entail a great deal of thought and most careful consideration by those responsible for nursing education. But I do not think that it is beyond the capacities of able nurse educators and nurse administrators to work out a system of training of nurses whereby they will have sufficient

flexibility to work as an integral unit of the medical nursing team under the direction of the doctor in the face of emergency, in areas where direction is essential, and that they will be able to operate quite differently with the freedom of thought and speculation and inquiry when such urgent demands are not present.

Hence, at our Institute we are setting ourselves the task of attempting to bring to life again what I feel should never have been stilled, namely, the creative capacities of our nurses. This is a time of acute scarcity of top brain power—the vivid, vigorous capacity provided with all the tools which training and preparation can afford. This scarcity extends far beyond the nursing and medical professions. And we cannot afford to waste any of these splendid human assets. All of these, especially in the nursing and medical fields, must be brought into the fullest possible participation. Future generations undoubtedly will look on us and say that, great though our advances have been, we never fully called upon the great potentialities which lay within our peoples.

For the psychiatric nurse lie there waiting, and practically untouched as far as the eye may look, vastly intriguing fields for investigation. *First*, there is the field of observation. How does one make observations? How does one train people to make observations? What is the intimate process whereby a human being responds to certain facts and not to others? How can one extend the range of his or her perceptiveness? How can one widen the glass of the telescope through which she looks at her universe? How can one strengthen her powers of perception so that she may see more deeply into what is going on around her in such fascinating and myriad detail? Then there comes the matter of communication. Communication is one of the strangest of human activities. Some things seem to pass, clear as a bell, from person to per-

son, to their ultimate destiny. Others become so distorted in their passage that they are utterly unrecognizable when they arrive at the end of their journey. Still others seem suddenly to be blocked halfway, turned back, perverted and utterly reversed. What kind of communication goes forward which is never in words at all? How important is it? How do groups of patients communicate attitudes to each other? What about communication across class barriers? Communication from patient to nurse? From interne to nurse? From nurse to attending staff doctor? From nurse to the formidable hierarchy of the nursing profession?

A third field in which the nurse can make pre-eminent research in communication is that of interpersonal relations. How do you build them up? What about the antagonisms and hostilities which appear on a floor and seem to sweep through it? What is the relationship between formal, interpersonal organization, i.e. pupil nurse to floor nurse; floor nurse to head nurse; head nurse to supervisor—how does that tie in with the actual informal organization through which most interpersonal relationships of importance seem to pass?

Dreaming ahead, some of us have felt that the time has come for us to attempt to define and encourage the growth of the research nurse. And I do not mean a nurse who will work with a doctor on a research problem but, rather nurses who will work on research problems relative to nursing.

What about means for publication? Can we look forward to the time when a journal of research nursing will be established? I have only mentioned some points in these three fields which immediately come to mind. There are many others.

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