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Literature Review of Therapeutic Milieu of Psychiatric Patient and Suggestion for Changing Environment of Psychiatric Wards in Korea

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Ⅰ. INTRODUCTION

". . . . *I need someone. The need of humanity. The need of humility.* The need that makes one human. The need that makes one humble. All my illusions are gone. All my delusions are gone. All that is left is me, empty; with a need that opens the door to humanity. I knock; my needs for humility, for humanity are almost insatiable. Who will answer? I knock:. . . " [1] Even if Manock's poem is not here, we should realize the pain of the psychiatric patient, we should have understood them. They need a complete treatment, to be truly understood in the full context of humanity. Considering the sadnees of the psychiatric patient, as illustrated in Manock's poem, we should define what our role for them is.

As psychiatry passed from a lengthy custodial stage through a somatic treatment period to its present rehabilitative phase, the functions of the nurse have changed to keep pace with the goals and aims of hospitalization. During the custodial phase, the nurse's role was much like a jailer, complete with an unwieldy ring of keys. In the next stage, we learned to assist with somatic treatment, in addition, we sought to activate patients, keeping them on the move rather than sitting in the endless rows of chairs. Currently, there is a new emphasis. That is, we have discovered that patients are human being who must learn to live comfortably with others but also to experience social living. The hospital ward is no longer a place for the patient merely to stay between "incomplete treatments", but rather ward living itself is recognized as being treatment.

Up to now, we don't have a complete treatment for schizophrenia. Most of the psychiatric

1) Helen M. Manock, "I need someone", *Perspectives in Psychiatric care*, 1968. Jan.-Feb. p. 33.

patients, especially chronic cases, can not be discharged early after the admission. So they have to live in a hospital until they are recovered. As they have long lived on the ward, they may have many problems from the hospital environment. Goffman has pointed out even when clinical improvement has been achieved, some psychiatric patients seem to become culturally disabled as a consequence of prolonged isolation from community life. [2] He has also referred to an asylum or total institution as a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life. [3]

Zusman said that the new symptoms which result from a long period in the hospital, eg. apathy, uncommunicativeness, untidiness, can be called the "social break-down syndrome." [4]

Dr. Barton, who studied about personality changes of patients within custodial institutinoal environments, said that the behavioral characteristics of these patients are apathy, lack of initiative; submissiveness; lack of interest in the future; loss of individuality and resigned acceptance that things will go on as they are; [5] Therefore, patients are no longer expected to spend their entire lifetime in custodial institutions. The expectation is for early return to community life after therapeutic experiences in a sort of "model community". Furthermore, the nurse's role becomes more important for their therapeutic milieu in ward living.

Hence, it will be up to nurses to utilize the everyday experiences of the patinet's ward living-eating, rising and retiring, meeting personal hygiene needs, talking, walking and playing. Therefore, I would like to describe the literature review of the milieu therapy for the psychiatric patients in the hospital and suggest the nursing approach for the patients of the mental hospital in Korea.

Ⅱ. MILIEU THERAPY

Since social, or interpersonal, theories of psychopathology were introduced and popularized in psychiatry field, a number of therapeutic programs, ranging from Glasser's "reality therapy" to group therapy and family therapy, were also introduced. The contention of the founders of these new programs was that mental illness is not an exclusively internal affair, and both source of, and remedy for, psychopathology is built into the patient's relations to society.

The focus of therapeutic intervention is on the patient's interpersonal problems here and now on a conscious, ego-involving level, rather than on probes into unconscious strata of the personlity.

In Sullivan's primary concern, he states that

"The field of psychiatry is the field of interpersonal relations under any and all circumstances in which thes relations exist. It was seen that a personality can never be isolated from the complex of interpersonal relations in which the person lives and has his being." [6]

Furthermore, a multiplicity of treatment modalities is included under the rubric "social model of therapy". Osmond identifies with the therapeutic community model, one of the most important developments in the interpersonal approach to psychotherapy. [7] So, we can apply interpe-

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2), 3) E. Goffman, "*Asylums*", New York, Doubleday, 1971, p. 357.

4) Zusman, "Sociology-mental illness, Some neglected implications for treatment" *Archives of General Psychiatry*, 1966, dec. p. 642.

5) R. Barton, *Institutional Neurosis*, Bristol, John Wright and Sons, Ltd. 1966.

6) Patrick Mullahy, *The Contributions of Harry Stack Sullivan*, Science House, N. Y. 1952, p. 16.

7) H. Osmond, "The Medical Model in Psychiatry", *Hospital and Community Psychiatry*, 21 : 1970 sep. p. 67.

rsonal theory into the milieu therapy, especially in some organizations like a hospital.

Ego structure is also influenced by an environment. Comming states "The unit of ego is an internal representation of a constellation or sequence of events experiened as part of an environment with a specific affective tone." Therefore, we should consider the relationship between the remotivation of the ego and the function of the ward environment.

Visher and O'Sullivan have succinctly defined the milieu therapy as follows. [9]

"Milieu therapy may be described as a careful structuring of the social and physical environment of a psychiatric treatment program so that every interaction and activity is therapeutic for the patient.

Milieu therapy attempts to provide a learning situation in which causes for these break-downs in relationships and communication can be discovered and corrected through experience in daily living."

It seems to me that the milieu therapy is a supportive therapy for patients, but it is a method and philosophy of treatment that is accepted a priori as being of value in the treatment of patients.

We can see that the result of Dr. Zaslove research emphasizes the milieu therapy. That is, the percentage of the treatment modalities judged most helpful by patients is individual psychotherapy(32%), Milieu therapy plus nursing(61%), the other somatic therapies(5%), and not helped(2%). [10] But research into the effectiveness of various techniques within the broad concept of "milieu"has been singularly lacking. H. Wilmer states that authority in the therapeutic community is used to further the growth of the individual, in the social setting, toward healthy self-realization. [11]

Maxwell Jones who developed the concept of the therapeutic community, emphasized as follows;

"The concept of the therapeutic community draws attention to the need to make the optimal use of the potential in trained staff, volunteers, patients, their relatives, and any other people with a contribution to make to the betterment of mental health." [12]

This idea is reflected as many different kinds of mental institutions like a day hospital, a night hospital, a halfway house etc... Today the milieu of the patient may encompass the day hospital or the night hospital, visits to the patient by family, friends, and pre-release programs, to mention only some. The basic departure of the therapeutic community concept from traditionally established concepts of the mental hospital is the emphasis that it places upon socio-environmental factors in the patient's hospital experience. H. Wilmer also says that the basic therapy of the therapeutic community is milieu therapy.

Stanton and Schwartz have foccused on the importance of staff attitudes and conflicts in the ward environment. [13] Needless to say, a therapeutic climate for mentally ill patients is dependent on the attitude of the staff toward mental illness and the needs of the patients.

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9) J. Visher & M. O'Sullivan, "Nurse and Patient Responses to a Study of Milieu Therapy" *Amer. J. Psychiatry*, Oct., 1970, p. 451.

10) M. O. Zaslove, T. Ungerleider, "The Importance of the Psychiatric Nurse; Views of Physicians, Patients, and Nurses" *Amer. J. Psychiatry*, Oct. 1968, p. 76.

11) H. Wilmer, "Toward a Definition of The Therapeutic Community" *Amer. J. Psychiatry*, Mar., 1958, p. 824.

12) M. Jones, *Beyond the Therapeutic Community*, New Haven and London, Yale University Press, 1968, p. XI.

13) A. Stanton and M. Schwartz, *The Mental Hospital*, N. Y., Basic Books, 1954.

According to the classic survey of three large mental hospitals [14]; in the hospital included the chronic schizophrenic patients, the staff had lower expectations of their patients, the patients were accorded far less freedom, had fewer posessions and they were seen as less capable of undertaking constructive work. The study showed the clinical condition of the patients was influenced by the social milieu.

Another study [15] showed that of two matched groups of patients sent to the same industrial rehabilitation unit from different hospitals, one group did significantly better than the other. The group that did better in terms of obtaining and staying in jobs, had to travel to the unit by public transport, and also received far less medication than the other group. In both these studies, we can see that the attitudes and expectations of the nursing staff were of prime importance; it is they who influenced the milieu of patient care; it is they who regulated the psychological quality of the patient's environment.

Zusman has referred to the social attitudes toward the patients.

"Social attitudes toward the mentally ill can reinforce existing symptoms or produce new ones. The disorganization of a social group can lead to mental illness among its members." [16]

Dr. Siegel also states that humanism may contribute to an institutional syndrome. [17] Otherwise, if aspects of humanism prove to be nontherapeutic, the interpersonal theory may be also changed to an unnecessary thing.

Abroms thinks that according to the views of Parrow, "the peculiar vagueness of the milieu concept is that Milieu therapy lacks a 'technology .' [18] Thus, Abroms asserts the two basic goals of treatment in Milieu therapy are 1) Setting limits on behavior that is destruvtive, disorganized, deviant or rule-breaking, dysphoric, or dependent, and 2) Teaching basic social skills; namely, orientation, assertion, occupation and recreation. The reason why he insists on setting limits, is because there are some behaviors which must be controlled or limited for therapy to progress. He identifies rule-breaking as one such "disturbed" pattern, conveniently overlooking the possibility that there are bad as well as good rules. Sometimes, we need this rule especially in overactivity ward. He also mentions the method and therapeutic techniques for changing behavior.

1) As for the behavior therapies, aversive stimulation can be helpful in terminating destructive behavior; negative pratice and desensitization in overcoming the dysphoric reactions; and operant conditioning in promoting organization, orientation, and assertion.

2) As suggestion techniques, he talked about hypnosis that the therapist can use to induce the patient to try a new behavior.

3) Communication analysis

4) Role-playing

5) Individual dynamic psychotherapy and group techniques, including sensitivity training, family therapy, and psychodrama.

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14) G. Brown, J. K. Wing, "A Comparative Clinical and Socicl Survey of Three Mental Hospitals" *The Sociological Review Monograph*, No. 5, 1962, p. 145-p. 171.

15) J. K. Wing, "The Industrial Rehabilition of Long Stay Schizophrenic Patients" *Medical Research Council Memo*, No. 42, HMSO London, 1964.

16) Zusman, op, cit., p. 647.

17) N. H. Siegel, "What is a Therapeutic Community?", *Nursing Outlook*, May, 1964, p. 49.

18) G. M. Abroms, "Defining Milieu Therapy", *Archives of General Psychiatry* Nov., 1969, p. 353.

He thinks of that milieu therapy is a social arrangement within which which treatment can be carried out. It does not meet the criterion of a technique.

As for the mechanisms of the milieu, we can think of morning meetings, staffing, team meetings, staff sensitivity and policy committees. In essence milieu therapy requires not a certain kind of place but a certain kind of social organization and some effective treatment techniques.

Ⅲ. MENTAL HOSPITALS IN KOREA

Located in the suburb of Seoul, National Mental Hospital(N. M. H. C) is the only national psychiatric hospital in Korea. And we have some pshchiatric wards attached in general hospitals. The other mental hospital, have contain some small private clinics, and two large private hospitals. Generally, the family of the psychiatric patients in Korea wants patients to be admitted to the N. M. H.. Because, the cost of the admission is cheaper than that of other private hospitals and the psychiatric department of the general hospital. Furthermore, the family do not consider the therapeutic ward environment and the trends of the treatment style of the hospitals and the symptom of the patient. They are trying just to protect patients form any dangerous situations. This is because most Koreans have no idea about mental health care and the economic status of the limited country can not afford to fulfill the existing mental health needs. In addition, government still doesn't pay attention to the need for mental health care in Korea. So, the legal system of mental health has not been established yet. For instance, in May 1973, one of the psychiatric nurses in the psychiatric ward of Kunghee University Hospital in Korea, was killed by a psychiatric patient. Even though the event occured in the private hospital and the situation came out of the interpersonal relationship, the government should have shown an interest about that accident. But they didn't mention, even a single word, about that event in spite of the public statement of the Korean Nurses Association.

Telling a story about the trend of the psychiatric field in Korea again, I am going to think of the solution of those problems. We have now 2,000 beds in mental hospital. According to Korea Statistical Yearbook, the number of the patients is almost 400,000 in 1972. Most of the patients are forcibly admitted when their symptom are severe-far advanced, and they have no insight. This is because most Koreans don't know about the preventive measures and early finding of mental disease. Therefore, most of the mental hospitals have chronic mental patients and helpless, hopless patients. Most of them are schizophrenic, manic-depressive reaction patients, and mental deficiences including some organic diseases. In N. M. H. case, the patients can stay for one year by government financial supported unless they don't transfer to the other hospitals.

Some neurotic cases and the other acute cases are occasionally admitted in the psychiatric ward of the general hospitals. Most of the general hospitals in Korea are attached to the university. Thus, the psychiatric wards of the general hospitals are generally more attractive than the other small clinics, N. M. H., and the private large hospitals for upperclass families. Thus, the environment of the ward is quite different from that of the other mental hospitals. The former is trying to attempt the therapeutic milieu for the staff and the patients together, the latter is completely a custodial institution within hierarchical structure. The former can be descrided more as a humanistic, permissive, reality-oriented, democratic, living-learning situation than the latter. We can see that the psychiatrists graduated form medical schools, the professional nurses graduated from the Bachelor's pregrams, but they do not provide service

for patients in Korea, instead most of them attempt to go abroad for their job. Therefore, we have a shortage of psychiatric manpower and the professional nurses inclusiae. For instance, there is 500 beds in National Mental Hospital. But there is a small number of doctors(10), nurses(20)and aide(40) in National Mental Hosp. Besides, we have no training course for a clinical psychologist, occupational therapist.

We just know about the theoreticel knowledge of the treatment method for the patients, we did not and could not take any action to change the system and the therapy. The nurses in the psychiatric ward or mental hospitals are lacking in special theoretical knowledge of psychiatry and therapy, just as they are now, doing their work in the word. How many nurses are thinking of "Environment as defined as the sum total of external influences affecting an individual's development."? How many nurses are using the method of the therapeutic milieu in doing their care? How many hospitals have activity programs or treatment programs for theraputic milieu?

We have not learned to use a skillful technique for the therapeutic milieu from when we were in nursing school. Neverthless, we do not still have a special training program for the psychiatric nurses after their graduation. Furthermore, some nurses as soon as graduated from their nursing school get a job in the mental hospitals.

The other attendants are also doing their work without a special training. Therefore, most of them more and more become not a helper for the patients but as if an inhumane prison guard.

At the present time psychiatry of Korea is in the medical-technical stage; that is, most of the mental hospitals use usually only electro shock therpay, pharmacotherapy for the patient's treatment. Some cases among the patients very often receive psychotherapy from professional psychiatrist. The cost of the psychotherapy is very expensive, so that the family of the patient and the patient himself tend to avoid taking the psychotherapy. Besides expensive cost, the other reason is because they can not know immediatly the effect of the therapy.

The nurses are just an assistant of the somatic therapy or a messenger between the psychiatrist and the patient.

The architecture of the mental hospitals is not appropriate for comfortable patient living.

V. NURSING IMPLICATION

First of all, we should make a daily or hourly treatment program for the patients in Korea. The reason is not only because most of the psychiatric wards do not make the details of a treatment program, but also because most of the patients feel a repugnance to spend a day in the hospital. Speaking frankly, Nurses do not actually try for the patient's recovery. Otherwise, the patients are just acquiring a secondary symptom by virtue of their hospitalization.

Second, we should define a specific role for the psychiatric nurses as a professional therapist.

Therefore, I would like to suggest the daily program for the activity and therapeutic milieu in Korea. To do this, I choose the psychiatric ward in Seoul National University Hospital as a model of daily program. Saying briefly, this ward is divided into one male ward which has a census of twenty male patients, one female ward which has a census of twenty women patents, and an open ward on the first floor, somtimes offered to child patients when necessary.

The facilities of the ward consist of fifty patient's bed rooms, two nursing stations, one co-

nference room, two kitchens, two bath rooms, one treatment room, one recreation room, one visiting room and one utility room. Except for a group walk time, female and male patients have a opporturnity to meet each other only in the recreation room when they play games.

Day	Female ward	Male ward	Remarks
Monday	1. Group Tub bath 2. Going to beauty shop 3. Group meeting	1. Group tub bath 2. Going to barber shop 3. Group meeting	separate female and male together
Tuesday	1. Art therapy 2. Group psychotherapy	1. 〃 2. 〃	together (F. and M.)
Wednes-day	1. Game therapy	1. 〃	To separate depends on game
Thursday	1. Occupational therapy 2. Music therapy	1. 〃 2. 〃	together (F. and M.)
Friday	1. Birthday party 2. Recreational therapy	1. 〃 2. 〃	together (F and M.)
Saturday	1. Art therapy 2. Group sports	1. 〃 2. 〃	together (F. and M.)
Sunday	1. Picnic or movie 2. Poet or Reading appreciation	1. 〃 2. 〃	together (F. and M.)

1. Group tub bath—Our patients can bath daily shower whenever possible for the patient's comfort. But, some patients do not bathe satisfactorily while under the shower, and thoroughly cleanse to reduce body ordors. So, regular group tub bath is important. Group tub bath is good for group consciousness, insomnia, refreshment, agitation, overactive behavior and physical condition. etc.

2. Going to beauty shop or barber shop—It is for increasing selfesteem, refreshment.

3. Group meeting—Attended by a treatment team and the entier patient group. The main function is to share information about ward environment and the other things.

4. Art therapy—Attended by a psychiatrist, student nurse and nurse (We do not have still art therapist) It may lead to dynamic exchange concerning vital personal problems, self-esteem and sense of security. [19]

5. Group psychotherapy—Attended by a psychiatrist, a nurse and six and five different personalitie's patients. It is an indirect way of helping a person to gain insist into his problematic situation and resolution of conflict and group consciousness.

6. Game therapy—It stresses maturation processes for immaturity of reaction, regression, the introverted personality, and the extroverted personality. [20]

7. Occupational therapy—According to McNary, "Occupational therapy is any activity, mental or physical, prescribed and guided to aid recovery from disease or injury." [21] I wil suggest

19) J. E. Davis, *Cilinical Applications of Recreational Therapy*, Charles C. Thomas, Springfield, 1952, p. 35.
20) Ibid. p. 9.
21) H. Willard, *Principles of Occupational Therapy*, J. B. Lippincott com., Philadelphia, 1954, p. 11.

here as a work therapy. Because we have a possible condition only for a work therapy to the patients. Denver views "work therapy as the focus of daily activities, acting as a matrix for other therapeutic treatments " [22] for both chronic and acute patients. It may decrease abnormal behavior restlessness, mannerisms, immobility.

8. Music therapy—It may lead to self-expression of emotional status, communication, homelike environment. It is for a mutism, introverted patient.

9. Birthday party—It may lead to self-respect, reality.

10. Group sports—Group consciousness, refreshment, socializing agent, good physical condition.

11. Picnic—Improving relationships among patients, and patients and nurses, through sharing in a new and intensive living experience.

12. Movie—Socializing agent.

13. Recreation—It may be redirective, pointing the patients interest toward more social behavior.

14. Poetry and novel appreciation—It helps to share an idea about interests with each other, may lead to self-expression and to relieve emotional conflict.

I would like to descrive the role of the psychiatric nurses for the therapeutic environment in Korea. As I already mentiond the present mental hospital in Korea, the hospital has a number of schizophrenia, chronic manic depressive reaction., So that they occasionaly attempt to escape. Although the open ward in the mental hospitals has been popular since the late 18th century moral treatment methods of Tuke and Pinel, sometimes the closed ward is better for patients to be controlled and limited setting. This kind of management should be handled by the nurse. That is, the nurses should have the power and the knowledge to distinguish between the patients to be admitted to the open ward and the patients to be admitted to the closed ward. Despite the fact that we observ the patients for 24hrs., we communicate with patients for 24hrs., we live with the patients for 24hrs., we know the patient better than the other professionals, and we can understand the patient better than the other professionals, how come we do not have the power and the knowledge for the patient management? This patient management is carried out by the doctor in mental hospital in Korea.

Dr. Wilmer states that;

"The therapeutic community described represents an effort at the under-standing of patient mangement. " [23]

Second, we occasionally lose our identity as a therapist. That is, most nurses don't consider talking with the patients to be therapy whether the conversation is a therapeutic one to patient or not. we should know that verbal communication is a major psychotherapeutic treatment device. [24] We should convey a feeling of respect and an impression of the patients personal value as we carry out nursing procedures such as electric shock treatment recreation, and medication. Through our manner, as well as through verbal communication in these contacts, we can provide the patient with the experience of being accepted. Although much has already been done

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22) H. Denver, *Work Therapy in Psychiatry*, Masserman, JH(ed) Current Psychiatric Therapies, V. 5 N. Y., Grune and Stratton, 1965, p. 228.

23) H. Wilmer, op. cit., p. 832.

24) J. Ruesch, *Disturbed Communication*, N. Y., W. W. Norton Co., 1957.

in the psychiatric ward to set the scene for the therapeutic milieu between the nurses and the patient, the fact remains that the nurses are not aware of the patient's socializing potentials and they utilize few of their own therapeutic skills and interests in the ward milieu. Therefore we should identify ourselves as therapists in all milieu aspects the ward.

Third, we do not keep records about our work. In other words, we have less expression about our work-communication, the effect of interpersonal relationship with patient, and obserbation etc... —That is, the work of the nurses are always evaluated valueless for the patients by the other profession. Even in America, we can see the same situation as in Korea. According to Dr. Zasloves study, the physicians dont' regard nurses as helpful to psychiatric patients. [25] The result, of the study is only nursing(1%) among the treatment modalities judged "most helpful" by the physicians. Therefore, we need eagerly to express ourselves in our recordings, an organized note, speech, and published articles. After we have done this, we should give continuously our materials to the other professions in order to see their reactions, whether the reaction is good or bad, and wrong or right. Thus, when a number of people greatly expect to increase our role in the treatment of the psychiatric patients. we can raise more and more our morale.

Fourth, we should teach the family of the patient and the attendants, about things to be helped to the patients, things to be avoided for the patient's recovery. This would seem to draw attention to the need to make optimal use of the potential in trained people, any other people with a contribution by the theory of M. Jones.

V. CONCLUSION

Modern Milieu therapy represents a different kind of treatment in its research and action. Milieu therapy is an effective technology for promoting behavioral modification including humanism.

And the aim of the hospital is to make certain that a patient's every social contact and his every treatment experience are applied towards realistic, specific therapeutic goals.

As a result of our 24 hours contact with patients, we are in a position to exert considerable therapeutic influence in the ward setting and we can have a unique contribution to make the therapeutic milieu.

25) M. O. Zaslove, op. cit., p. 76.

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국 문 초 록

치료적 환경에 대한 문헌적 고찰 및 정신과병동 환경변화에 대한 몇가지 제언

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정신과 영역의 환자를 위해 간호원의 역활을 필요로 한 이래 여러가지 간호의 개념으로 간호원의 역확이 변화되 오고 있다.

정신과 환자의 안전만이 가장 큰 치료의 중심일때는 병동열쇠의 위엄에 곁따라 보호관리에만 치중해 왔으며 정신의학에서 약물요법, 전기요법의 치료과정이 생기면서 간호원의 역활변화 및 지식의 요구를 필요로하게 되었으며, 환경과 개인의 밀접한 관계를 중시해오면서 치료적 환경속으로 환자의 인간적 치료가 강조되었을 때 의사소통과 대인관계의 인적 환경으로써 또한 간호원의 역확이 중요시 되어왔다. 이런 관점에서 치료적 환경에 대한 정확한 이해는 간호행위과정의 불완전을 제거하며 보다 활발한 정신과 환자간호에 기여하는 일일것이다.

DR. Bartom은 병실 환경이 비생산적이고 비치료적일때 성격의 변화는 물론 행동적 특성의 변화까지 가져올 수 있다고 말했다. 즉 무감동적이고, 무조건적 순종이 있으며 솔선하여 행하는 행위가 줄고 장래 계획에 대한 자극이 줄어 들고 될대로 되어가는 상태 그 자체에 머물러 있어 인간의 특징적 의미와 가치를 상실하게 된다는 것이다. 정신과 병실은 잠정적 체류지로 보아야 하겠고 이 체류지에서의 영향이 환자에게 보다 유익하게 끼칠려면 간호원이 지속적으로 치료적 분위기를 유지해야 할것이다.

치료적 입장으로서의 간호의 활동 초점은 대인관계에서 환자의 의식수준과 자아관련 수준에서의 취급이 무의식 수준에서의 탐구조사보다 바람직 하다.

치료적 가치로써 치료적 환경의 이론적 근거를 DR. Sullivan 은 인간의 상호관련 문제에 두고 있다. 즉 상호작용이 존재하는 환경은 어떠한 곳이든 성격에 영향이 있고 이 성격은 대인관계의 복잡성으로 부터 결코 떨어질 수 없다는 얘기다. 自我구성 또한 환경의 영향을 받는데 Cumming은 병동환경과 자아구성 재동기간에 밀접성을 시사한바 있다. Visher와 O' sullivan은 정신과적 치료중에서 일상생활에서 경험되어지는 의사소통과 대인관계속에서 학습 되어지는 여러가지가 있기 때문에 매일의 활동계획이 치료적 방향으로 계획되어져야 한다고 말했다. Maxwell Jones 또한 치료적 환경의 유용한 가동은 전 직원의 기여에 있으며 이는 정신건강을 최적으로 올려 줄것이다. 라고 말했다. 이러한 상황에서 간호원은 의미없이 환자의 감정 욕구를 깨닫지 못하고 감정지지를 주지 못하며 정서적 긴장을 예방하지 못한채 환자와의 관계를 유지한다면 현대간호의 개념에서 이탈되어지고 발달되어지지 못한 미숙아 현상이 유지 될것이다. 보다 바람직한 치료적 환경유지는 간호로써 환자에게 기여해 주는 일이다. 간호의 역활과 더불어 전문적 태도는 따뜻하고 포용성있게 그리고 융통성있게 대함은 물론 간호인 자신의 "자기이용"을 깊이 그리고 치료적으로 이용할것을 깨달아야 할것이다. 즉 정신과 병실에서의 간호원 존재 자체가 환자에게 미치는 영향도 고려해야 한다는 것이다.

덧붙여 환자를 위한 일주일 병동 행사표를 Model 로 제시 하였고 그안에서의 간호원의 역활을 약술 하였다.