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A History of the Concept of Interpersonal Relations in Nursing Based on the Psychiatric Nursing Textbook Literature

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ABSTRACT

Many nurses would assume that interpersonal relations in nursing is a reasonably modern concept that originated with work of Hildegard Peplau in 1952. However, there is evidence of concepts and ideas that resonate with interpersonal relations being evident in the psychiatric nursing textbook literature from its beginnings in 1885. The aim of this article is to provide an outline of ideas about interpersonal relations in nursing as presented in the psychiatric nursing textbook literature between 1885 and 2013 and trace the development of these ideas over that timeframe. This study uses Bevir's methodology known as The Logic of the History of Ideas. This is a post-analytical framework. Concepts related to interpersonal relation in nursing can be found throughout the psychiatric nursing textbook literature. The language may not be consistent with current language use but nevertheless, the ideas and concepts evident in the literature do demonstrate a consistent presence of thinking about interpersonal relations.

Introduction

No doubt, many nurses would ascribe the term, Interpersonal Relations, to the work of Hildegard Peplau, following publication of her eponymous text in 1952 (Peplau, 1952). We may be tempted to give Peplau credit for first use of this term but that would be incorrect. In fact, Helena Render first used this term in her text about nurse patient relationships (Render, 1947). Nevertheless, the concepts and ideas underlying this terminology have a much longer history. While the terminology used may be different in the historical context, it is nevertheless possible to identify concepts and ideas that clearly refer to interpersonal relations. This paper will discuss this history of ideas, using the psychiatric/mental health nursing textbook literature, to identify the historical development of this concept and its application in practice.

The terminology used in the past may not explicitly identify interpersonal relations, but it is possible to identify ideas and concepts that clearly encompass what we understand this term to mean. This is a problem of historical distance, which suggests that we should not ascribe terminology to people in the past when they did not use that terminology. Bevir (1999) proposes a possible solution to this problem. He suggests we imagine travelling back in time to have a conversation with someone from the past about our modern language and the accompanying concepts, and if we can demonstrate that the person would understand what we are talking about, then it is acceptable to use our



language and concepts to describe the past, without being anachronistic (Bevir, 1999). The following discussion aims to demonstrate that people from the past would indeed understand the concept of interpersonal relations.

History is important to our understanding of the present world.

“History teaches us who we are. We, as a profession, need to understand this as history offers us an identity that we can use to help us grow and evolve ... history is our source of identity, our cultural DNA; it affords us collective immortality ... history yields self-knowledge by structuring a mind capable of imagining new ideas, values and experiences, thus creating and recreating culture and discipline” (Lewenson & Herrmann, 2008, p. 2).

The study from which this excerpt is taken, aimed to elucidate some of the history of the psychiatric nursing profession and the ideas that formed the foundations for practice and how these changed, stayed the same or developed over time. This may help our understanding of current practice and how our identity as psychiatric nurses has evolved.

Interpersonal relations are a foundation concept in mental health nursing practice and generally refers to the capacity to form respectful, therapeutic working relationships with people in need of mental health care. Being present is an important aspect of this process—“First, there is only presence: ‘to be with a patient in a way that acknowledges your shared humanity.’” (Younger, 1995, p. 69). It also involves active listening and the use of carefully constructed questions that can demonstrate empathy.

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Method

This paper presents an excerpt from a larger study that investigated ideas about scholarship related to practice in psychiatric nursing, based on the textbook literature published between 1885 and 2013. This period was chosen because 1885 was when the first psychiatric nursing textbook was published and 2013 was when the study was commenced and a cut-off point needed to be established to prevent constant additions to the database (Clark, 2017). The larger study is a history of ideas in psychiatric nursing practice and covers a wide range of practice issues. A history of ideas about interpersonal relations is the focus of this paper.

Bevir's *Logic of the History of Ideas* provides the methodology used in this study (Bevir, 1999). Bevir's work is based in post analytical philosophy and provides a framework in which to consider historical ideas. A range of concepts need to be applied to the literature to evaluate the significance of ideas. These concepts are meaning, objectivity, belief and explanation. Bevir also provides guidance on traditions and dilemmas. A dilemma occurs when ideas do not fit within an existing tradition and an explanation as to how the dilemma can be resolved is required.

The questions guiding the research are as follow:

- What ideas did scholars contribute to the body of knowledge?
- Do the ideas expressed by authors form any recognisable patterns, do they coalesce into broad concepts, do they endure over time?
- Did later scholars use this body of knowledge to inform their work
- Does the author cite any references in their work and if so what is the nature of these?
- Is there a consistent body of essential knowledge for psychiatric nursing practice that may inform current practice?

Although these questions are quite broad it was believed that this would serve a better purpose than a series of more narrowly focussed questions. This represents the difference between looking and seeking. If we are seeking things through a range of narrow questions it is possible that we may miss other relevant things that do not fit within the framework. Looking suggests being open to whatever comes along and may uncover a wider range of ideas. This approach fits with Bevir's notions about the place of method in the study of the history of ideas. He suggests that method is an organised way of working but that it can be flexible, creative, intuitive or the result of hunches (Clark, 2017, Bevir, 1999).

Textbooks were sourced via online booksellers such as Abbe Books. Their lists were perused on a regular basis over several years. As texts were received, bibliographies and reference lists were examined for further information and leads. Given that many of these texts were ex library stock there was little value in using library databases. This process eventually led to the acquisition of the sample which

is fairly substantial and representative of literature published over a substantial period.

The method required close reading of 243 textbooks published between 1885 and 2013 and identification of ideas about practice and other aspects of psychiatric nursing. Ideas were noted and recorded throughout this process, using an Access database. Initially, ideas were selected for being of possible relevance to the context of psychiatric nursing practice but as the process developed, a number of themes became evident and ideas were allocated to these themes. Texts were then re-read to identify further ideas that would fit within those themes. Some texts were used to provide contextual material for the study such as the general state of psychiatric care, changing societal notions of what was required to help people with mental health problems and the medical care provided. The textbooks used in this excerpt were chosen because they contain relevant ideas about interpersonal relations and they are written by scholars who have some prominence in the field or who contributed relevant ideas (Clark, 2017).

Findings

This discussion of the findings is set within two separate periods, pre Second World War and post Second World War, which is pre 1939 and post 1945. This structure is used because there was a significant change in thinking about interpersonal relations between these 2 periods and the world wars provide useful delineation points. Very little was written between the wars and it is also significant that Hilda Peplau served in the military during the Second World War and this is where her ideas about interpersonal relations are thought to have originated, due to her contact with a number of prominent psychiatrists during her military service (Calloway, 2002).

Pre Second World War

The earliest textbook for mental health nurses was the *Handbook for Attendants on the Insane*, published in 1885 and written by members of the British Medico-Psychological Association, a group of psychiatrists. This text was commonly known as the Red Handbook (Medico-Psychological Association, 1885/2012). The authors of this text advised attendants that example is better than precept in their personal intercourse with patients and that they should always show courtesy and respect to their fellow attendants and patients. They were also advised to show constant self-control and "kindliness" (Medico-Psychological Association, 1885/2012, p. 54). Further, they should not hold themselves aloof and merely supervise patients but join heartily in the patient's occupation and amusements and work both with and for the patients. They were advised that much could be done by personal influence and above "all things, remember that a soft answer turneth away wrath" (Medico-Psychological Association, 1885/2012, p. 54). Clearly, these instructions suggest that personal intercourse between attendant and patient had important therapeutic

implications and are in keeping with the concept of interpersonal relations.

No new textbooks were published between 1885 and 1920, although numerous editions of the Red Handbook were published up until 1923. The first textbook authored by a nurse was published in 1920. The author was Harriett Bailey, an American nurse and her text is titled *Mental Nursing* (Bailey, 1920). This text has a heavy focus on task and procedure and lacks information about interpersonal aspects of nursing. The only reference to this concept was a poem by Oliver Wendell Holmes contained in the preface.

Madeline Ingram's text, *Principles and Techniques of Psychiatric Nursing*, published in 1939, presented a more well-developed discussion around interpersonal issues (Ingram, 1939). Ingram had sections on "A survey of the nurse as an individual", "Factors essential in establishing satisfactory rapport" and "Factors likely to create unsatisfactory rapport." Ingram suggested that it was necessary for nurses to critically review the effect of their personality on others and compared personality development to the building of a house and provided a list for a personal survey which includes positive and negative personal attributes. Ingram suggested that conducting this survey would provide a better understanding of the nurse's personality and how she might affect other people. The factors that assisted development of rapport included politeness and tactfulness, friendliness, patience, truthfulness, an even temper, a noncritical attitude, poise, confidence and good listening abilities. The factors that worked against rapport included an attitude of superiority, intimate friendships with patients, unfulfilled promises and hurried contacts. Ingram's discussions of responses to particular types of problems that people have, generally included some comments on the response of the nurse to particular behaviours – she did not focus only on tasks and procedures. For example, with people with schizophrenia it was suggested it is not helpful to treat negativism with negativism or silliness with silliness and that nurses must learn to think beyond immediate returns in their responses to people. Ingram also referred to the work of Harry Stack Sullivan in her section on psychotherapeutic methods, so it is clear she was aware of Sullivan's interpersonal theory of psychiatry. Ingram very clearly discussed ideas that fit comfortably within the paradigm of interpersonal relations (Ingram, 1939).

The final author to be mentioned in the pre-war period is Katherine Steele (1942). Steele hinted at the importance of nurse patient relationships but did not provide any detailed discussion. Steele tended to follow the same format as Bailey in her discussion of nursing responses to patient problems, that is, an outline of tasks and procedures. Steele did provide a small amount of discussion about nurse qualities and attributes and how these might be helpful, however, this was not the main focus of her work. For example, when discussing the nursing care of "paranoid types" Steele advised nurses to be careful not to come to dislike these patients or be antagonised by them because of their behaviour. Steele suggested that a frank, open attitude, being tactful and wise and having infinite patience, keen alertness, quick thinking and ingenuity are all helpful with "paranoid types" (Steele, 1942).

Post Second World War

Helena Render, Hilda Peplau and Joyce Travelbee each contributed to the development of ideas about interpersonal relationships in the period following the Second World War. Their work, over two decades, established fundamental principles and concepts that are just as relevant today as they were when first published. A detailed description of their work is warranted due to the importance of their contributions.

Render provided a very clear example of how traditions change in response to a dilemma. In this case, the dilemma was increasing dissatisfaction with the state of psychiatric care. This was prompted by increasing public awareness of the poor state of public psychiatric institutions and awareness of the increasing numbers of mentally ill military service members. This awareness was prompted by personal experience of service members and their families and friends as well as concerted media campaigns in newspapers, magazines, on radio and in film (Petry, 1947). There was also a level of dissatisfaction within institutions about the type of care being provided and the negative impacts of institutional care (Greenblat et al., 1955). Render responded to this dilemma by advancing ideas about the importance of interpersonal relations in the care of mentally ill people. Render provided a very detailed discussion on what nurses need to do to produce therapeutic environments that assist people with mental illness to feel better within themselves and to function more effectively in social interactions. While doing this she did, however, continue to discuss ideas from the older traditional perspective (Render, 1947). This gives a clear demonstration of the transition from older to newer ways of thinking.

The first three chapters of Render's text discuss interpersonal aspects of nursing care while the remaining chapters deal with specific illnesses, special problems such as suicide, aggression, sleep and feeding problems, epilepsy and excited behaviour, and rehabilitation. Render discussed nursing procedures such as habit formation, occupation, recreation, hydrotherapy, observation, diversion and distraction, seclusion and restraint and the use of medication, all of which are familiar ideas from the past. The difference in Render's approach was a focus on the nurses' attitudes and behaviours in the conduct of these procedures, with frequent reference to transfer of feeling tones and how this can influence people's behaviour (Render, 1947).

Render provided a detailed discussion of ideas about interpersonal relationships and the nurse's part in developing and maintaining a therapeutic ward environment. Rather than describing this detail, a summary of some of her key ideas is provided. Render stated that the principal function of psychiatric nursing was to modify pathological moods and change unwholesome attitudes.

You work through interpersonal relationships but at the periphery of the problem and on an external level as compared with the physician. Nevertheless, you have an active, positive function and exert a substantial influence on the patient's condition of the moment. Psychiatric nursing is a contributory, affective therapy (Render, 1947, pp. 9-10).

Render also stressed that it was vital to view the patient as a person, not a diagnosis or disease. The importance of self-awareness is another idea promoted by Render and although the term self-awareness was not used, there was discussion of the need for nurses to survey their own behaviour and to understand how the nurse's attitudes and responses can influence the patient. In discussing the patient as a person, Render provided the following points:

- Meet the patient on his own plane of understanding
- Adjust the environment to his capacity and understanding
- Develop attitudes that respect the patient's individuality
- Establish principles of justice and fair dealing; promote reciprocal relationships
- Find an interest that can be utilised
- Add a personal touch to nursing care
- Use the past as information on how to deal with the present
- Predict behaviour reactions (Render, 1947, p. 35).

Through her work Render made explicit the need for nurses to be aware of their own personality, attitudes and beliefs and the effects of their behaviour on patients. Render also clearly articulated the nurse's responsibility for establishing and maintaining a therapeutic environment, albeit within a framework of traditional ideas about the relationship between doctor and nurse.

Peplau challenged the traditional ideas about the relationship between doctor and nurse and their roles in providing care. She promoted the need for nurses to identify independent nursing functions that were not subject to a physician's direction or influence. Unlike Render, Peplau developed a theory-based approach to the issue of nurse patient relationships. This theory was Sullivan's theory of interpersonal psychiatry (Peplau, 1952). Sullivan's work was an extension of Freud's ideas about personality development and was essentially psychoanalytical in nature. This made Peplau's ideas somewhat complicated, and it may have been difficult for nurses of the 1950s to fully grasp the concepts Peplau was promoting. It is important to remember that Peplau was very well educated in comparison to many other nurses in the 1950s. Peplau had a bachelor's degree with a major in psychology, had a certificate in psychoanalysis from the William Allanson White Institute and embarked on doctoral studies in the early 1950s. During her undergraduate degree Peplau spent time at Chestnut Lodge, a private hospital established by Harry Stack Sullivan in Maryland, and had contact with Eric Fromm, Frieda Fromm Reichman, Clara Thompson and Janet Rioch (some of the most prominent and influential doctors, psychoanalysts and philosophers of the time (William Allanson White Institute, n.d.) and from this point onwards Peplau became more Sullivanian in her thinking. Peplau had also had experience working closely with several psychiatrists during her war service and no doubt had experience of working independently, due to the exigencies of the war (Calloway, 2002). Peplau stated that her work was guided by two guiding assumptions:

the kind of person each nurse becomes makes a substantial difference in what each patient will learn as he is nursed throughout his experience with illness and fostering personality development in the direction of maturity is a function of nursing and nursing education; it requires the use of principles and methods that permit and guide the process of grappling with everyday interpersonal problems or difficulties (Peplau, 1952, p.xii).

Peplau suggested that development of the nurse's personality begins in the training school and that when the relationship between instructor and nurse:

... is largely a productive one, she will be able to aid those students in continuing the forward struggle, in managing their frustrations, conflicts and anxieties as older patterns of behaviour are foregone and more productive, new ones are developed. As students experience this kind of useful assistance, in an interpersonal situation that is characterised by expansion of personality and productive learning, enough is learned about the method so that initially interest can develop. Deepening student understanding of the processes through which help is offered to others begins with the instructor-student relationship (Peplau, 1952, p. xvi).

Peplau discussed a definition of nursing, the phases of the nurse-patient relationship and roles in nursing. She highlighted the importance of the nurse and patient coming to know and respect each other as persons who are both alike and different and as persons who share in the solution of problems. Peplau also commented on the taboo against personal relationships in nursing but stated that this represents a misunderstanding of what a personal relationship is in nursing and suggested that a personal relationship is one in which "two persons come to know each other well enough to face the problem at hand in a co-operative way" (Peplau, 1952, p. 9). Peplau then went on to discuss various influences in nursing situations such as human needs, interferences to achievement of goals, opposing goals and unexplained discomfort. An important aspect of her text from a practice perspective is Peplau's discussion of psychological tasks. Peplau discussed ideas about learning to count on others, learning to delay satisfaction, identifying oneself and developing skills in participation. In each of these chapters, Peplau described the developmental theory associated with each concept and provided examples of how problems with these developmental tasks might be expressed through the patient's behaviour. Peplau provided practical examples to illuminate the discussion and suggested helpful ways in which nurses could respond to help develop maturity and growth in the patient. For example, in relation to dependence she summarised her ideas as:

Dependence is a recurring problem in nursing. The way in which it is met is determined by the learning that nurses want to take place in patients. This learning is more likely to be social learning, about people, about their interactive relations, than it is information about a medical problem. Information is useful when it is given in an interpersonal relation felt to be warm, accepting and relatively comfortable – a relationship in which the patient can be himself, have his own feelings and can express them, knowing that nurses will not make judgements and not disapprove (Peplau, 1952, p.187).

This is also a useful summary of Peplau's general approach to how nurses should present themselves to patients, displaying warmth, acceptance, comfort and non-judgement.

The final section of Peplau's work discussed methods for assisting nurses to develop their interpersonal skills through observation, communication and recording. Peplau provided an example of a form that outlines what is required for a nursing process study, a detailed observational process that was intended to assist nurses to examine the interpersonal aspects of nursing situations, particularly using a 'conference', a form of clinical supervision. This form would still be useful in current professional development activities, although taking up the approach suggested by Peplau might prove difficult in the time poor, high acuity, high pressure work environments often found in mental health services today.

Joyce Travelbee first published *Interpersonal Aspects of Nursing* in 1966 (Travelbee, 1966). A second edition was published in 1971 with additional text that added to and developed Travelbee's thinking (Travelbee, 1971). This text takes the thinking about interpersonal relationships to a different level of detail and includes many concepts that are very familiar in the current literature, although some of Travelbee's language use was somewhat idiosyncratic and would be disputed in current understandings of concepts. Unlike Peplau, Travelbee did not subscribe to a particular theory as the basis for her work although she did use quite a philosophical approach to her subject and discussed the importance of a nurse's philosophy of life as an important issue that impacts on a nurse's capacity to work within an interpersonal framework. She proposed two major requirements that nurses need to establish and maintain therapeutic, helping relationships. These are:

... first, the nurse must possess a body of knowledge with the concomitant ability to use it, i.e., she must possess and use a disciplined intellectual approach to problems. ... Throughout this work the operational use of concepts and principles is stressed, behavioural concepts being considered as experiences encountered and undergone by human beings – not mere dictionary definitions. The second requirement, necessary if the nurse is to establish and maintain helping relationships, is the ability to use oneself therapeutically. In order to do this it is necessary for the nurse to possess a profound understanding of the human condition. A basic assumption of this text is that the nurse's beliefs about the nature of the human condition will profoundly affect her perceptions of self and others, and will affect her ability to achieve relatedness. An understanding of the human condition is necessary to establish a helping relationship (Travelbee, 1971, p. 1)

Travelbee expanded on these ideas of knowledge and therapeutic use of self as follows:

By "therapeutic use of self" is meant the ability to use one's personality consciously and in full awareness in an attempt to establish relatedness and to structure nursing intervention. To use oneself therapeutically requires self-insight, self-understanding, an understanding of the dynamics of human behaviour, ability to interpret one's own behaviour as well as the behaviour of others, and the ability to intervene effectively in nursing situations. To use oneself therapeutically also implies that the nurse possesses a profound understanding of the human condition. Such a nurse will have explored and can discuss her beliefs about illness,

suffering, and death, and the meanings these beliefs have for her. The nurse realises that her spiritual values, or her philosophical beliefs about human beings, illness and suffering will determine the extent to which she will be able to help others find meaning or no meaning in these situations. Therapeutic use of self includes the use of reasoning and intellect, neither operating by intuition or by hit-or-miss methods. To use oneself therapeutically is an art and a science; it requires discipline as well as self insight, reasoning as well as empathy, logic as well as compassion. The emotions and feelings are guided but not suppressed by the intellect. There is an admirable balance between the two. It implies the educated heart and the educated mind – both used together and not singly but in combination for the good of the human being who is in need of the care the nurse can render (Travelbee, 1971, p. 19).

This quotation provides an excellent summary of Travelbee's foundation principles and ideas about the approach she advocated and is possibly all that needs to be said. However, a summary of the rest of her work will provide a greater understanding of her overall approach.

Travelbee began with a definition of nursing as:

an interpersonal process whereby the professional nurse practitioner assists an individual, family or community to prevent or cope with the experience of illness and suffering, and if necessary, to find meaning in these experiences (Travelbee, 1971, p.7).

and this notion of finding meaning in suffering was addressed throughout her text. Travelbee went on to discuss concepts such as health, the human being, the patient, the nurse, illness, suffering and hope. She was clear that terms such as nurse and patient are stereotypes that act as barriers to the ability to establish helpful relationships and insisted that nurses need to think only about people and the human-to-human relationship. She stressed throughout her work the need for nurses to value and to understand people as unique individuals. Travelbee provided a detailed discussion of communication with coverage of both theory and practice, including communication skills, techniques, and factors involved in communication breakdown. The human-to-human relationship was then discussed. Travelbee described the phases leading to the establishment of this relationship as being; the original encounter, emerging identities, empathy, differentiation, sympathy and rapport. It is here that her idiosyncratic use of language is evident. Travelbee did provide very clear explanations of these concepts and even though the language may have changed, the ideas have not. For example, she described sympathy as "... a process wherein an individual is able to comprehend the distress of another, be moved or touched by another's distress, and desires to alleviate the cause" (Travelbee, 1971, p. 142). The penultimate chapter discussed nursing interventions with a focus on finding meaning in illness and suffering. The final chapter provided a detailed discussion of the human experience of surgery and suggested ways in which nurses might help people manage the anxiety associated with surgery. The book finishes with two appendices; an extensive bibliography and a short discussion of how instructors might help student nurses develop empathy. Travelbee suggested that students read widely to gain a better understanding of the human condition and that they have contact with a wide range of

people from diverse backgrounds. The instructor's task is to help the student find similarities between the student and the person. Travelbee provided extensive references throughout her text as well as the quite detailed bibliography. It is interesting to note that no reference is made to Peplau's work anywhere in this text. It is highly unlikely that Travelbee would not have been aware of Peplau and her work so we can only speculate about the reasons for this absence.

More recent literature

More recent authors use interpersonal relations as a fundamental principle informing psychiatric/mental health nursing care. Stuart has a chapter on the therapeutic nurse-patient relationship. Stuart also included information about the therapeutic milieu, therapeutic communities and nurse-patient partnerships (Stuart, 2009). Stuart references older sources such as Carkoff and Rogers, who published in the 1950s and 1960s, which reinforces the view that earlier ideas about therapeutic relationships have endured. Rogers is well known for his work on the necessary and sufficient requirements for an effective therapeutic relationship (Rogers, 1957). His work still informs many areas of therapeutic relational work and has stood the test of time (Barker, 2009; Stein-Parbury, 2000).

Barker has an emphatic commitment to person-centred care that is evident in all his work. Barker devoted an entire section of his 2009 text to therapeutic models of practice (Barker, 2009). This is an edited text and the authors in this section use references such as Freud, Peplau, Rogers and Bates, once again confirming that old ideas endure. Barker's Tidal Model is a person-centred approach that is heavily reliant on interpersonal skills (Barker & Buchannan-Barker, 2005).

There is also more focus in recent texts on consumer perspectives and recovery principles (Barker, 2009; Horsfall et al., 2000) and this is a significant change from earlier texts that is consistent with changing perspectives about psychiatric care and practice. Over forty years ago Travelbee (1971) highlighted what she saw as the limiting effects of titles such as 'nurse' and 'patient'. Travelbee believed these terms were stereotypes that created barriers between people and impeded the human-to-human connection that is an essential aspect of therapeutic relationships, so the power and influence of language has been a focus of attention for some time, at least as recognised by Travelbee.

Strengths and limitations

Understanding the development of ideas about interpersonal relations may help current nurses gain a better understanding of this concept and, as part of our evolution, how it may be applied in current practice. It is also important in highlighting and acknowledging the work of scholars and educators who are little known in today's world. These educators and scholars all contributed to the development of knowledge that informs current practice.

This paper is an excerpt from a larger study and not all text used in the larger study are used here as interpersonal relations is but one topic that was addressed in the larger study. Not all textbooks address interpersonal relations and there is also some repetition between texts, so the texts identified in this article were chosen for their relevance and the prominence of the authors. A full list of texts used in the larger study can be provided by the author.

Summary and conclusion

This study explores interpersonal relations using a history of ideas framework. This framework sits within post analytical philosophy and is informed by the work of Mark Bevir and his *Logic of the History of Ideas* (1999). Bevir's approach is somewhat organic as Bevir eschews strict adherence to a specific method. Replication of this study would require a researcher to develop an approach that fits with their world view, skills and interests. There is much dispute within the field of the history of ideas about the correct approach to this work and a different approach may be more suitable for others.

The larger study from which this excerpt is taken discussed findings on a wide range of issues such as aggression management, seclusion and restraint, nursing therapeutics, observation and the unique qualities of psychiatric nurses. This paper examines interpersonal relations as one of the specific outcomes of this larger work.

The concept of interpersonal relations has a long history. As previously discussed, the language used to describe these concepts may have differed in the past, but this discussion has demonstrated that these concepts did exist and informed practice in psychiatric nursing over a substantial period. Bevir's test of historical distance would be passed by previous authors who developed ideas around the concept of interpersonal relations, however named and they would understand what we are talking about.

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