

The application of Peplau's theory to group psychotherapy

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This paper illustrates the application of Hildegard Peplau's Interpersonal Theory of Nursing to group psychotherapy. The phases of the nurse–patient relationship, including orientation, identification, exploitation and resolution, are described as they relate to group psychotherapy, and clinical examples are presented. The clinical examples also demonstrate the patient's movement in group therapy through the steps of the learning process: observation, description, analysis, formulation, validation, testing, integration and utilization. Finally, the roles of the nurse including stranger, resource person, teacher, leader, surrogate and counsellor are described as they occur in group psychotherapy.

Keywords: group psychotherapy, interpersonal nursing theory, Peplau

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Introduction

Although several books (Armstrong & Rouslin 1963; Clark 1994) and numerous articles and chapters (Lego 1966, 1973, 1978, 1980, 1982, 1984a, 1984b, 1987, 1993, 1994a, 1994b, 1996) have been published by former graduate students of Hildegard Peplau on the topic of group psychotherapy, to date no paper has described the direct application of Peplau's interpersonal theory to group psychotherapy. In brief, Peplau's theory addresses the process by which the nurse–patient relationship through mutual participation–observation produces improvement in the patient's interpersonal relations. The nurse–patient relationship moves through the phases of orientation, identification, exploitation and resolution. During this time the nurse fulfills the roles of stranger, resource person, teacher, leader, surrogate and counsellor. In the counselling process the nurse and patient move through the steps of the learning process including observation, description, analysis, formulation, validation, testing, integration, and utilization.

Phases of the nurse–patient relationship in group psychotherapy

Orientation phase

I have described elsewhere the phases a group passes through in its development. Parallel to this is the development of each group member's relationship with the nurse. In the orientation phase, which usually takes place before the patient enters the group, the patient assesses the nurse as a person and as a psychotherapist. In fact, this assessment plays a part in the patient's decision to enter the group, for the patient must consider the nurse trustworthy before taking the risk of becoming a member of the group. At the same time, the nurse is assessing the patient's pattern of relating to the nurse, and deciding whether the patient is appropriate for group therapy. The nurse notes interpersonal patterns that are repeated in patients' descriptions of their lives, and paralleled in the nurse–patient relationship.

For example, Rita entered therapy owing to depression, anxiety, and marital problems when her daughter went

away to college. She described their relationship as 'very close', which turned out to be an understatement of a nearly symbiotic relationship. She described her husband as paranoid, jealous, emotionally abusive, dependent and demanding of her time. Although she worked full-time in a very demanding job, he expected her to do all the cooking, cleaning, laundry, shopping, and so forth.

In the course of individual therapy prior to starting the group, Rita became aware I was learning to use new computer software, about which she was an expert. 'Call me anytime, at home or work, if you have any questions! In fact, I can stop in here on my way home from work if you have any problems,' she said. In the group she assumed the same role of 'Mother hen'. As other members brought up problems, she demonstrated her considerable organizational skill and common sense in an attempt to quickly 'fix' the problem.

Identification phase

In the identification phase it became clear that Rita believed her value as a person was based on her ability to do and fix. This took place not only at home, where she accomplished house work quickly and efficiently, but also at work, where she was a highly valued administrative assistant.

Everyone came to her all day to solve problems, even when they were outside the boundaries of her job. The other group members quickly identified her as the most competent member of the group. Another new member expressed envy, saying she was not sure she belonged in a group with women as competent as Rita. Soon after that Rita and the other group members identified her pattern of needing to control her environment by making herself indispensable to those around her. In turn, they learned of the symbiotic relationship with her daughter in college. It seemed she talked to her daughter every day on the phone about the constant crises arising in the daughter's life. These incidents usually revolved around her latest boyfriend, to whom she would attach herself in an attempt to recreate the symbiotic relationship she had with her mother. In short, Rita's interpersonal need to be indispensable, stemming from her own subconscious dependency, was affecting her relationship with her husband, her daughter and her coworkers, as well as infecting her daughter's relationships.

Exploitation phase

In the exploitation phase the patient exploits the nurse's knowledge and skill to change problematic relationships. In the group I asked Rita how she came to be so indispens-

able to everyone. According to Peplau (1952), in this phase the how and why of the problem is explored. As Rita described her early upbringing the origin of the pattern became clear. She was the oldest of six children in a very dysfunctional, poverty-ridden family. Her father was an alcoholic who was cruel and abusive when he drank. Her mother was passive, depressed and understandably overwhelmed with her oppressive existence. Early on, Rita became the mother to her younger siblings, and took on the jobs of cooking, cleaning, shopping and running the house. Like many who grow up in chaotic situations, she developed an obsessive personality. If she could not control her interpersonal surroundings, she could at least control herself and her objective environment. In the group, using the steps of the learning process (O'Toole & Welt 1989), she was able to describe her past, observe its affect on the present, analyze the relationship, formulate a way of change, validate her formulations and seek validation from others.

Resolution phase

In the resolution phase Rita began to demonstrate in the group that she could test, integrate and utilize the knowledge she had gained. When other members presented problems she began to confess how eager she was to tell them how to fix the problem. When she learned of one member's loneliness, before realizing this was not appropriate behaviour for this kind of group, she wanted to arrange to meet the other woman for lunch every week. She was quickly able to see that she was again making herself indispensable, to assuage her own loneliness and dependency needs.

Although her daughter is now home from college for the Summer, she is beginning to socialize with friends rather than with her mother, and has even begun to complain that her boyfriend wants to be 'joined at the hip', while she would like to be more independent. Rita is trying to let her daughter learn to take care of herself, rather than waiting on her, and offering solutions to her every dilemma.

Roles of the nurse in group psychotherapy

Stranger

Patients usually do not enter group therapy without some period of individual therapy, although with managed care this may be only a few sessions. In the first few sessions, the nurse and patient are strangers to one another. It is important for the nurse to keep this in mind, and respect the patient's need for distance during this period. Once the patient enters the group, information about one another increases. By virtue of this fact, the members of the group who have known the nurse for a longer time than has the new patient often make references to the nurse that are

'news' to the new patient. For example, seasoned patients have come to call me by my first name. This gives the new patient the information that strict formality is unnecessary. Invariably, when the new patient enters the group the leader learns a great deal both about the content of the patient's life and the interpersonal patterns the patient uses.

Resource person

In the role of resource person the nurse 'supplies answers to questions usually formulated with relation to a larger problem' (Peplau 1952, p. 47). For example, a patient in a group was telling about her husband 'knocking around' her teenage son the night before. Some group members were very concerned about this abuse, but the patient defended her husband saying her son often acted very obnoxiously. Finally a group member turned to me asking, 'is physical punishment ever warranted?' I replied that in my opinion it only teaches youngsters that a bigger person can use physical power over a smaller person, and that it tends to build resentment and rage toward the abusive parent. A discussion of their own experiences with abuse ensued. Although the patient who brought up the matter seemed unconvinced in that session, she appeared to change her thinking over time.

Teacher

The group therapist's role of teacher usually revolves around interpersonal matters. The best way of teaching interpersonal behaviour is through example by the nurse, and then experience, just as in parenting.

One of the things the nurse teaches patients in group therapy is tolerance of new behaviour. For example, a patient in one group was a recovering chemical abuser who had once put a gun to his wife's head. Upon hearing this, another patient in the same group said in her individual therapy session that she did not want to stay in the group, as she thought this man was dangerous. When I told her 'everyone deserves a chance' she agreed to remain in the group and give it time. As it turned out, she became very fond of the young man who has been in the group for several years, and has become something of a quiet hero. In one session, when people were praising him for all his progress, the woman who had complained about him told the story of her conversation with me, saying how glad she was she had stayed in the group.

Leader

As I've written in detail elsewhere (Lego 1996) the role of the leader in a group is to stir up the group, continually

stimulating members to display their interpersonal patterns. Peplau (1952) described the democratic leader who allows the patient to be an active participant in planning change. This model works well in group therapy, where the nurse allows the patients to take the lead, having no agenda, and resisting choosing topics for the patients. Instead, group dynamics unfold naturally, the nurse observes interactions and steers patients toward exploring these interactions.

Surrogate

It is inevitable that the nurse be viewed as a surrogate parent, as the group comes to be a surrogate family, through the process of parataxic distortion or transference. For example, one woman entered therapy because her mother, with whom she had lived all her life, was dying. After working all day, she cared for her mother at night. When her mother died, she felt guilty over the anger she had sometimes displayed at her mother in the middle of the night when she was called to care for her. The group was extremely kind and supportive to her about this. Later when I asked if she would move to another group I was starting, she objected strongly saying:

I don't know exactly how to put this, but its as though the group is now my family, and you are my new mother, isn't that awful?

I reassured her that this was a very common phenomenon, but that as time went on she would feel less need for a mother to guide her life.

Counsellor

In summary, in the role of counsellor, the group therapist provides the interpersonal psychotherapy described earlier. As illustrated with Rita, the nurse examines with the group members their problems with interpersonal relations, guiding them through the steps of the learning process during the phases of orientation through resolution. The nurse is careful to avoid doing individual therapy with the others looking on. Instead, group members take the lead with subtle steering by the leader, helping one another to recognize and resolve interpersonal problems.

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