

ROLE REVERSAL BETWEEN PATIENT AND STUDENT IN PSYCHIATRIC NURSING

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Baccalaureate level nursing students must rotate through an integrated psychiatric clinical experience just as they do the medical, surgical, obstetrical and gynecological areas. Our psychiatric nursing experience requires that the student relocate for a summer at the State Hospital some three hundred miles from the campus. During this intensive period of education, the student nurse is exposed to daily lectures, seminars and tape analysis sessions covering the broader aspects of psychiatric nursing. In addition, the student spends one hour daily in therapy with a patient of his choice.

One particular type of tape analysis session constitutes an experience I have called Interpersonal Process Recording (IPR). It is in the IPR session that the student meets with his patient and clinical supervisor for the purpose of having all three analyze the audio tape recording made by the student and patient during the regular daily therapy just prior to the IPR session.

The IPR session serves a multiple educational purpose. First, it allows the clinical supervisor to become familiar with the patient and his clinical dynamics. Second, it provides an opportunity for the patient to meet personally with the student nurse's "teacher." Third, there are probable therapeutic values to the patient listening to his own catharsis during therapy, *expost-facto*. Fourth, and similar to the third point, the value garnered by the student nurse in listening to his own approach to therapy is immeasurable. Finally, the feedback that can be given to the student nurse and the patient by each other and the clinical supervisor seems to be of great importance.

I found that the spontaneous utilization of role reversal between student and patient or clinical supervisor and patient during the IPR session brought about some interesting empirical results. Most obvious, of course, is the possibility of each person experiencing the other more fully and completely by reversing roles. The opportunity for the student to experience increased awareness of the patient's feelings, thoughts and actions is extremely helpful. In addition, through the use of role reversal in the IPR session the patient can begin to deal more directly with impinging pathology. For example, the depressed patient who is having difficulty making choices and decisions in regard to his life, who can't seem to cope with being in control of himself and successfully handle that powerful control, deals much more effectively with the dynamics of control when he is, through role reversal, acting out his perception of the student-nurse therapist or the clinical supervisor. In the milieu

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previously described, patients seemed to enjoy the use of role reversal in the IPR session. The safety of the environment as it was established by the student and clinical supervisor seemed to increase the patient's willingness to engage in this somewhat unique approach to psychiatric treatment and combined student supervision. The results suggest that both the student nurse and the patient can begin to accept increased responsibility.

