The geriatrician was sincere and quite frustrated. He and his colleagues had tried everything they had devised. Nevertheless, the elderly man remained depressed. In his view, asking the question, “What is the nursing treatment for depression?” was a logical next step.

The situation for the 87-year-old man appeared gloomy. His wife of many years had died 2 years previously. Because he was unable to manage his home and personal care, he moved in with his bachelor son. Although the son’s apartment was in the same city, the connections with his and his wife’s past were severed.

He began complaining of lower back pain—the situation that had brought him to the geriatrician. He was “worked up” at an excellent health center; minor arthritis was found in his lumbar spine, but nothing that would account for the degree of pain that he reported. The usual treatments for back strain did not work; as time progressed, the pain worsened.

**Second Opinion**

The patient was sent for a second opinion to an equally qualified health center. The health care workers there confirmed the first diagnosis and suggested that depression was most likely making the problem seem worse to the elderly patient. The geriatrician started the patient on antidepressant drugs, which initially seemed to help but later seemed only to maintain the same level of depression. This situation prompted the geriatrician to ask for nursing assistance.

The nurse and her colleagues assessed the situation, answering in part these questions: “What is there in the patient’s life that began about the time of the depression that is distressing him?” “How might this depression be related to grief and loss?” “Why are the antidepressants not working?” and “What could be done, as Nightingale said, to put this patient in the best possible position for nature to heal him?” The patient’s symptoms seemed to be clues to the situation.

Some of the topics the nurses discussed included the pain of “working through” grief in isolation, and the pain caused by his sudden losses of neighborhood, home, and familiar people and activities. Finally, the nurses realized that these elements were likely the reasons why the drugs were not effective.

**Effect of Environment**

We knew that when a situation seemed hopeless, changing one major element would change the nature and magnitude of all elements/problems. We also knew that the environment (the element that Nightingale suggested nurses focus upon) seemed wrong for this man. Viewing the environment from a holistic bio/psycho/social perspective, we saw many things that needed to be addressed. For example, in the biological realm, the functional needs of the patient had to be addressed.

As Henderson and Orem suggested, universal human requisites must be met and balanced in order for humans to remain healthy. Their discussion suggested that enjoyable meals and mealtime atmosphere, the opportunity to move about and to be active in the environment (activity and rest), and the opportunity to get satisfactory and fresh air intake are necessary in order for humans to remain healthy. In the psychosocial realm, their work suggested that humans need the opportunity not only for solitude, but also for meaningful social interaction, active recreation, and the opportunity to just be “normal.”

Considering these elements, we felt that there was good reason for the nonefficacy of the drugs, as too many other elements were mitigated against their effect. Nevertheless, we believed a geropsychiatric consult on the patient’s drugs was also needed, in order to check for any drug interactions that might also be implicated.

In addition, to address the universal human needs discussed above, we considered the work of Steven Kaplan at The University of Michigan on restorative environments. In part, his work suggested that humans need to have contact with environments that restore them. The types of environments that help to restore humans most often include natural elements, such as plants, animals, flowing water, and fresh air.

Moreover, humans need to use their senses as they move through these restorative environments, in order to take full advantage of their restorative effects. Walking, touching, smelling, and inhaling, in addition to savoring the sights, listening to the sounds, and tasting as appropriate, are factors that help restore our mental and physical health.

Continued on page 45
3. Are you respectful of their schedules (even those in the nursing home who may have to give up television programs or a doctor's appointment to attend your group)?
4. Are you attentive to changes in member's behaviors in the group (eg, withdrawal, appearing to be in pain, and sleeping through meetings when previously alert)? What will you do about such behaviors?
5. How will you handle the shy person, the monopolizer, the silent member, the complainer, the late member (or often-absent member), the member who probes, the member who wants to take over and lead the group, and those with physical impairments?

Post-Group Tasks
A. How will you evaluate the immediate effectiveness of the group?
B. Will you do a follow-up in the future to determine the effects of the group experience on the members?
C. Do you need to write any reports for the agency personnel?
D. If you have a co-leader, have you had a debriefing about the group?
E. Have you tabulated the pre- and post-test evaluations and determined the outcomes of the group?
F. Can you quickly make a list of what you learned during the group to help you in leading future groups or to share with peers?
G. Have you written thank-you notes to the group members, agency personnel, and any others who have helped you during the group life?

Continued from page 42

A Different Perspective
From this perspective, the elderly patient lived in a depleted and nonhealthful environment. The systems approach suggests that we not only consult with the patient, but also draw inferences from the situation to identify the one or two most important elements to change, in order to help heal this man's mind, body, and spirit. Perhaps his symptoms were a metaphor for his depleted environment situation. As most people become depressed in relationship with others, healing must thus take place via relationships with others. From this perspective, this patient had a very nonhealthful environment, with depression being an understandable response.

How would nursing treat this depression? We would complete a holistic assessment and draw upon our historical approaches to health and illness. We would focus upon all elements, but especially upon the environment—and thus put the patient in the best position for nature to heal the depression.

REFERENCES