

The Importance of Self-Awareness in Psychiatric Nursing

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PART I

In working with the mentally ill, it is important for the nurse to be aware of him/herself. The degree of therapeutic use he/she makes of self (which affects patients getting better or not) is based on his/her acknowledgement and understanding of own feelings and behaviour.

The amount of self awareness, through own thoughts, feelings and actions, will reflect the congruity of how the nurse sees himself and how "the significant" others see him. It is not necessary to see himself as others see him, but is important to be aware of both perceptions. This is by no means an easy process, since the self cannot be spontaneously discovered or dramatically unmasked (Stuart & Sewdeen, 1983). Selfdiscovery is not necessarily a comfortable pursuit, since each person may discover facets of himself that he would rather disown (Jourard, 1971). Nevertheless time spent in the development of his self awareness, is a worthwhile investment since without his self-understanding, he can hardly be expected to understand the mentally ill.

If he lacks self-awareness, his personal needs may be allowed to act as a barrier to the formation of a meaningful relationship with the mentally ill. After understanding his own needs and motivations, he would then feel in a better position to focus objectively on the patients' needs, and it would then be possible to differentiate between each sets of needs (Ludemann, 1968). For example, if he is the sort of person who needs to feel that he is knowledgeable and in control of the situation, his intervention may be aimed more at satisfying his own needs, rather than at helping his patients.

Self-awareness allows the nurse to identify his weaknesses, prejudices, as well as strengths and to have more realistic self-expectations. The degree of understanding and sensitivity he owns, and the use he makes of himself is the key to his success, or failure, in face to face relationships with the mentally ill. The more genuine he can be in his relationship, the more helpful he will be. This means to be aware of his own feelings, in so far as possible, and not present one attitude as an outward facade while actually holding another attitude. Otherwise the mentally ill will feel and understand he is being deceived. The patient loses trust in the nurse. This is not what he wants and is not what is expected of him. Furthermore self-awareness may increase his observation and assessment skills and as a nurse would be able to differentiate more easily between subjective and objective data.

In dealing with behavioural problems and other disorders such as the sex offender, the drug abuser, the homosexual, and many more individual types of behaviour, which some people generally find difficult to understand, the nurse must know his own feelings beliefs and values. It will then be easier to ascertain the extent to which his feelings and attitudes are effecting his perception, judgement and the resulting intervention. In other words, a truly non-judgemental attitude necessitates knowledge of self as well as knowledge of others.

The nurse asks himself whether he is sure of seeing the patient as he really is, knowing him in his own reality, or else whether he merely sees the patient as a projection of his own theories. This question points to an assumption which should be applied to his mental framework that as a therapist he must enter into the patient's world. He must attempt to listen with maximum empathy to everything that the patient is communicating about his or her experience. To do this he must avoid concentrating only evidence that fits his own theoretical biases.

In the therapeutic relationship, he effects the patient's behaviour, and he is in turn effected by the patient. He interprets everything the patient says and does and must be willing to assume his responsibility for own behaviour. Thus, in order to use his self behaviour in a therapeutic manner, he must have an awareness of how this can be purposely useful to the patient.

The ability to interact appropriately with the mentally ill is mainly dependent upon his understanding of the person to person situation. This includes being sensitive to the patient's needs, showing interest and motivation to understand. Being aware of his own internal 'messages' during any situation: anxiety, anger, embarrassment and confusion are some of the feelings he might experience during his interactions with patients. Being aware of these and acknowledging them is the first step towards understanding himself and thus reducing the likelihood of his feelings, compromising the care he gives to the mentally ill. The most effective tool in his repertoire is not knowledge, medications or technicability but HIMSELF.

PART 2

THE EFFECTS ON THE NURSE OF HIS WORK-PATIENTS COLLEAGUES, PERFORMANCE - THROUGH NOT BEING AWARE OF HIMSELF WOULD BE.....disastrous.

Jourard (1971) suggests that alienation from one's real self, not only arrests one's growth as a person but also tends to make a mockery of one's relationships with the mentally ill. Without self awareness, he cannot understand his real self and, hence, he cannot understand the mentally ill. This results in causing the souring of rapport with patients as a consequence of not being aware of himself. He turns out to be anti-therapeutic. For example, he may allow personal needs to act as a barrier to the formation of a meaningful relationship with patients which emerges as a central focus in psychiatric nursing.

Failing to have the courage to look at himself in an honest and purposeful way, may result in finding something that his "self" does not like and for which he make excuses for, or even deny this negative behaviour. Like for example, discovering that something he does not like about himself is that he is not always honest. He may try to excuse himself by saying that there are occasions when honesty is not the best policy. He may furthermore deny his behaviour and say, "No, this can't be true, I must be honest at all times in my interpersonal relations with the mentally ill".

If the nurse is negative in any way, his effectiveness as a helper is hindered mainly because his personal emotions will prevent him from listening objectively and makes it difficult for him to achieve any form of understanding. Negative feelings towards types of behaviour, race or religion, are usually based on prejudice. A few prejudices that exist in our society today include:

- * homosexuals are outlaws
- * patients who are HIV Positive should be neglected
- * drug addicts are hedonistic criminals.

The significant factor here is that if the nurse is not aware of such prejudices in order to understand his feelings towards the mentally ill, certainly he will never be able to accept patients' attitudes and values which are as important to them as they are important to him.

Moreover, once the nurse has feedback from his significant trust-worthy superiors or friends, (for example, that he is pushing himself over his limits and that he is not consenting to others) they will talk to him to give him suggestions and to criticise his administrative duties. It is of no help ignoring others' perceptions about him. If the nurse does so, he faces more friction, bad feelings and resistance from his colleagues. He loses his leadership role and gain isolation. One important source of self-awareness is in fact others' perceptions about himself. To dismiss the views of other reliable colleagues is to his peril. Besides, lack of awareness in self-perception may lead to himself becoming indifferent toward his colleagues' and patients' needs, thus esulting in hindering verbal and non-verbal communication, in apathy, mistrust and conflicts in the work environment.

The nurse must also be aware of the danger of attributing negative events to the effects of the system, when the real reason may lie within himself. Say, for example, frequent friction between his colleagues may be very easily be blamed upon pressure of work, insensitive superiors, tough regime etc., when the true motive would be a character defect which constitutes a blind spot in his make-up and of which he denies the existence. Once he becomes aware of these defects, he can apply the corrective measure instead of blaming others or the system.

If the nurse is not aware of himself, he cannot be aware of what goes wrong in his relationships with others, be they patients or colleagues. The JoHari Window is a useful model of conceptualizing relationships in terms of self-awareness. The more he increases the areas which are known to him, the healthier his relationship with the clients or colleagues will be.