

REVIEWS

A historical marker in the development of critical and creative thinking in psychiatric-mental health nursing education and practice

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Received: August 21, 2012

Accepted: September 27, 2012

Online Published: January 9, 2013

DOI: 10.5430/jnep.v3n7p36

URL: <http://dx.doi.org/10.5430/jnep.v3n7p36>

Abstract

Background: This investigation focuses on traumatic events of World War II and postwar reconstruction in US society in the 1940s, taking into account the development of psychiatric nursing as a specialty within the context of nursing education and practice trends. Scotomas of historic world figures, including Hildegard Peplau, renowned educator and psychiatric nurse, are examined. These blind spots profoundly affected their reactions and behaviors, for the betterment of society or the destruction of it.

Method: Psychohistory looks at the “why” of historical events and is concerned with the motivation in human behavior and with the underlying meaning lurking beneath the surface of logic. In this psychohistorical exploration, figurative snapshots highlight a historical marker that commemorates a fire that blazed out of control in 1948 at Highland Hospital, a mental institution in Asheville, North Carolina, where Peplau held directorship. This fire served as a springboard for the evolution of the nurse-patient relationship within the nursing profession, as influenced by Peplau. Relevant questions explored are: What nurses were implicated in the fire? What did the characters at the scene believe and perceive? What were the motivations of key players? Who qualified as nurses? What ramifications did the fire have for nursing education and practice in the development of analytical thought and theoretical concepts?

Significance: Some view the historic fire as a black mark against nursing. Nurses, however, with the assistance of Peplau’s teachings, can see it as a benchmark that began the process of eradication of resistances that prevent growth and the illumination of educational curricula that promote advancement of critical and creative thinking. Today, nurses can take advantage of their knowledge base learned from the past and can create expansive innovation in nursing education and practice that is supportive of global health and safety in the 21st century.

Key words

Hildegard Peplau, Highland hospital, Interpersonal relations, Intersubjectivity, Psychohistory, Blind spots

1 Introduction

It is easy for one to view historic events of the past with present-day values and beliefs and pass judgment on them, based solely on what is known in current times. In historiography the term used to describe this phenomenon is called

“present-mindedness,” and historians are cautioned to avoid this pitfall. Even those most inquisitive and thoughtful can have challenges understanding the motivations of a historic figure, such as Hitler, without knowing the circumstances in which he rose to power. They can ask: What was Hitler thinking and feeling when he knew the fall of Germany was imminent? What were the beliefs of the Nazi doctors about Jews when they turned their work of healing into killing?

The fact is that we may never discover what Hitler and the doctors actually thought or felt from their own perspectives. This is true because researchers have to depend on remnants of available records of conversations and documentation of impressions of eyewitnesses of the time. In addition, investigators must rely on Hitler’s and the doctors’ ability and willingness to explore what they said and what they felt at that moment. Like most of us, these historic figures and their cohorts had blind spots and saw only what they chose to view. This leaves much room for speculation, as we fit the pieces of the puzzle together to discern the truth.

The same is true of an event that occurred in Asheville, North Carolina, when a fire broke out on March 10, 1948 at Highland Hospital. We can look at the circumstances of the fire with today’s wisdom and question why it ever occurred. Eyewitness accounts can inform us, but, unless we consider the timeframe in which the incident took place and what the characters at the scene saw and said, we cannot fully comprehend what happened and what significance the incident had, if any.

1.1 Import of investigation and speculation

Today, the fire at Highland Hospital continues to be investigated by members of the Asheville Paranormal Society. They are drawing conclusions about what occurred, holding reenactments and séances at the site of the incident. The group of inquisitors is pointing a finger at the nursing profession and calling attention to it, while nurses, with few exceptions, are seemingly turning a deaf ear and a blind eye away from it. The curious ask: What happened on the night of the fire? Who were the nurses involved, and what roles did they play? Why did the fire rage out of control? Who was responsible?

What is the import of these investigations and reenactments to nursing education and practice? Unless the nursing profession takes notice of it and begins to derive meaning from it, there is no significance for nurses. To better comprehend what occurred the night of the fire, it is important to not only reenact what took place at the scene but to reexamine the circumstances of what was taking place globally during World War II and what was occurring in mental institutions and nursing education in the US during the 1940s.

1.2 Conditions that hampered progress

What were the conditions in the 1940s that hampered progress of improved care for those residing in mental hospitals in the US? Where was nursing education situated in the psychological transition from war to postwar America? While battles were ablaze on other continents, many doctors and nurses were called to arms, leaving both general and psychiatric hospitals with limited staff. It was worse for large public mental institutions because of overcrowded conditions. Qualified staff was hard to find. A large percentage of nurses worked in private duty. Nursing education was largely under the control of hospitals and physicians in apprenticeship diploma schools. Student nurses were used as staff and as a way to hold down costs. Hospital service was a higher priority than student education.

Wartime economics focused on military needs, and the infrastructure of psychiatric facilities fell into disrepair. In addition, psychiatry, psychology, and psychiatric nursing were in the rudimentary stages of development during World War II. Experimental psychiatry, which nurses participated in, was at the forefront of scientific investigation, to assuage the trauma to troops who suffered from combat fatigue. Healthcare professionals, including nurses, had little or no training for the battlefield. There were no psychotropic drugs to use, no reliable and effective clinical treatments, and no diagnostic manual. Doctors were so desperate to find a cure for mental illness that they were willing to blind patients with the surgical procedure of lobotomy, which was welcomed as a scientific breakthrough. Moniz, the creative mastermind of the surgery, was awarded a Nobel Prize in medicine and physiology in 1949 ^[1].

1.3 Opportunities that facilitated progress

What were the opportunities in the 1940s that opened the door to improved care for the health and safety of those residing in mental institutions? In 1943 the Bolton Act provided nurses with funds to obtain advanced education in universities and colleges, to prepare nurses for teaching and nursing services, including psychiatric nursing^[2]. By 1946, with the passage of the National Mental Health Act and the Hill-Burton Act, there was popular support by the public of promotion of mental health and improvement of facilities for the mentally disordered^[3]. In 1948, a major movie, *Snake Pit*, based on the novel by Mary Jane Ward, and Deutsch's book, *The Shame of the States* (1948), exposed the poor conditions in mental institutions that could no longer be ignored^[4,5].

Nurses returned from the war, empowered with heightened confidence and fierce independence. Many of them took advantage of the GI Bill and attended universities, where they earned baccalaureate and graduate degrees. One such psychiatric nurse was Peplau, who graduated from Teachers College, Columbia University, with new vigor. She wanted to make a difference in nursing education and practice. The influence of her work on how to deal with anxiety became evident in nursing in the 1940s and remains prominent today^[6]. It is important to note that the springboard for Peplau's postwar initiative was, ironically, the fire at Highland Hospital.

2 Value of investigation

Although Peplau, alone, could not prevent or contain the fire at Highland Hospital from raging out of control, even with her expertise and intuition, she set the stage for positive changes for nursing education and practice. Through her psychoanalytical exploration of thoughts and feelings she had at the scene of the fire and the subsequent interview she gave in 1985, her unique psychological perspective of what occurred at the incident gives clues as to how her mind worked under pressure. The insight gained from this research data can be applied to the workings of the minds of current terrorists and world figures, such as Osama bin Laden and Saddam Hussein. In addition, it can serve as a gift of pure gold or fool's gold, depending on how it is valued. The memory of the fire can remain a black mark against nursing, if it turns a blind eye. However, in support of psychodynamic concepts, it is this investigator's intention to transform the incident into a "benchmark" for nursing education and practice. By looking back to this historic event and the local accounts of the fire, the blind spots can be cleared from view, leaving room for more growth and progress.

3 Local accounts of the fire

In Asheville, NC, there is a historical marker that honors the 1948 death by fire of Zelda Fitzgerald, dancer, writer, artist, and socialite wife of author F. Scott Fitzgerald. Woody Allen's 2011 movie, *Midnight in Paris*^[7], alluded to some of Zelda's and F. Scott's creative and emotional challenges, which led Zelda to attempt suicide. Zelda, diagnosed with schizophrenia, committed herself into Highland Hospital. While residing there, she began writing a novel related to her life experience, which she never completed. Located in an idyllic setting, Highland Hospital, a private mental institution, catered to celebrities and to the elite. It was known for its curative treatments and festive ballroom dances.

The local newspaper accounts in 1948 spoke about how, around midnight, 1,000 onlookers, some clothed in pajamas, were awakened from sleep and were blinded by the blaze. The reporters related how firefighters stood helplessly outside the burning 4-story building that housed female patients at Highland^[8]. Eyewitnesses heard the screams of victims and were shocked and traumatized by them. They believed there was nothing they could do because of the fire alarm delay. The building rapidly became a furnace, and it was too late to save it and the residents inside.

The fire chief cited two fires in the previous year—one started by combusted oil rags and another in a mattress. There were bars on the windows of the rooms, making exit impossible, which prevented access for firefighters. In the local chronicles, no one mentioned arson or any absence of fire code adherence. The onlookers, including nurses and officials, did not take

responsibility for the onset of the “spontaneous” blaze and were unaware of their complicit participation in it. No comment was made on how it could have been prevented.

Nine patients died in the fire. The medical director of Highland claimed \$300,000 in damages^[9]. Two nurses related how they evacuated patients before the wood frame was rapidly devoured by flames. They risked their lives to save others. The firefighters were praised for their efforts, despite the area having problems with water distribution. They believed the immediate transmission of the alarm would have saved lives^[10].

3.1 Historical significance and inquiry

Primitive man attributed supernatural causes to events not clearly understood^[11]. They believed that illness was the result of malevolent spirits. The mentally disordered person, in particular, was thought to be possessed by demons. Today, the fire at Highland Hospital has historical significance for “Ghost Hunters of Asheville,” a tour company that conducts the “Haunted Montford Stroll,” where the fire occurred^[12]. The company officials claim that their account of the fire, in part, is based on data from the archives at Duke University and on a biography by Callaway of Peplau^[13].

Inquiries about what happened on the night of the fire are still being made by the curious. So what mysterious ghosts must be exhumed in this excavation to expose the truth and to reveal the blind spots created by the blaze in 1948? How is Hildegard Peplau (1909-1999), psychiatric nurse of the 20th century, involved, and what relevance does this exhumation have for nursing education and practice in the 21st century?

3.2 Peplau implicated in fire

Peplau is implicated in the fire because, at the time of the incident, she was a new appointee of directorship of the “postgraduate” program for nurses, which she developed. Six nurse-students, who were graduates of general hospital-sponsored diploma schools, wanted to specialize in psychiatric nursing. They were already recruited for coursework when Peplau arrived.

A major challenge for Peplau was long-term conflictive ideology about how nurses should be educated and about the need for the existence of emancipatory educational programs for nurses, free from the paternalistic control of hospitals and physicians^[14, 15]. It was Peplau’s opinion against those of the old guard, which will be the subject of discussion later in this paper so that the following answers to these inquiries can be better understood.

The key questions to consider in this investigation are: What are the blind spots for nurses that prevented them from seeing what they did not want to view? What purposes did the blind spots serve? What were the underlying causes of the fire that related to nursing education and practice: Lack of adequate educational guidelines for nurses? Lack of critical thinking skills on the part of nurses? Lack of strict standards of practice as to who qualified as a nurse? Or a combination of all of the above?

3.3 Underlying causes of fire relating to nursing

There were certain facts that stand out regarding low standards for qualified staff, lack of professional training, and lack of government regulation in mental hospitals. As far back as the 19th century, it was a common practice to entrust the care of the insane to former patients at the overcrowded Blackwell’s Island Asylum: “Most of the work is done by the patients themselves, and even some of the nurses are selected from the most reliable and tractable of the inmates”^[16].

Staff members at Blackwell’s Island frequently resorted to brutality and abuse as evident in this report: “...the nurses and attendants are careless, inattentive, and often brutal; threaten the patients with crib and camisole, or worse than either, if they venture to complain, and contribute rather to induce, than to prevent, nervous outbreaks.” In 1908 Beers wrote *The Mind that Found Itself*, describing the atrocities he experienced in a mental institution as a patient. His work provided the major impetus for the development of the Mental Hygiene Movement^[17].

Years later, conscientious objectors became alarmed and outspoken about the poor conditions they observed in mental institutions during the war. In 1949 there appeared in *The Baltimore Sun* a series of articles, exposing the horrifying conditions of overcrowding and understaffing in four public mental hospitals in Maryland^[18]. Norton, a journalist, wrote that the hospitals were breeding mental illnesses faster than they were curing patients who lived like animals, wallowing in their own filth. There were reportedly only 12 registered nurses for 9,000 patients in the entire mental health hospital system in Maryland.

In 1948 it was well-known at Highland Hospital that “nurses” were taken from the ranks of “cured” patients. Such staff members were often attractive females who attempted to escape from unhappy romances or marriages. Peplau referred to this ex-inmate population of patients as “interchangeables.” As a nurse educator and experienced psychiatric nurse at the time of the fire, Peplau made this comment regarding the conditions at the hospital, referring to the “bad” inmates who lived in the miasma of the rank underground bunkers, while the “good” patients danced in the ballroom above. She also spoke about how she attempted to service the secluded patients by saying:

“At Highland Hospital, there were some rooms in the basement that had mattresses on the floor; food was served through the grate. A few bad patients were kept in seclusion for years and years. These patients were kept like animals. I spearheaded changing this...I planned an outdoor picnic for ALL patients”^[19].

3.4 Conflictive ideology for nursing education and practice

What was the conflictive ideology that prevented nursing education from moving from the dark ages of the seclusion bunker into the light? In 1948 university degrees for nurses and higher education beyond apprenticeship training in hospitals were rare commodities. Peplau was a strong proponent of advanced nursing education. She learned how to think creatively at Bennington College where she received a B. A. in psychology and studied with Harry Stack Sullivan, Erich Fromm, and Frieda Fromm Reichman. Peplau used the creative and critical thinking skills she learned in psychology and applied them to her experience as a nurse on the front lines during World War II in England^[20]. She was the first to develop innovative and unique talk therapy for combat fatigue (Posttraumatic Stress Disorder). At the time Peplau graduated with a master’s degree in psychiatric nursing in 1947, there were only four nurses in the US that held such credentials. Peplau was one of two nurses in the US who earned a Certificate in Applied Psychiatry for Teachers from the William Alanson White Institute in New York, where she underwent psychoanalysis.

After earning a graduate degree, Peplau was considered overqualified for nursing positions by job interviewers. She could not land a job. As a result of this, she began to omit the fact that she held such credentials when applying for positions, which was initially the case at Highland Hospital. Taking her work seriously, she set out to reach the educational goals for herself and her students.

4 Peplau’s foresight

It was fortuitous for nursing education and practice that Peplau was a consummate psychohistorian and a nurse scholar^[21]. She tediously recorded her feelings and thoughts in her personal life and expressed her creative ideas in her prolific writings and worldwide professional presentations during her career. Peplau meticulously looked at the underlying motivations of others to understand their behavioral patterns, which she applied to her work. In this way, she aided nurse professionals by clearing away psychological blind spots that prevented progress and by adding innovation for education and practice.

Peplau’s extensive collections are archived at Harvard University in the Schlesinger Library on the History of Women in America and are open to the public. Upon returning to the home front after the war, Peplau set out to share the knowledge she had gained. She began writing a book on interpersonal relations in nursing^[22], which remains in print today and is now considered the first nursing theory. It was based on what she learned during the war.

Peplau's perspective on the fire

Peplau gave an interview to Smoyak^[23] as she reflected back on the incident of the fire. She used this interview as a cathartic and as a learning tool for nursing. In doing so, she revealed the feelings and thoughts she held before, during, and after the fire. By critically viewing the complexity of the event in this investigation, some ignored and neglected realities will be revealed. Peplau's inner "truth" and the significance to nursing education and practice are seen as her story unfolds.

Prior to the onset of the fire, Peplau argued with the nursing director at a meeting. The hospital administrators wanted to use students as fill-ins for staff. The night supervisor, who was an interchangeable, insisted on placing all six new nurse recruits on night duty. With great reservation, only one semi-qualified nurse-student was assigned to nights by Peplau, much to the chagrin of the supervisor. This ward, where the student worked that night, was the one where the fire was set.

The morning before the fire Peplau passed by the supervisor in the corridor and intuitively knew a storm was brewing. In her opinion, the supervisor appeared unkempt and clearly psychotic in an eerie sort of way. Peplau felt great anxiety and confusion, but did not know why. She was in a fog and could not think straight. Being unable to focus on her office work, she went home to sleep off this strange bug that had befallen her.

During the night, she heard the fire alarm sound from the hospital nearby. Sitting up in bed, she exclaimed, 'The hospital's on fire!' and fell back to sleep (p.32). When a relative asked in the morning if she knew about the fire, Peplau replied, 'Yes, I knew that,' but when asked how she knew that the hospital burned, she queried, 'Did it?' Shifting back and forth into what Peplau later described as a dissociative fugue state, she further inquired, 'Was it on the radio?'

Upon arrival for work at the hospital, she saw Red Cross vans but made no connection with the previous day. Then, reality stroke home when she realized that nine patients died. Peplau described how there was a "flip-over" for patients who came out alive. They instantly became sane when their physical survival was more urgent.

Peplau worried about the hazards of fire. The students' assignment was in a multi-level building—making it hard to move disoriented patients quickly on the highly polished floors. During orientation, she instructed the students on fire safety and on what to do during a fire emergency.

The student was bright and perceptive, although inexperienced. As instructed by Peplau, she took detailed notes during her first night shift. Although there were simple instructions above the phone in case of fire, the supervisor directed the student to disregard them and to wait for rounds until 1:00. The student smelled smoke and tracked it down to the dumbwaiter. She called the supervisor, but the phone was busy. The supervisor had drugged patients and locked them in their rooms. The student had heightening suspicions, but, by the time she notified officials, it was too late.

Truth serum was administered to the supervisor, and she was found "guilty" of arson by the fire investigators, who, without apparent fanfare, committed her to another mental hospital as a patient. After the fire, Peplau spent lengthy hours with the student, discussing her observations and alternative ways to respond in the future.

After the fact, Peplau consciously understood the source of her anxiety, but she was unconsciously rendered mute and was overcome by guilt. It was 'abhorrent' (p. 33) to her that a nurse would commit such an act. She considered the malevolence unthinkable. For 37 years she repressed the incident until it could no longer be contained or denied within herself.

5 Historic blind spots: An obstacle to growth

As a historic figure, Peplau, of German decent, was not alone with her repressions and denials. A noted psychohistorian, Beisel, author of the book, *The Suicidal Embrace*^[24], wrote on the topics of blind spots and traumatic reenactments^[25]. He stated that many historic events are filled with such denials and blind spots that serve several psychological functions.

They help group members to idealize their group so they can feel good about themselves, by allowing normal ethnocentric impulses to flourish. Mentioned by Beisel are the attacks at Pearl Harbor in 1941 and the World Trade Center in 2001. In such cases, the US is always portrayed by Hollywood as a blameless victim. The sudden attacks that are upsetting are always unforeseen, even though there are clues that occurred beforehand that could have prevented the incidences, like those at Highland Hospital.

Beisel discussed Hitler's, Stalin's, and Roosevelt's emotional challenges when faced with military reports they did not want to view. Much of the intelligence was "sanitized" for them by others, orchestrating self-deceptions and denials. Both Stalin and FDR fell into depression after their military defeats. However, unlike Peplau's experience, little is known about their private unconscious motivations, feelings, or thoughts. They did not have the knowledge or the desire to analyze what took place and figure out solutions that would promote personal and professional growth.

5.1 Madness inside the bunker

In *Inside Hitler's Bunker*^[26], Fest sucked readers into the rank miasma that permeated the subterranean Chancellery on the last days of the Third Reich, when Berlin, bombarded and broken, appeared as a ghostly world engulfed in flames. There was a vast distance from the festive ballroom dances of the past, orchestrated by Hitler, and the destruction of Germany. Thousands of citizens and troops died in the rubble, many by suicide. Eyewitnesses claimed that Hitler visibly shook and appeared feeble and unkempt. He could barely stand at times, as he walked down the eerie corridors of the bunker in a fog of despondency. Prior supporters began to see him as a madman.

There was hopeless confusion in the testimony of witnesses that can no longer be cleared up, which leaves much to speculation. Hitler ordered his records and body to be burned before he committed suicide, so that the events could not be traced back to him. If the walls of the bunker or those of the retreats of Stalin and FDR could talk, what could be learned about these world leaders and what made them tick?

5.2 The sanity of insanity

In his account, Fest spoke about what happened in Hitler's bunker when, Burgdorf, chief military adjutant, experienced the phenomenon Peplau described at Highland Hospital. He "flipped over" and became "sane" after realizing that his idealism for the cause was erroneous, while millions of innocent people were sacrificed under the Party's deception. His guilt led to suicide. But Bormann, Hitler's secretary, coolly responded to Burgdorf's boisterous argument, claiming he was guilt-free.

5.3 Splitting Phenomenon

Hitler consciously knew that the war was lost but did not emotionally grasp it until he realized that the Steiner front, strategized to save Germany, never existed. For so long, he allowed himself to "think the unthinkable." But when the storm broke, he faced the truth in raging tears and blamed others, as well as himself for his lack of toughness and decisiveness—except for the extermination of the Jews. Hitler believed he was overly benevolent.

Psychohistorians use the term "splitting" in discourse relating to Hitler and the Nazi doctors. Peplau explained how patients in psychiatric facilities, in an effort to maintain their pathology, are divided in their feelings, thoughts, and actions, and in the views they hold of themselves^[27]. This "sickness" is understandable, Peplau posited, because it evolves over the course of time and provides relief from humiliation, pain, and anxiety. At one time these automatic, unconscious behaviors work to afford relief. However, when persistently used without conscious choice, they become problematic. Holding on to illness, because the person lacks the interpersonal or intellectual abilities to behave otherwise, precludes full use and further development of the capacity for warmth in human relationships and for productive work in society, which was the case in Nazi Germany.

6 Implications for nursing education and practice

For Hitler and other historic figures discussed here, little or no learning took place in the aftermath of emotional upheaval, death, and devastation. Peplau, on the other hand, grew by leaps and bounds while reaching out to what she called the “growing fringe” of nursing. She used the psychodynamic principles that she presented to nurses in her work, which teaches how to harness the energy of tension and anxiety into something useful. Although it was challenging for Peplau to overcome guilt and depression in the aftermath of the fire at Highland, she learned the concept of empathetic transmission of anxiety from it and applied it to her work throughout her career.

6.1 Peplau’s contribution to nursing education

After leaving Highland Hospital, Peplau taught a course in the program for advanced psychiatric nursing on interpersonal relations at Columbia University, which was popular with students. Up to this point, nurses offered primarily custodial care to patients, delegating analytical expertise to physicians. Peplau was influenced by Sullivanian theory in which people are affected by the relationship they hold with others. Using the Socratic teaching method in her courses, she set out to enlighten students, aiding them into becoming more productive in their work^[28]. An important aspect of her curriculum was to teach students how to become participant observers and to record their findings for research purposes^[29]. She reviewed their notes extensively and engaged them in open dialogue.

Viewing creative changes in nursing education as a process, Peplau taught critical thinking skills to help students “think out of the box.” She recognized that, in the 20th century, a shift towards classroom procedure encouraged reciprocity-oriented participation in activities, in which sharing of knowledge took precedence over mere imparting of knowledge. In this way, students could have a personal stake in the outcome of interactions with patients. This ownership involved further continuing refinement of students’ capacities for being human^[30].

In an article on experiential teaching, Peplau described the two basic functions of nurse instructors as critical auditor and as facilitator. In these roles educators were instructed to listen intelligently to students’ descriptions of experience and use their own abilities and skills to encourage learning^[31]. Peplau argued that nurses can only communicate and interact with what they know, by way of thoughts, feelings, and immediate actions^[32]. Nurses were instructed on how to deal with their anxieties and how to abate those experienced by patients^[33].

6.2 University graduate program at Rutgers

In 1954 she commenced her work at Rutgers University. At the time, nurses were not considered “specialists” of any kind. After receiving a National Institute of Health grant, she developed the first accredited master’s program for psychiatric nursing, in which she set the curriculum for clinical nurse specialists, a precursor for nurse practitioner education^[34]. In doing so, Peplau created emancipatory projects that placed a focus on resources indigenous to the community of nurses rather than on institutional resources that were beyond the control of the community, which fostered dependence^[35]. Emancipatory educators, such as Peplau, plan a strategy together with the people whose interests they serve and outline practical consequences of their mutual learning. In a hard-won battle, in 1967 the New Jersey State Community Mental Health Advisory Council Board approved a resolution that permitted clinical nurse specialists to work in community health centers as professional therapists for the first time. This historic event marked a turning point for nursing education and practice.

6.3 International contributions

In 1948 Peplau held her first expert advisory position at the World Health Organization. The production of the film on The Nurse-Patient Relationship (1958), based on Peplau’s work at Greystone Park State Hospital, was used as a teaching tool for physicians and nurses around the world. It was nominated for an academy award in the documentary category. In 1965 she accepted the Surgeon General’s appointment as the National Nurse Consultant to the Air Force, which extended her reach to new horizons in foreign lands. Peplau assisted in the development of a Training Program for Nursing Leaders at

the Catholic University of Leuven in Belgium in 1975-1976. Not only did she hold summer workshops around the US, teaching the principles of interpersonal relations, but she was elected to the board of the International Council for Nursing, where she traveled extensively and lectured globally.

7 Looking forward

The impact of teaching critical and creative thinking skills to nurses for the purposes of improving the quality of nursing care has been discussed in this investigation through the unlikely perspective of a fire that raged in 1948 during the postwar era. Peplau, armed with a doctorate in curriculum development in 1953, created innovative methods for experiential teaching and learning that enabled her students in the classroom, laboratory, and practice setting to heighten their awareness of themselves, so they could relate therapeutically to patients.

Through self-reflection on Peplau's own part, she taught students and educators how to be participant observers, how to be empathetic, how to think on their feet, how to be accountable, and how to honor themselves. This was a phenomenal accomplishment at a time when nurses were discouraged from talking to patients. There is a rich history in nursing of engaging students in dialogue that promotes critical and creative thinking. Today's nurse educators can feel free to clear away any lingering blind spots that prevent progress and take advantage of the wealth of knowledge available to them from the past, as well as add new innovation in the future, based on what is already known.

8 Conclusion

The ghost of Hitler, muted by suicide, still haunts us, along with the fire at Highland Hospital. Today, those affected by this strange bug—those who develop blind spots to defend against the unthinkable—find it both problematic and difficult to explain that which makes no logical sense. Not wanting to know is part of what makes us human, contended Beisel, but Peplau, a creative and critical thinker, disproves his point. For her, she saw through the scotomas in nursing that others did not want to view and created a new vision for herself, her students, and the patients she served. Deep within the rank and dark bunkers in mental institutions and at war, she set a historical marker in stone. So they did not die in vain, Peplau, in her therapeutic way, spoke the words that Zelda and other victims could not find or express. She was the voice that told their stories. The fire at Highland Hospital, although tragic, ignited the torch of knowledge that continues to burn into the 21st century for nursing education and practice.

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