

How Psychiatric Nursing is influenced by Philosophy

Kristina Day

Stenberg College

Philosophy influences psychiatric nursing by investigating questions of existence, knowledge and ethics (Stickley & Wright, 2014). Philosophy of mental health care is used to critique concepts, seek information outside the obvious, understand the complexities of individual mental states, and identify consciousness and intuition (Singh & Singh, 2009). Psychiatric nursing is a therapeutic process that recognizes the uniqueness of a mentally ill patient and helps the individual feel dignified, respected and understood. People with psychiatric disorders are assumed to need treatment and care. The meaning of treatment is commonly agreed upon by health care professionals however the exact meaning of care is not clear (Barker, 2003). According to Barker (2003) traditionally nursing was associated with the care of patients, but psychiatric nursing was limited to its definition of care, following the latest trends or technologies of psychology or psychiatric medicine. In the 1960's drastic changes were happening to the concept of care, taking on a more humanistic focus for psychiatric nursing (Barker, 2003). The new language of psychiatric nursing included therapeutic alliance, consumer and nurse collaboration and principles of empowerment stemming from Peplau's interpersonal relations theory (Barker, 2003). In most recent years professionalism and the large demands of the booming healthcare industry has been over shadowing the humanistic approach to nursing, threatening to redefine it yet again (Barker, 2003). Philosophy should be associated with all mental health practice and care.

Radden (2009) stated that "Conceptions of rationality, personhood and autonomy, the preeminent philosophical ideas and ideals grounding modern-day liberal and humanistic societies such as ours also frame our understanding of mental disorder and rationales for its social, clinical and legal treatment." This paper will illustrate how philosophy has positively influenced psychiatric nurses and patient focused care through existence, knowledge, and ethics.

The existence of philosophy in mental health nursing gives us value based diagnosis tools to help make science more patient centered (Fulford, Stanghellini, & Broome, 2004).

Psychiatry's goal was to define mental illness in a way that could link it to a biological foundation in relation to a brain disease. This would make the basis of mental illness diagnosis as either an abnormal inherited gene or a pathological modification in neurochemistry (Stickley & Wright, 2014). Underlying these beliefs is the philosophical claim of biological reductionism; this theory promotes the various social, psychological and emotional problems of living (Barker, 2003). The American Psychiatric Association re-framed various mental illnesses as mental disorders accepting the fact that a search for a solely biological explanation of mental illness might be impossible (Barker, 2003). There is an overwhelming stigma towards labelling psychiatric disorders which can decrease a person's ability to cope. Social attitudes and attitudes towards diagnosis dehumanize a patient, not the actual diagnosis (Singh & Singh, 2009).

Psychiatric diagnosis does not take the place of customized individual care; instead it complements and redefines it by using the same three D's of a medical diagnosis; distress, possible death and disability (Singh & Singh, 2009). By removing psychiatric labels we are not removing the illness, the person is still sick whether labeled or not. The greatest harm a person can do to themselves is to reject their illness instead of accepting, coping and treating it (Singh & Singh, 2009).

While scientists look at the 'how' of something, philosophers will look at its why. In the case of mental health a scientist may ask the question 'how is a person diagnosed' where a philosopher will ask "why is a person diagnosed." By integrating both of these questions together to form "what is a mental illness diagnosis" it takes both the scientific approach and physiological explanation and pairs it with the philosophical approach or purpose explanation (Singh & Singh,

2009). This integrated question of science and philosophy helps propose a more complete idea of the events being studied. Is mental illness diagnosis a disorder of the mind or of the body? A person's mind is no more or no less a function of the brain and the brain is part of a person's body, therefore a disorder of the mind should be diagnosed as a disorder of the body. For example brain activity such as anxiousness can cause body activity such as sweating, tremors or palpitations (Singh & Singh, 2009).

Philosophical propositions of nursing knowledge include the impact of caring on individuals, families, communities and populations. Caring is based on knowledge situated in place, time, and space while being shaped by external and internal environments of the nurse and patient (Jarrin, 2012). These environments include an individual's personal beliefs, state of mind, level of training, skills, and experience, professional and societal norms, values, worldviews and the practice environment rooted in political, economic and social systems (Jarrin, 2012). Due to the unitary nature of people, physical health symptoms are impacted by spiritual, cultural, social, environmental and psychological conditions (Jarrin, 2012). Knowledge is propositional (Hospers, 1997, p. 40); the impacts of caring for an individual are based on knowledge either through beliefs, evidence or experience. Belief and experience are considered the subjective conditions of knowing, whereas evidence is seen as objective (Hospers, 1997, Chapter 2).

The Philosophy of knowledge in mental health care stems from self-awareness and understanding of the illness from both the patient and the nurse. Nurses whether through direct care or research contribute to the interpreting, labeling and privileged experiences of mental health patients (Barker, 2003). Major aspects of patient care include outer and inner states of wellness, wholeness and integrity, while taking into account the individual's collective perspective of their illness. Inner states of wellness are based on the patient's self-awareness and

how their culture perceives them in their role in society, and outer states of wellness refer to the patient's physical appearance (Jarrin, 2012). Nursing implications to promote self-awareness include being understanding and accepting of the patients experience, helping the patient to understand they are not alone, working with the person to utilize coping strategies and alternative approaches and medication alongside the other implications. (Stickley & Wright, 2014).

The last aspect relating philosophy to mental health care is ethics. Medical health care cannot coerce or treat an adult patient without informed consent, however in acute mental health care patients can be treated and restrained against their will causing many ethical dilemmas. According to the Mental Health Act of BC involuntary admissions of patients may be done by the director of a designated facility upon receiving a certification form from one doctor to hold the patient for up to 48 hours. After these 48 hours a second doctor must assess the patient and complete the certification, allowing the patient to be committed involuntarily for 30 days as long as the patient meets the certificate criteria for committal (Sinclair & Turner, 2004, p. 13). RCMP members under the mental health act can also detain and transfer a patient to the hospital for assessment against their will if they meet the emergency procedure criteria listed in the Mental Health Act under section 28 (1) (Sinclair & Turner, 2004, p. 20).

When pondering the question of ethics, philosophy should be considered an attempt to provide justification and interpret absolute authority. Disease, disability and health are considered moral and metaphysical categories, whereas rationality, autonomy and personhood, are influential philosophical theories (Jovanovski, 2014). Modified autonomy "is defined as adjusting the meaning of self-choice to suit the perceived needs of a patient when there is a conflict. In practice, this could entail enhancing as well as limiting the patient's self-choice" (Lutzen &

Nordin, 1994). Nurses must also be aware of the patient's vulnerability and exposure to others. In order for a patient to maintain their self-esteem the nurse must help protect them from harm based on their behavior by taking over or modifying their autonomy (Lutzen & Nordin, 1994). The nurse's actions can alter the patient's welfare and vulnerability showing how important knowledge of ethical dilemmas and awareness in nursing can be (Lutzen & Nordin, 1994).

Mental health nursing philosophy is based on helping our patient embrace themselves and become aware of their illness, but not let it define them or label them. Philosophy has positively influenced psychiatric nurses and patient focused care through existence, knowledge, and ethics, by addressing the needs of diagnosis, self-awareness and ethical dilemmas. The essential moral responsibility of health care ethics is the ability to assess the feelings, needs and wishes of the patient against the principle of self-choice (Lutzen & Nordin, 1994). There is a continual stigmatization towards both patients and healthcare professionals in the assessment and treatment of mental health. Despite new developments in neurosciences over the years psychiatry is still perceived as unscientific, and mental illness continues to carry negative associations such as violence (Lutzen & Nordin, 1994). Philosophy is an important aspect of psychiatry demanding clear thinking towards concepts and building a different thinking process towards diagnosis and patient care. Martin Heidegger, a philosopher once said that "to be human means to be a question in search of an answer" (Barker, 2003).

References

- Barker, P. (2003). *The philosophical basis of effective care and treatment in psychiatry*. Retrieved from <http://www.tidal-model.com/New%20Stavanger%20paper.htm>
- Fulford, K., Stanghellini, G., & Broome, M. (2004). What can philosophy do for psychiatry? *World Psychiatry*, 3(3). Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1414692/>
- Hospers, J. (1997). *An introduction to philosophical analysis* (4 ed.). Upper Saddle River, NJ: Prentice Hall.
- Jarrin, O. (2012, July 23). The integrality of situated caring in nursing and the environment. *ANS Adv Nurs Sci.*, 35(1). <http://dx.doi.org/10.1097/ANS.0b013e3182433b89>
- Jovanovski, T. (2014). Review of "The Disordered Mind: An Introduction to the Philosophy of Mind and Mental Illness". *Essays in Philosophy*, 15, 224-243. Retrieved from <http://commons.pacificu.edu/cgi/viewcontent.cgi?article=1504&context=eip>
- Lutzen, K., & Nordin, C. (1994). Modifying autonomy - a concept grounded in nurses' experiences of moral decision-making in psychiatric practice. *Journal of Medical Ethics*, 20, 101-107. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1376435/pdf/jmedeth00291-0039.pdf>
- Radden, J. (2009). *The philosophy of psychiatry: A companion*. <http://dx.doi.org/10.1093/acprof:oso/9780195149531.001.0001>
- Sinclair, C., & Turner, S. (2004). *BC's mental health act in plain language* [BC Mental Health Act]. Retrieved from http://cac.psychosissupport.com/mha_plain.pdf
- Singh, A., & Singh, S. (2009). Notes on a few issues in the philosophy of psychiatry. *Mens Sana Monogr*, 7(1). <http://dx.doi.org/10.4103/0973-1229.40731>

Stickley, T., & Wright, N. (2014). *Theories for mental health nursing*. Retrieved from
http://www.uk.sagepub.com/upm-data/58112_Stickley_&_Wright.pdf