Group nursing therapy as a resource to assist married women suffering from depression at a mental hospital in Swaziland.

By

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DEDICATION

This study is dedicated to all married women who are suffering from depression. Life may look gloomy but there is a change after the ventilation of feelings.

ACKNOWLEDGEMENTS

It is my great pleasure to express my sincere gratitude and my appreciation to my Supervisor, Professor Marie Poggenpoel and my Co-Supervisor, Professor Chris Myburgh who encouraged and guided me through the study. They were both patient and gave their time to look at the drafts. Their advice was encouraging and they were both supportive.

I would like to thank the respondents in this study, for being cooperative and patient in all the eight sessions.

My thanks is also extended to Sipho Siphepho who accepted my request to be an independent coder of this study. He gave his time during weekends, even on Sunday's. I would like to thank him for his support.

I would like to thank Mr. Botha, the language editor of my research.

I would also like to thank my family for the support they gave during the course of my study.

ABSTRACT

Group nursing therapy has been acknowledged to have an impact on women suffering from depression by Bellafoire (2005:1). However, there is no written evidence on the effectiveness of group therapy in Swaziland. It is for this reason that the researcher took the initiative of exploring how group therapy could assist women admitted at a psychiatric / mental hospital in Swaziland suffering from depression.

The objective of the study was to describe group nursing therapy as a resource to assist married women suffering from depression. Another objective was to describe guidelines that can be utilised by psychiatric nurse-practitioners when assisting married women suffering from depression to mobilise resources to promote their mental health.

The study was conducted through group therapy sessions. During group therapy sessions ethical measures were adhered to. Steps to ensure trustworthiness were also followed (Lincoln & Guba, 1985:290). Four aspects of trustworthiness, namely truth value, applicability, consistency and neutrality were taken into consideration.

The paradigmatic perspective used in this study was guided by the theory for Health Promotion in Nursing (Rand Afrikaans University, 2002:2-8) which focuses on the whole person.

A functional reasoning approach based on Botes' model (1998:8) was followed. The design of the study utilised is a qualitative, descriptive, exploratory and contextual design (Mouton & Marais, 1990:43-44). Eight sessions of group therapy were conducted with women suffering from depression, admitted at the mental hospital. Field notes were also taken during each session. Data collected was analysed through the descriptive method suggested by Tesch (in Creswell,

1994:155). The services of an independent coder were employed. The results were tabulated according to major themes, categories and subcategories.

The first major theme identified was hope among women suffering from depression related to group therapy intervention. The category that was deduced from the theme was increased self-awareness which was evidenced by the subcategory of self-disclosure, introspection, and a reduction of suicidal tendencies.

The second category was that of personal growth related to the subcategories of openness, problem sharing and giving feedback.

The third category was that of peace of mind related to the subcategories of improved sleep, feelings of relief because of therapy and reduction of sadness.

The fourth category was that of positive independent thinking related to positive decision making about self and planning for their own future by the women.

The fifth category was that of spiritual enhancement related to group therapy intervention. The subcategory identified was that of recognition of God's power and the value of confessions.

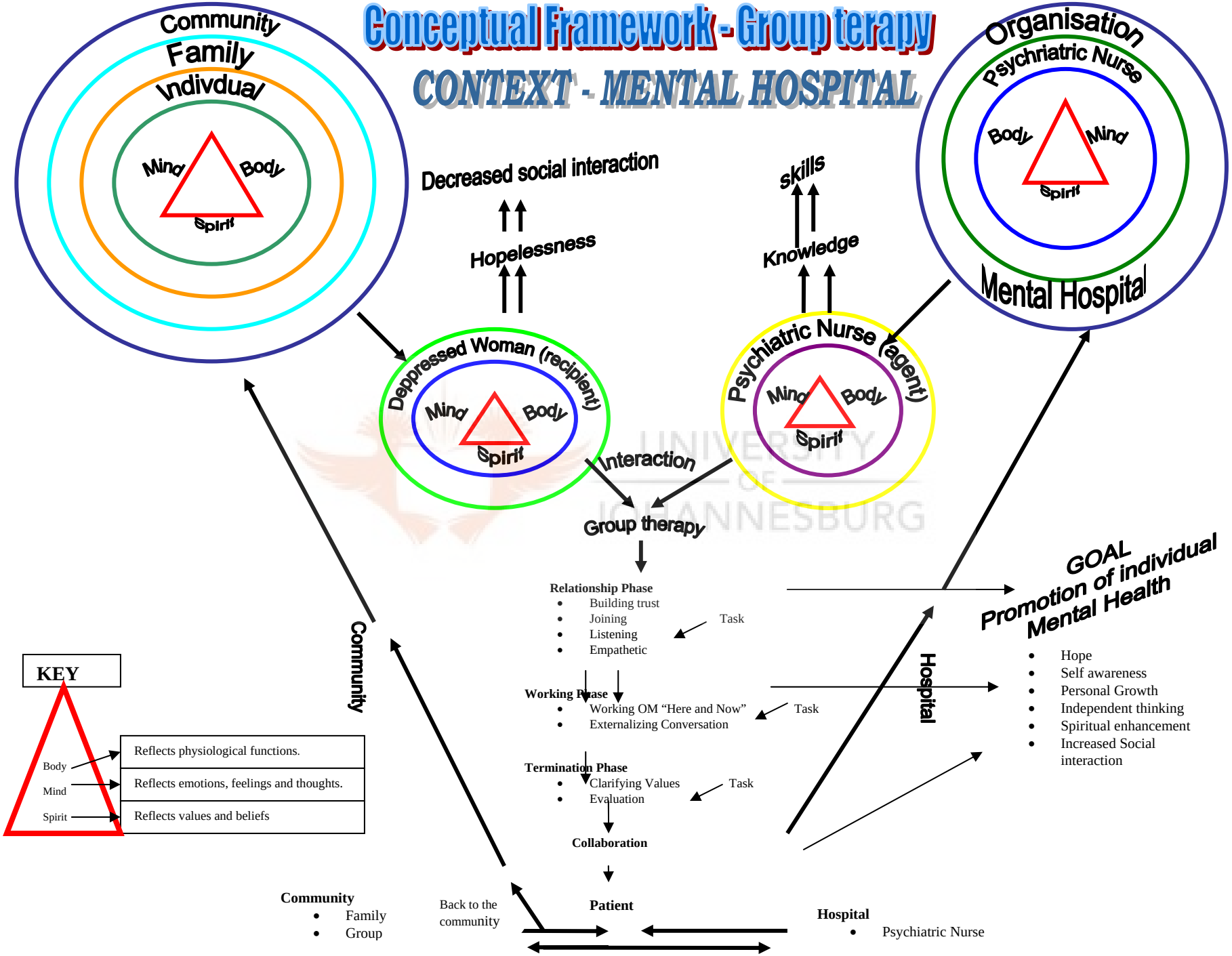
The sixth category that was deduced was that of increased social interaction related to the subcategory of development of social skills and redefinition of the self.

The second theme that was deduced was that of recommendations on group therapy as a resource for women suffering from depression. The subcategories were that therapeutic groups be established and conducted in families, hospitals and communities. Guidelines were described from the findings for psychiatric nurses to use when assisting married women suffering from depression to

mobilise resources and promote their mental health. Conclusions were drawn and recommendations made in relation to nursing practice, nursing education and nursing research.

Conceptual Framework - Group terapy

CONTEXT - MENTAL HOSPITAL



CHAPTER ONE

RATIONALE AND OVERVIEW

1.1 INTRODUCTION

The aim of this study is to find out how group nursing therapy as a resource assist married women suffering from depression. The main focus in this study is on women admitted at a psychiatric / mental hospital in Manzini Swaziland. Guidelines for support will then be described for psychiatric nurse- practitioners to follow when assisting married women suffering from depression. This chapter will give a description of the overview and rationale, objectives, paradigmatic perspective, research design and method, trustworthiness, ethical considerations, outline of chapters and the conclusion.

1.2 RATIONALE AND OVERVIEW

Group therapy is useful when helping people admitted at a psychiatric health setting. This is supported by Wilson and Kneisl (1992:709) who revealed that many types of groups are found in psychiatric health settings. Psychiatric health settings need therapy groups, because people live most of their lives in groups. They depend on others for much of their sense of personal fulfillment and achievement. The aim of this research is to find out how group therapy assist women suffering from depression. From the findings guidelines will be described for psychiatric nurse-practitioners to use when supporting these women to promote their mental health.

Wilson and Kneisl (1992: 689) also observed that groups are important because human beings are born into a group. Their survival from birth depends on relationships. It is therefore important to utilise such groups.

Alfred Healthcare Group (2005:852-60) conducted a study with ten women suffering from persistent depression. These women were offered a ten-week group therapy treatment programme. The results showed a significant improvement in depression. The American psychotherapy association (2005:1) observed that group therapy helps address the feelings of isolation and depression. Supporting the usefulness of group therapy Beck, Rawlins and Williams (1993:561) opined that group therapy focuses on behavioral changes. It is essential that group nursing therapy be conducted in all mental health settings. This is supported by Haber, Leach, Price and Sideleau (1992:329) who believe that group therapy is useful because it is a treatment modality that alleviates intrapsychic stress and provides clients with opportunities to modify behaviour. It is therefore important to conduct such groups.

Yalom (1985:1-96) further revealed that there are interdependent curative factors that help people. These factors are the framework for an effective approach to therapy. The factors constitute a rational basis for the therapist's choice of tactics and strategies.

The researcher believes that the usefulness of group nursing therapy should be looked at holistically, namely the physical, spiritual, psychological, social and dimensions. All the environmental dimensions of a person attending group sessions should be taken into consideration. This is supported by (Rand Afrikaans University, paradigm 2002:2-8) which believes in the holistic approach in the prevention and promotion of mental health of the individual. McGrath, Keita and Russo (1990:1) also observed that when caring for women suffering from depression, the bio-psychosocial being should also be taken into consideration.

There are three phases of group therapy intervention which are: the orientation phase, working phase and termination phase. During the orientation phase contracts are entered into. Contracts should be understood and agreed to by all members. During the working phase group members openly address all kinds of feelings and concerns. During the termination phase group members evaluate group goals (Beck et al. 1993:571). The opportunity to help in a group session increases awareness in

other members. The helping individual experiences an increase in self–esteem. The one who is helped is healed in the process. (Yalom,1985:1-16).

The researcher of this study, as an experienced psychiatric nurse, has observed that there are many women admitted at the psychiatric health setting in Swaziland suffering from depression. This statement is supported by Paykel (1991:22) who believes that there is a higher incidence of depression among women than men. Women are at risk of developing depression. Group therapy is not utilized as a resource to help these women. The researcher has found it necessary to conduct the research due to the above observations.

The purpose of the study is to describe how group nursing therapy as a resource assists married women suffering from depression. From the findings guidelines for support will be described for psychiatric nurse-practitioners to utilize when assisting these women, to promote, maintain and restore their mental health. By identifying the guidelines for support one hopes that there will be improvement of the care of married women admitted at the psychiatric hospital suffering from depression. The existence of guidelines would help psychiatric nurse– practitioners to improve strategies of intervention.

1.3 PROBLEM STATEMENT

It seems as if there is lack in professional utilization of group therapy as a resource to assist women who suffer from depression. As a result of this lack, women suffering from depression do not ventilate their experiences relating to depression and its precipitating factors. They become isolated, although admitted at the psychiatric hospital. Hence, they become more depressed with very little improvement in their condition. Some of the women eventually get discharged with bottled up feelings that could have been helpful to others. Then they tend to relapse as they arrive home. It is these cases that prompted the researcher to pose the following questions:

●How can group therapy assist married women suffering from depression?

●What guidelines can be identified by a psychiatric nurse - practitioner for group nursing therapy as a resource to assist a group of married women suffering from depression to promote, maintain and restore their mental health as an integral part of health?

1.4 OBJECTIVES OF THE STUDY

The objectives of the study are two–fold:

- To describe how group nursing therapy as a resource assists a group of married women suffering from depression to promote their mental health.
- To describe guidelines that can be utilized by psychiatric nurse-practitioners to assist a group of married women suffering from depression, to mobilize resources to promote their mental health.

1.5 PARADIGMATIC PERSPECTIVE

The paradigmatic perspective of the research will consist of three categories, namely: Meta–theoretical, theoretical and methodological assumptions. The study, therefore, adopts the theory for health promotion in nursing (Rand Afrikaans University, 2002:2-8). The theory focuses on the internal environment which is the body, mind and spirit, and the external environment which is the physical, social and spiritual dimensions.

1.5.1 Meta – theoretical assumptions

The meta-theoretical assumptions are the researcher's beliefs about reality. The Meta–theoretical assumptions will be based on the theory for health promotion (Rand Afrikaans University, 2002:2-8).

In this study the researcher believes that married women are spiritual beings and function in an integrated manner with their internal and external environment. The internal environment of married women incorporates their bodies, minds and spirit. Body includes physiological functions.

The mind reflects the emotions experienced by these married women. It reflects the feelings of the women. The mind also reflects how the women think and also reflects their decision-making skills. The mind also reflects the intellect of these women and how they communicate with individuals and their families.

The spirit of the married women reflects their values and beliefs about the group.

The external environment consists of physical dimension, social dimension and spiritual dimension.
The physical dimension is the physical environment or the context in which the study is conducted. In this study it will be the psychiatric hospital in Manzini, Swaziland. The resources are not sufficient in the setting. There are limited trained personnel to conduct the groups. The other physical environment is that of the group member within her family context and how she interacts with other family members. The social dimension refers to the way that the group of married women interacts with other group members, families and relatives. The spiritual dimension is what the group of married women believed about themselves and also their values in life.

The different patterns of interaction between the internal and external environment determine the mental health of the married women. Psychiatric nursing is focused, and will allow group members to describe how group nursing therapy has assisted

them. Guidelines will then be described for psychiatric nurse-practitioners to utilize, when assisting a group of married women suffering from depression to mobilize their resources to facilitate the promotion of their mental health.

1.5.2 Theoretical assumptions

Theoretical assumptions consist of theories, models, theoretical statements and theoretical definitions (Rand Afrikaans University, 2002:12). This study will give form to theoretical statements.

1.5.2.1 THEORETICAL MODEL

The theoretical departure of the study will be based on the theory for Health Promotion (Rand Afrikaans University, 2002:12). Married women interact with their internal and external environment in an integrated manner. The psychiatric nurse-practitioner is a sensitive, therapeutic professional who demonstrates knowledge, skills and values in the process to facilitate the mental health of the group of married women. This involves the mobilization of all resources available to the group of married women.

The study will be conducted with no pre-set theoretical framework. No literature will be reviewed at this stage. The literature will be reviewed during data analysis to provide theoretical framework for the study.

1.5.2.2 CENTRAL STATEMENT

The exploration and description by married women suffering from depression on how group nursing therapy will assist them serve as a basis for psychiatric nurse-

practitioners to develop guidelines for support that can be utilized to assist a group of married women suffering from depression.

1.5.2.3. DEFINITION OF CONCEPTS

● **Group nursing therapy** is a process which deals with past difficulties that impede current functioning. The process is done by the therapist (Abrego , Bremmer and Shostrom, 1993:229).

● **Depression** is an unpleasant effect that is characterized by sadness, gloominess, discouragement, self-devaluing and absence of pleasure and joy (Haber, et al. 1992:60).

● **Married women** in this study denote women who have signed a marriage contract which can be a traditional or a western marriage contract. It could also mean a woman who has been married for five to fifteen years (Operational definition).

● **Psychiatric nurse** is a professional who is registered with the nursing council educated to be able to interact with the patient in a goal directed way in order to assist the patient to mobilise resources in the environment to facilitate a quest for wholeness (Poggenpoel, 1994:54).

1.5.3. METHODOLOGICAL ASSUMPTIONS

The methodological assumptions will be in line with the model for Research in Nursing developed by (Botes, 1998:8). According to this model, research should be functional, meaning that nursing research should be undertaken in order to improve nursing practice. Knowledge generated should be useful and applicable. It should describe guidelines that can be utilized by advanced psychiatric nurse-practitioners.

This research will be functional in nursing practice. The usefulness of research is a criterion to trustworthiness.

1.6 RESEARCH DESIGN

Mouton (1996:107) argues that a research design is a set of guidelines and instructions to be followed in addressing the research problem. The design of this study will be qualitative, explorative, descriptive and contextual in nature.
The research design will be discussed in greater detail in Chapter Two.

1.7 RESEARCH METHOD

The study will be conducted in two phases. The first phase will be the exploration and description of group nursing therapy as a resource to assist a group of married women suffering from depression. The second phase will focus on the description of guidelines for advanced psychiatric nurse-practitioners, to utilise in assisting groups of married women to mobilize the available resources to promote, maintain and restore the mental health of married women.

1.7.1 Phase One

Phase one comprises the exploration and description of group nursing therapy as a resource to assist a group of married women suffering from depression.

In this phase, married women who meet the sampling criteria will be identified and the group will be formed. Group members will be oriented during the orientation phase. Field notes will be taken during therapy sessions. Ethical implications will be taken into consideration throughout the group therapy sessions. Data will then be analysed. The following concepts during this phase will be discussed: Population, sampling criteria, sample size, data collection, data analysis and literature control.

1.7.1.1 **Data collection**:

Data will be collected during group therapy. Field notes will be taken during sessions. Diaries will be used to take notes by participants. Eight sessions will be discussed and transcribed verbatim (Kvale, 1983:174). The researcher will use communication skills such as probing, clarifying, reflecting the context, bracketing minimal verbal response and summarising. Data collection will be discussed fully in chapter two.

1.7.1.2 **Population**:

A population is the theoretically specified aggregation of study elements (Babbie & Mouton 2002:176). The target population will be married women suffering from depression admitted at a psychiatric hospital in Swaziland. Population will be discussed fully in Chapter Two.

1.7.1.3 **Sampling criteria**:

Sampling criteria are used to assist the researcher to determine the target population for the research (Burns & Grove 1993:403). These are based on the research problem, research purpose and research design. Sampling criteria will be discussed fully in Chapter Two.

1.7.1.4 **Data analysis**:

The researcher will look for variations in the data such as variations in the group therapy process, how participants respond and how these affect the group process. Collected data will be transcribed verbatim and analysed according to Tesch's method (in Creswell, 1994:153). The researcher will follow the eight steps that Tesch proposed. These steps will be discussed fully in Chapter Two.

1.7.1.5 **Literature control**:

The findings of the research will be discussed in the light of relevant literature obtained from similar studies as a source of verification of findings. Literature control will identify similarities and other related studies. Streubert and Carpenter (1995:21)

assert that the results should be in context of what is known from relevant literature and information from similar studies.

1.7.2 Phase Two

During Phase Two, results from Phase One will be used to describe guidelines for psychiatric nurse-practitioners. These guidelines will be aimed at supporting married women suffering from depression to promote their mental health as an integral part of health. These will be verified by conducting literature control. Trustworthiness will be discussed in the following section.

1.7.3 TRUSTWORTHINESS

In order to assume trustworthiness, the study will adopt Lincoln and Guba's model (1985:329) which describes the criteria for establishing trustworthiness. The criteria being truth value, applicability, consistency and neutrality.

1.7.3.1 Truth value

The operational word of truth value is credibility (Guba & Lincoln 1985:296). It is the implementation of the credibility criterion. This is to carry out the inquiry in such a way that the probability that the findings will be found to be credible is enhanced and to demonstrate the credibility of the findings by having them approved by the constructors of the multiple realities being studied (Lincoln & Guba, 1985:296). Truth value will be discussed and applied in Chapter Two.

1.7.3.2 Applicability

Applicability refers to the extent to which the findings can be applied in other contexts (Babbie & Mouton, 2002:277). It is the obligation of the researcher to ensure that findings can be generalised from the sample to its target population. This will be discussed and applied in Chapter Two.

1.7.3.3 Consistency

Consistency of the data refers to a situation where the findings will be consistent if the inquiry were replicated with the same subjects or in a similar context. The strategy used is dependability (Krefting, 1991:216-217). Consistency will be fully applied in Chapter Two.

1.7.3.4 Neutrality

Neutrality refers to the extent to which the findings are a function solely of the informants and conditions of the research and not other biases, motivations and perspectives (Guba in Krefting, 1991:214-222). The strategy used is conformability, to be discussed and applied in Chapter Two.

The ethical considerations which will be used in this study will be discussed as follows.

1.7.4 ETHICAL MEASURES

Steps to ensure protection of the rights of the participants will be undertaken. When humans are used as participants, great care must be exercised in ensuring that the rights of those participants are protected (Polit & Hungler, 1993:94-108, Wilson,

1989:82; Burns and Grove, 1993:94-108; South Africa Nursing Association, 1991:1-7).

1.7.4.1 Protection of human subjects

Ethical code regulations provide the researcher with guidelines for protecting the rights of human participants (Polit & Hungler, 1993:94-108).

1.7.4.1.1 *Informed consent*

Informed consent involves informing the participants about the purpose of the research, research design as well as risks and benefits from participation in the study. Informed consent involves obtaining voluntary participation of the participants acknowledging their right to withdraw from the study at any time, therefore counteracting potential undue influence and coercion (Kvale, 1983:112).

A letter seeking permission from the hospital to conduct research has been given for signature (Annexure B). Request for permission from participants has been given (Annexure C). Permission from the hospital to conduct the study is appended (Annexure D). An example of the letter of consent from participants is given (Annexure E). Transcription has been given (Annexure F).

Consent will be obtained in writing and the following will be conveyed to the participants: The research title, objectives of the research design and method, how the results will be utilised and that participation is voluntary. Participants will be informed that the identity of informants will be protected by not giving names of people who supplied the data. They will also be informed that audiotapes will be cancelled after use.

1.7.4.1.2 *Providing psychiatric hospital and the participants with results*

Results will be given to the participants of the study and the psychiatric hospital where the study will be conducted. The results will not be linked with participants' names.

1.7.4.1.3 C*onfidentiality and anonymity*

Confidentiality refers to management of the private information (Burns & Grove, 1993:99). In this study the quotes from group therapy will not be linked to the participants. If anonymity is threatened, all research records will be destroyed (Democratic nursing organisation of South Africa, 1998:8).

1.7.4.1.4 *Ethics Clearance Letter*

The Committee for academic ethics of the faculty of education and Nursing of the Rand Afrikaans University evaluated the research proposal and consent letters of the above research project and confirmed that it complies with the ethical standards of the Rand Afrikaans University. A letter of approval (Annexure A) was given to the researcher. The letter of approval was written to clear doubts about the education of the researcher.

The letter to the independent coder containing the protocol to be followed will be given (Annexure F).

There are three primary principles on which students of ethical conduct in research are based, namely, beneficence, respect for human dignity and justice (Polit & Hungler, 1993:355). The Principle of beneficence will be discussed in the next section.

1.7.4.2 *Principle of beneficence*

The immediate benefit of the study is that participants will tell how group nursing therapy helped the group of married women suffering from depression. Group members will benefit from other participants when they are discussing their feelings. This is supported by Yalom (1985-116) who observed that the opportunity to help in a group session increases awareness in another member. The long-term benefit will be that guidelines for support will be formulated for psychiatric-nurse practitioners to utilize when assisting a group of women suffering from depression.

1.7.4.3 *Principle of respect*

The researcher will make it clear to the participants that the research is voluntary and participants have the right to decide whether to participate or not to participate in the study (Polit & Hungler, 1993:388). Participants will be informed that they have a right to refuse to give information during group therapy or any other time if they do not want to give information. The data which the participants consider to be private will not be collected.

1.8 OUTLINE OF CHAPTERS

CHAPTER ONE:	Overview and rationale
CHAPTER TWO:	Research design and method
CHAPTER THREE:	Description of group nursing therapy as a resource to assist a group of married suffering from depression.
CHAPTER FOUR:	Guidelines for group nursing therapy as a resource to assist a group of married women suffering from depression.
CHAPTER FIVE:	Conclusion, Limitations and Recommendations.

1.9 CONCLUSION

There has been no research studies conducted on group therapy as a resource to assist a group of married women suffering from depression in Swaziland. The researcher is interested to know how group nursing therapy assists a group of married women suffering from depression to facilitate their mental health. In Chapter One the following topics were discussed: rationale and overview, problem statement, objectives, paradigmatic perspectives, research design and method, trustworthiness and ethical measures. Lastly chapter outlined were given. In Chapter Two the research design and method will be fully discussed.

CHAPTER TWO

RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION

The researcher has observed that, as a strategy of intervention, there is no group nursing therapy sessions conducted by psychiatric nurse-practitioners in Swaziland, to facilitate the mental health of women suffering from depression.

2.2 OBJECTIVES OF THE STUDY

The objectives of the study are twofold;

- To describe how group therapy as a resource can assist a group of married women suffering from depression to promote their mental health.
- To describe guidelines that can be utilized by psychiatric nurses to assist married women suffering from depression to mobilise resources to promote their mental health.

The research design and method will be discussed in the next section.

2.3 RESEARCH DESIGN

Research design is a system that aims to find answers to research questions (De Vos, 2001:105). Research design refers to the researcher's plan on how to proceed with the research (Boglan & Biklen, 1992:58). The function of a research design is to enable the researcher to anticipate what the appropriate research decisions should be, to maximize trustworthiness of the results (Mouton, 1996: 107).

The design of the research will be qualitative (Burns & Grove, 1993:28-29), exploratory (Mouton & Marais, 1990:43) and descriptive (Mouton 1996:103). In study, on research design, research design will be directed at obtaining insight and understanding on how group nursing therapy assists married women suffering from depression to promote their mental health.

2.3.1 Qualitative design

Qualitative research design is concerned with the process rather than the outcome (Creswell, 1994:145). Qualitative research is also interpretative, constructive research (Creswell, 1994:174).

The process of qualitative research is inductive with the researcher building concepts, hypotheses and theories given by a group of married women suffering from depression in describing how group therapy has assisted them.

Qualitative research provides a way to gain insight through the discovery of meaning (Burns & Grove, 1993:65).

In this study the researcher will be able to establish meaning from the description of how group therapy has helped the women. The researcher will gather descriptions of relevant themes (Kvale, 1983:176). In this study it relates to the themes extracted from the description of how group therapy has assisted a group of married women suffering from depression.

2.3.2 Exploratory

The aim of exploratory studies is to explore unknown research area and in the process gaining new insight is gained into the phenomenon being studied (Mouton & Marais, 1990:43). Exploratory studies aim to establish ‘facts’ and to determine

interesting patterns. This study is exploratory because no studies have been done in Swaziland on how group nursing therapy, as a resource, assists a group of married women suffering from depression. There is very little known about the effect of group nursing therapy. There is a need to explore and describe how group therapy assists married women suffering from depression. By explaining how group nursing therapy assists married women, new knowledge will be generated and insight will be obtained in understanding how group therapy has assisted them.

2.3.3 Descriptive

The main objective of many research studies is the description of phenomena relating to the nursing profession(Polit & Hungler 1993:14).The phenomena that have to be interpreted must be described in order to understand the phenomena (Mouton & Marais, 1990:43).

In this study meaning and understanding will be gained through words. The researcher in this study will describe how group nursing therapy has assisted married women suffering from depression. Guidelines for support will also be described for psychiatric nurse-practitioners to utilise when assisting a group of married women suffering from depression in order to promote mental health.

2.3.4 Contextual

Contextual research focuses on a specific event (Mouton, 1996:133). The aim of contextual research is to describe and understand events within the concrete, natural context in which they occur. (Babbie & Mouton, 2002:272). Therefore the primary aim is to provide extensive and dense description (Mouton, 1996:133). This study can only be applied to the married women suffering from depression, admitted at the psychiatric hospital in Manzini, Swaziland. The results will not be extended to other populations and the whole of Swaziland.

2.4 RESEARCH METHOD

The purpose of research method is to communicate to readers exactly what the researcher did to solve the research problem or to answer the research questions (Polit & Hungler, 1993:53). The study will be conducted in two phases. **Phase One** involves the exploration and description of how group nursing therapy, as a resource, will assist a group of ten married women suffering from depression in order to facilitate their mental health. **Phase Two** involves the description of guidelines based on the results of Phase One.

The first phase of this study will now be discussed in detail.

2.4.1 Phase one:

Exploration and description of group nursing therapy as a resource to assist a group of married women suffering from depression.

The following aspects will be described during the first phase: Population, sampling criteria, sample size, data collection, data analysis and literature control.

2.4.1.1 Population

Population is the entire aggregation of cases that meets a designated set of criteria (Polit & Hungler, 1993:173). In this study the population will consist of married women admitted at the psychiatric hospital meeting the sampling criteria.

2.4.1.2 Sampling criteria

Sampling criteria are the characteristics, which are essential for membership of the target population (Burns & Grove, 1993:236). In this study the sampling criteria will

be based on the statement of the problem, objectives and research design. Group members in this research will be married women admitted at the psychiatric hospital, suffering from depression. The women will be between twenty-five to forty-five years of age. All the group members will be married or will have an experience of being married for at least five to fifteen years. The reasons are that there are many factors which contribute to depression. The researcher believes that married women will have experience all the biopsychosocial factors that contribute to depression in their lives as young girls, adolescents, single woman and also as married women. The age and experiences mentioned above will enable group members to contribute greatly during group therapy sessions.

Another sampling criterion requires women participating in the study to understand siSwati or English, because the researcher and the independent coder will communicate clearly in any of these two languages. The last criterion involves voluntary participation. Participants must be prepared to participate in the research. Such participation will be elicited by their written consent as seen in Annexure F. This will ensure an ethical code of conduct.

2.4.1.3 Sample size

The number of participants for this research will be ten.

2.4.1.4 Data collection

Eight therapy sessions will be conducted with group members. Data will be collected from group members during therapy sessions. The eight sessions will be recorded and transcribed verbatim (Kvale, 1983:174).

2.4.1.4 (a) The role of the researcher during group therapy sessions

At the end of the eight sessions the researcher will ask one central question from group members: 'How did group therapy assist you'? Participants will describe how group therapy helped them. The researcher will facilitate the discussion by using communication skills. A qualitative researcher is the primary instrument of data collection and analysis rather than through inventions, questionnaires or machines (Creswell, 1994:145). As a qualitative researcher and an instrument of data collection, the researcher will explore how group therapy as a resource assists a group of married women suffering from depression.

2.4.1.4 (b) Communication Skills

The researcher will, silence, clarify, reflect content, use minimal verbal responses, bracket, probing and summarise.

- **Silence**

The researcher will encourage pauses in the conversation. This will give time to group members to associate and reflect rather than break the silence in the group with significant information (Kvale, 1983:135).

- **Clarifying questions**

The researcher will use open-ended clarifying questions to encourage the process and also avoid leading questions. Clarification in this research will be done to create participants awareness through the implication of their wording (Abrego et al 1993:119). Clarification will also stimulate group members' thinking.

- **Reflecting the content**

The researcher will reflect content to clarify ideas expressed by married women in a group therapy session. In this research reflecting content will be done not just to

repeat statements but to convey understanding and clarify ideas (Stuart & Sundeen, 1991:118).

- **Minimal Verbal Responses**

In this study the researchers will adopt a less active role and will allow more time for group members to talk (Stuart & Sundeen, 1991:122).

- **Bracketing**

Krefting (1991:26) explains that when using the bracketing techniques. The researcher suspends aside what is known about the study. In this study the researcher will get rid of preconceived ideas and constructs. This procedure facilitates "seeing all the facets of the phenomenon".

- **Probing**

Probing is an open-ended attempt by the researcher to elicit information from group participants (Okun, 1996:75). Participants can explore and identify experiences that will assist them in contributing more experiences that will assist them in contributing more constructively, example 'I am wondering about...'

- **Summarising**

The researcher will tie together several views at the end of a discussion into a single statement. The purpose will be to give the group members a feeling of involvement in exploring ideas and findings, as well as to create an awareness of progress in communication (Abrego, et al. 1993:119).

According to Okun (1996:70) a summary is a type of clarification at the end of a discussion. A summary consists of putting together several ideas into one statement. Through summarising the researcher synthesises what has been communicated during a helping session and highlights the major themes of the session (Okun, 1996:71).

2.4.1.5 Field notes

Field notes relieve the researchers from having to remember all the events which occurred during the interview and also constitute a written record of the development of the observations and ideas to be used in future publications of the research finding and method (Wilson, 1989:435). In this study the field notes will be written during group therapy sessions with a group of married women suffering from depression.

There are two kinds of material in the field notes. Firstly it is descriptive and secondly it is reflective (Boglan & Bicklen, 1992: 108). In this study field notes will describe in words, the picture of the setting, people, actions and conversations as observed. Secondly the field notes will capture more of researcher's ideas and concerns.

In this study the field notes together with the verbatim transcription of group therapy sessions will be used in data analysis. Field notes consist of observational, theoretical, methodological and personal notes.

2.4.1.5. (a) Observational field notes

Observational field notes are a description of experiences obtained through watching and give an account of what happened (De Vos, 1998:285). They contain the who, what, where and how in a situation and as little interpretation as possible (Wilson, 1989:434). In this study observational notes will contain the number allocated to the particular group therapy session, the physical space will be drawn and the furniture arrangement will be shown. The observational notes will include the way the group therapy sessions were conducted, with some form of simple interpretation being attached.

2.4.1.5. (b) Theoretical field notes

Theoretical field notes are self-conscious, systematic attempts to derive meaning from the observational notes. For the present study, at therapy sessions, new meanings will be inferred and conjectured from interactions with the participants. Furthermore, new interpretations and definitions will be formulated from field observations.

2.4.1.5 (c) Methodological notes

Methodological notes are instructions to oneself, critiques of one's tactics, and reminders about methodological approaches that may be fruitful (Wilson, 1989:435). In this study, procedures and strategies employed will be noted and documented. The conduct of the researcher will be evaluated during therapy sessions using the research design and method as evaluating tools.

2.4.1.5 (d) Personal notes

Personal notes are all about one's own reflections, reactions and experiences. In this study, the researcher will document the insight she will get from the group therapy sessions. Group reactions will be documented. Thoughts that will come out during sessions will also be noted. During data analysis theories that will image will be documented.

2.4.1.6 Data Analysis

The tape–recorded group therapy sessions will be transcribed verbatim and together with the field notes will be analysed according to Tesch's method, (in Creswell, 1994:155). Data analysis will require that researcher develops, categories, making

comparisons and forming contrasts. Tesch (in Creswell, 1994:155 & De Vos, 1998:343) provides eight steps to consider:

- Get a sense of the whole. Read all the transcripts carefully. Ideas will be jotted down as they come to mind.

- Pick the most interesting transcript and the shortest, and go through it, asking yourself what is this about? Think about the underlying meaning and write thoughts in the margin.

- Once this procedure has been followed with all information, a list of all topics will be made. Cluster together similar topics. Arrange these topics in columns under major topics and unique topics.
- Take a list and go back to the data. Abbreviate the topics as codes and write the codes next to the appropriate segments of the text. Try out this preliminary organising scheme to see whatever new categories and codes emerge.

- The most descriptive wording for topics will be turned into categories. The topics that relate to each other as they arise will be grouped together.

- Make a final decision about the abbreviations for each category and alphabetise these codes.

- Data belonging to each category will be gathered and thereafter a preliminary analysis will be done.

- The identified major relationship between major and sub-categories will be reflected upon as these are themes which will be taken as research findings.

The independent coder who is an advanced psychiatric nurse-practitioner and knowledgeable in the field of qualitative research will be given the protocol for the

method used. The protocol will be handed to the independent coder together with transcriptions and field notes. Categories of information will be formed and codes will be allocated to the categories (Creswell, 1994:154). After analysis researcher and the independent coder will meet and reach consensus on the themes. The themes will be reflected within the theory for Health promotion in nursing (Rand Afrikaans University, 2002: 1) Literature Control will be discussed in the next section.

2.4.1.7 Literature Control

Strauss and Myburgh (1998:17) reveal the importance of literature control by pointing out that the researcher personally benefits from his or her literature control. It creates a specific attitude and cultivates specific skills. The results of the study will be in context of what is known from relevant literature and information from similar studies (Streubert & Carpenter, 1995:21). In this study the results will be discussed in the light of relevant literature. Information will be obtained from similar studies to verify research results and highlight similarities and differences between this study and other studies conducted in the past. Referential checks are strategies used to ensure trustworthiness by means of triangulation. In this study scientific trustworthiness will be enhanced.

2.4.2 Phase two:

Description of guidelines that can be utilized by psychiatric nurse practitioners to assist a group of married women suffering from depression to facilitate the promotion of their mental health.

The objective of this phase is to describe the guidelines used to assist married women admitted at the psychiatric hospital. Data gathered in phase one will be used as basis to describe guidelines in phase one will be used as basis to describe guidelines to be used by psychiatric nurse practitioners. Literature will be reviewed

enhanced trustworthiness. Discussions of guidelines will be conducted by psychiatric nurse practitioners and other stakeholders.

2.4.3 ETHICAL MEASURES

Ethical measures were discussed in details in Chapter One page 12-14.

2.4.4 TRUSTWORTHINESS

To ensure trustworthiness, the study will adopt Lincoln and Guba's approach (1985:329) which describes the following criteria for establishing trustworthiness, namely truth value, applicability, consistency and neutrality.

2.4.4.1 Truth Value

Truth value helps the researcher to establish confidence in the subject and in the context in which the research is undertaken. According to De Vos (2001: 331) credibility is used as a strategy to uncover truth value.

In this study truth value will ask whether the researcher has established confidence in the truth of the findings. Truth value will be enhanced by the strategy of credibility (Krefting, 1991: 214-215). Credibility will be achieved through the following procedures.

2.4.4.1.1 Prolonged engagement

The researcher will invest sufficient time to build trust with group members. Eight sessions will be conducted, or until data saturation has occurred (Babbie & Mouton, 2002:277).

2.4.4.1.2 Persistent observation

Participants will be observed persistently and field notes will be recorded during all eight sessions. Lincoln and Guba (1985:301) refer to this rapport establishment.

2.4.4.1.3 Triangulation

In this study, besides group therapy sessions, other methods of getting information will be used to overcome deficiencies from group therapy sessions. Each group participant will have a diary in which information about group sessions will be recorded by each member. The researcher will also write field notes. Information will be available from diaries and also from patient files. The researcher will also do follow up interviews with participants if the researcher needs clarification about certain issues.

2.4.4.1.4 Referential adequacy

In this study the researcher will take field notes. The tape recorder will be used to record the eight group therapy sessions. Literature on group therapy as resource to assist a group of women suffering from depression will be utilised.

2.4.4.1.5 Member checking

Follow up interviews will be done with a selected few group members to clarify certain themes, identified from the data collected during therapy sessions. This will be done to ensure that the themes are a true reflection of what the research respondents have said.

2.4.4.1.6 Peer examination

Peer examination is the research process where findings are discussed with a colleague who is experienced in research (Merriam, 1988:169). In this study the service of a colleague who is experienced in qualitative research and who also has experience in research methodology will be acquired to confirm some of the findings of the study.

24.4.1.7 Authority of the researcher

The researcher has undergone training in research methodology and is also supervised by an experienced qualitative researcher who has a doctorate in psychiatric nursing. Therefore the researcher has the authority to conduct this research.

2.4.4.1.8 Structural coherence

The focus will be on group therapy as a resource to assist married women suffering from depression. The results of the study will be analysed and interpreted within the theory for health promotion (Rand Afrikaans University: 2002:2-8).

2.4.4.2 Applicability

This criterion refers to the extent to which the findings can be applied to other contexts or with other respondents (Lincoln & Guba 1985: 290). In this study the findings will be applied from the sample to the target population. The strategy that will be utilised in this study is transferability. In this study the research method will be fully described and literature will be controlled to allow judgement about transferability to be made by the reader.

The sample method of this study will be purposive, participants' being selected using the selection criteria of the research.

2.4.4.3 Consistency

Consistency of the data refers to whether the findings would be consistent if the inquiry was replicated with the same subjects or in a similar context (Krefting, 1991:216-217). In this study consistency will assess the extent to which using the same research respondents and method in a similar context will produce the same results. The strategy utilized in this study will be dependability. Dependability is a strategy to establish consistency throughout the study.

2.4.4.4 Neutrality

Neutrality refers to the extent to which the findings of an enquiry are determined by the respondents and conditions of the enquiry and not by biases, motivations, interests or perspectives of the inquiry (Lincoln & Guba 1985: 290). In this study bias will be avoided. The researcher will enter the field with no preconceived ideas or subjectivity. It will be facilitated by the following approaches.

- Establishing an audit trail by keeping personal notes in the diary during therapy sessions.
- Description of the methods used during the data collection and literature control.
- The services of an independent coder will be employed. The researcher will provide the coder with guidelines on data analysis. The two will meet to discuss the findings.

2.5 CONCLUSION OF CHAPTER TWO

Research design and method was discussed and measures to ensure trustworthiness were also discussed. In Chapter Three the results of eight sessions of the group therapy will be discussed.

CHAPTER THREE

DISCUSSIONS OF THE RESULTS AND LITERATURE CONTROL

3.1 INTRODUCTION

In Chapter Two a full description of the methodology followed in this research was discussed. Chapter Three will present a discussion of the eight group therapy sessions. The discussions will be arranged according to the major themes, categories and subcategories identified. Literature control will be conducted where literature of similar studies will be presented. This will form a basis for comparing and contrasting the findings of the study (Creswell, 1994:23). Literature provides a mechanism that assists to demonstrate the usefulness and implications of the findings (Morse & Field, 1996:106-107).

3.2 DESCRIPTION OF THE SAMPLE

The sample of the study comprised a total of ten women aged between twenty-eight years to forty-five years. Data was found to be saturated as evidenced by the repetition of themes on completion of the eight group therapy sessions conducted with the group of women.

The group participants were found to have the following characteristics:

- All the women were once married, and the duration of marriage ranged from five to fifteen years.
- Nine women had their own biological children
- One had an adopted child.

- The women's educational level differed
- Only one had a university degree
- Two never went to school
- Six women were housewives
- Two were self-employed
- Two were working
- SiSwati and English were used during group therapy sessions. Participants used the two languages.

3.1 Table

An overview of major themes and sub–themes of group therapy as a METHOD to assist a group of married women suffering from depression

MAJOR THEMES	CATEGORIES AND SUB CATEGORIES
3.1 Hope among women suffering from depression related to group therapy intervention	3.1.1 increased self-awareness evidenced by • self–disclosure • Introspection • Reduction of suicide tendencies.
	3.1.2 Personal Growth related to : • Openness and problem sharing • Giving feedback
	3.1.3 Peace of mind related to: • Improved sleep at night • Feeling of relief because of therapy • Reduction of sadness
	3.1.4 Positive independent thinking

	related to • Positive decision making about oneself • Planning for their future
	3.1.5 Spiritual enhancement related to group therapy intervention. • Recognition of God's power • confessions
	3.1.6. increased social interaction: ●development of socialising skills ●redefinition of self
Recommendations on group therapy as a resource for women suffering from depression	3.1.7 Therapeutic groups to be established and conducted in: • Families • Hospitals • Communities

3.3 DISCUSSION OF FINDINGS

The discussion of the findings is based on the identified themes in Table 3.1. The main theme was identified as hope among women suffering from depression related to group therapy intervention. Categories and subcategories were identified under the theme of hopefulness. The second theme identified was that of recommendations on group therapy as a resource for women suffering from depression. Categories and subcategories were identified. See Table 3.1 for more details.

3.3.1. Hope related to group therapy intervention.

The hope expressed by the group of women refers to the hope that was instilled by group members during group therapy sessions.
Before group therapy, the participants clearly indicated that they were affected by a number of factors which often caused them to feel hopeless, anxious and sad. Such feelings were exacerbated by the fact that there were no psychotherapeutic services provided where the women resided. Hence they ended up admitted at the psychiatric hospital.

Group therapy intervention had a positive impact on the feelings of the women suffering from depression. The majority of these women developed hope as a result of the therapeutic group therapy sessions.

"I can see that group member number two has improved. When we started the group, she could not talk. She was looking sad. I am hopeful that the group will help me too".

This view expressed above is supported by Yalom (1985:1-96) who asserts that progress of others in the group is observed by a group member who feels hopeful about receiving similar help. Progress of others instills hope to other group members.

Members of the group are at different stages of improvement. Those members in an earlier stage of improvement observe those at a more advanced stage and gain hope of improvement (Yalom, 1975:6).

The feelings of hope related to group therapy among participants are also confirmed by *Haber* *et al.* (1992:329) who observed that group therapy alleviates intrapsychic stress, reduces anxiety and provides opportunity to modify and test new behaviours, thus instilling hope to group members.

Participants in this study had no doubt that after group therapy intervention, their hope was generally increased.

3.3.2 Increased self-awareness.

Self-awareness is focusing attention on yourself and receiving feedback on how others perceive you (Johnson 2000:406).
Regarding self-awareness one woman had this to share:

"I have realized that coming to the group does not only help me but also help other group members. I am now aware that I can help other people to change their behaviour. It makes me feel good. Group members give me feedback about my behaviour. I also give them feedback about their behaviour".

In support of the view expressed by the foregoing excerpt Yalom (1985:1-9) states that the opportunity to support and to help in group therapy increases self-awareness in another member. It gives the helping individual increased self-esteem.

The opinions of Johnson (2000:406) and of Yalom (1985:1-96) are consistent with the findings of the study. During therapy sessions group members created awareness in other members.

According to the women in this study self-awareness was evidenced by voluntary self-disclosure and self-introspection.

3.3.3 Self-disclosure

Self-disclosure in this study refers to a situation where the women talked about themselves. The women's experiences and feelings were expressed in the group.

Johnson (2000:39) observed that self-disclosure creates the potential for causing commitment, growth, self-understanding and friendship.

The trust that developed during group sessions and the self-awareness that was created, caused the women to voluntarily tell other group members that it was important to talk about themselves in the group.

Relating to self-disclosure one woman had this to say:

"Ye bosisi kumcoka kutsi nguloyo muntfu akhulume ngaye nome sikhulume ngatsi lapha egrupini. Lokukhuluma ngatsi kutawenta siphile emphefumulweni futsi satane kahle. Loko kutasenta sisitane siphindze setsembane".

"Hey guys. Let us talk about ourselves. Talking about ourselves will heal us emotionally and spiritually. Talking about ourselves will even help to build up trust amongst us.

Another group member supported the above group member and said:

"Talking about us is good because we will be able to know the feelings of each and every group member. It will also make us in understand ourselves and others. We will then gain knowledge from each other."

This opinion is confirmed by Chandler (2005:1) who conducted a study on group therapy and observed that self-explanation results in a better understanding and knowledge of one's self.

Wilson and Kneisl (1992:624) found that self-disclosure results in being open to feelings and results in self-understanding.

This above view is consistent with the findings of the study because group members wanted to open up and disclose themselves in the group. They wanted to

understand group members better and they also wanted to gain knowledge from each other. Self-awareness was evidenced by introspection.

3.3.4 Introspection

Introspection in this study relates to a situation where group members examine themselves. They examine their feelings, thoughts and motives. It was interesting to hear them saying:

"We should look at ourselves when considering reasons why our husbands leave us for other women. We should look at what is it that we are doing that make them go to other women. We should look at what we are doing; we should examine our feelings and change our behavior".

The above revelation is also supported by Johnson (2000:55) who observed that introspection helps you become more aware of who you are and how you are feeling and reacting. The observation is consistent with other research because the women looked at themselves. They then became aware of their feelings and reactions. Increased self-awareness was also evidenced by reduction of suicidal ideas.

3.3.5 Reduction of suicidal tendencies

Reduction of suicidal tendencies refers to a situation where women no longer feel like taking their life all the time. During the initial phase it was clear that some women had a low self-esteem which led them to suicidal thoughts.

It was interesting to note that as group therapy intervention continued their self-awareness was increased and suicidal tendencies decreased. Most of these women who had suicidal tendencies had hope for the future. One group member whose suicidal ideation was reduced commented like this:

“Recently I was thinking of taking my life because of the problems I have with my husband. Now the feeling has been reduced by sharing with other women.”
“kamuva nje bengifuna kutibulala ngetinkinga lenginato nemyeni wami. Lokucabanga kutibulala sekwehlile seloku sicale kuhlangana sikhulume, sibonisane sibomake.”

Suicidal thoughts require hearing, understanding and responding appropriately to the message of pain and hopefulness in order for them to be reduced (Wilson, Kneisl 1992:553). Group therapy had an impact on the participants.

In support of this view, Haber et al. (1992:569) observed that active listening to and accepting other group members’ thoughts and feelings reduces suicidal tendencies.

For this study, the assertion is given credence when the married women in the group listened to each other and they were also accepted by group members.

3.3.6 Personal Growth

Personal growth occurred during this study when group participants shared personal experiences. One participant stated that coming to the group has made her grow. She had this to say:

“Ja coming to the group therapy session has made me to grow. When the session started I did not understand what we were doing. Now I have seen and learned that I am not only one who has problems.”

In support of this study, Haber, *et al.* (1992:670) found that growth is promoted by the interaction of characteristic ways of relating within the family, group and the environment. A climate of sharing and use of group members as a resource promote growth.

Personal growth in this study was evidenced by openness, problem sharing

3.3.7 Openness

Perko and Kreigh (1988:155) argue that openness refers to an individual's ability to communicate what that individual feels without fear of retaliation.

It was interesting to observe that some women who were not able to communicate what they thought and felt before group therapy, opened up because of the effect of group therapy intervention. They communicated what they thought and felt without fear of ridicule. Group members pointed out that they could communicate and be heard by other by other women. One group member had this to share:

"I am happy that I can speak openly now in this group without feeling anything. I do not care who knows what about me. I can openly share stories of my life with group members"

Mowrer (1964:85-86) conducted a study on group therapy and observed that the weakness of private confessions in private psychiatric treatments is that they do not alleviate fears of being found out or known by others until individuals have worked through and resolved their guilt in the face of a group. When group members are not fully healed everyone is not all interested in them, but they should for their own peace of mind and redemption carry this openness to the point that they do not care who knows what about them. In the process, a group of people are healed. However group members are not forced to reveal what they are not ready to disclose.

In view of the above Johnson (2000:46) has observed that openness is the ability to share your ideas, feelings and reactions to the present situation. This observation is consistent with the findings of the study because group members observed that in order for them to know each other, They had to open up among themselves. Personal growth was also evidenced by problem sharing.

3.3.8 Problem sharing

Problem sharing is the mental exchange of relevant data that provide a basis for understanding (Perko & Kreigh, 1988:311)

In this study group members likewise encouraged others to share information. Regarding problem sharing one group member had this to say
"Ever since I started sharing my problems with group members, I feel relieved and happy that group members are helping me. I came here because I was feeling sad and I was angry. In this group members have shared knowledge on how to deal with my anger and sadness. I am happy that now I am sharing my feeling with other people. I am being helped in this group".

Mowrer (1964:86} conducted a study on group therapy and observed that by sharing the story of their life a member of group can help other people and gain specific guidance in increasing practical ways of dealing with problems.

Support for this observation can be found in Caplan (1974:23) who observed that a group of people in the same situation do not only offer each other emotional and social support. They also provide specific guidance in increasing practical ways of dealing with their day-to-day life and long term problems. This cognitive input is provided through the medium of sharing. This benefits other group members.

Similarly in this research the information shared was used by group members to help others acquire problem sharing skills. Personal growth was also evidenced by feedback.

3.3.9 Giving feed back

During feedback giving, the member who is being given the feedback compares the actual performance with the standards of performance (Johnson, 2000:59).

During group therapy group members shared their perceptions and feelings; they were also given some feedback on what they shared with other group members. One woman shared this information about herself.

“I came to the hospital because I was angry. I broke plates after quarreling with my husband. I am also angry even here because there are group members who provoke me.”

One respondent decided to give feedback about her behaviour.

“You see your behavior affects other people. Look in this group you are always sad and angry. Nobody wants to share with you because you are not friendly.

In support of the above view Chandler (2005:3) observed that group members give feedback to each other by expressing their own feelings about what someone says or does. This interaction gives group members an opportunity to try out new ways of behaving and to learn more about the way they interact. Peace of mind is discussed in the next section.

3.3.10 Peace of mind

Peace of mind is related to the situation where the group of women slept better and they also felt relieved.

Peace of mind for a group member was about sleeping better. She was quoted saying:

“Seloku sacala kuhlangana siyigroup ngitiva ngiphumulile engcondvweni. Kuphumula kwami engcondvweni kuhambelana nekulala kahle ebusuku.”

“Ever since we started these group therapy sessions I have peace of mind. Peace of mind is evidenced by better sleeping during the night”.

This feeling is also given credence by Joffrion and Douglas (1994:16) who observed that re-stabilization of physical balance is characterized by better sleeping.
Peace of mind for another group participant was about feeling relieved.

"I feel relieved. Bodily pains and restlessness is reduced. Some of the questions from the group were a wake-up call for me. I feel a big load is taken away from me. I am relieved. Sharing my problems with other group members has relieved me".

Yalom (1975:13) observed that in a group, a great sense of relief is experienced when group members realize that their previously unique conflicts and problems are often shared by others. Peace of mind to another member was about reduction of sadness.

3.3.11 Reduction of Sadness

Reduction of sadness reduction refers to a situation where participants are happy and are able to use all the knowledge they have learnt from the group. One woman commenting on sadness reduction had this to say:

"I am happy that my sadness is reduced by the help I get from other members".

In support of this view, Perko and Kreigh (1988:310) maintain that group therapy provides a re-educational experience in which the individual as a separate self and the group as a collective self are involved in a process of learning and problem solving for the purpose of dealing with cognitive, emotional and behavioural reactions necessary for the production of change. The hope that group members gained resulted in positive decision-making about them selves.

3.3.12 Positive decision-making

Group members during therapy sessions shared positive independent thinking.

In this study positive independent thinking reflects the way women were thinking. The participants believed that they were able to make positive decisions about themselves and they were able to plan for their future.

Regarding positive decision making one participant had this to say:

"Before group therapy I could not make positive decisions. I was very sad, depressed and stressed. My husband and my in-laws were deciding for me. I am happy that I have learnt decision making skills in these groups. I am happy that I know what I will do when I am angry, sad or when I am stressed. I hope these skills will help me in future and I will also teach my children and other people".

Abrego et al. (1993:40) found that cognitive approaches are helpful in teaching people skills in coping with stressful life events. To support this Dzunilla & Goldfield (in Abrego, Brammer & Shostrom,1993:40) in their research applied cognitive behavioural principles to teach problem solving skills.
Another observation is that of Beck (in Abrego, Brammer & Shostrom,1993:39) who developed cognitive behavioural approaches that are widely used in the treatment of depression, anxiety, fears and pain. The cognitive skills help people to decide positively about themselves. In the process they are able to plan for their future.

3.3.13 Planning for the future

Women in this study, decided to plan for their future as a result of group therapy intervention. A statement from one participant reflects this.

“Now that I am able to solve my problems and also decide about my life, I am planning to build my home where I will stay with my children for the rest of my life”.

In support of this view Haber *et al.* (1992:47} observed that the decision making process aims at a judgment about a need, and also reaching conclusions about what to do. In this study, women in the therapy sessions learnt decision making skills and they were able to plan for their future. Group participants found that there was spiritual enhancement related to group therapy intervention. This was evidenced by confessions.

3.3.14 Spiritual enhancement related to group therapy

This was evidenced by recognition of God’s Power. During group therapy sessions, there was evidence of trust and a strong belief in God. Group members were confessing their sins and there was recognition of God’s power proclamations. One woman exclaimed:

“I hope God will forgive me. I was sleeping with different man without fearing anything. I was hiding from my husband. After these sessions I have realized that I was not hiding from God. Group members have taught me to confess my sins in order to be healed from guilty feelings. Really God is great and has all the powers”.

Mouwrer (1964:89) observed that in confession the break-through to community takes place. Talking honestly with a few close friends extends spheres of openness.

3.3.15 Increased social interaction

Another category that was deduced from the data was increased social interaction. It was evident in the study that there was increased social interaction among group members due to group therapy intervention. Group members communicated that their social interaction had improved even outside the group.
One group member when relating to increased social interactions mentioned that:

"Talking to the group members about myself and also hearing others talking about themselves has made me to trust and love other people. I can now socialize freely with other people".

In support of this view Beck *et al.* (1993:575) have observed that willingness to expose oneself in a group fosters not only healthy integration but also the ability to be intimate with individuals.

Increased social interaction was evidenced by the development of socializing skills and redefinition of oneself.

3.3.16 Development of socialising skills

Development of socializing skills means the way of relating to other people (Chandler, 2005:1). The development of socializing skills was highlighted by the following direct quotation from one woman.
"Kulenhlangano yetfu ngifundze tindlela letinyenti tekuhlalisana kahle nebantfu labanye. Ngitiva ngijabule kakhulu ngaloko."
"In this group I have learnt and I have developed socialising skills. I can interact and socialise with many people without any problem now. The social skills I have learnt will help me".

Chandler (2005:1) observed that development of socializing techniques occur in all therapy groups, although the nature of the skills taught will vary according to the type of group. Learning of various social skills to equip the recipient in a range of different social situation is important in group therapy. Group participants also expressed willingness to redefine themselves.

Redefinition of self in this study was about looking at what it is that makes them perceive other people incorrectly. One group member had this to say:

"I am now going to look at myself and examine the situation to look at what is it that makes me perceive other people as hard and harsh. I will also look at what is it that makes people to reject me. The rejection makes me to be depressed".

Yalom (1975:21) supports the above view by asserting that an individual may through selective inattention distort his perceptions of another, so that an individual with a debased self – image may incorrectly perceive another to be a harsh rejecting figure. The process compounds itself. That individual may gradually develop behaviour traits which will eventually cause others to relate to him as he expected.

The women also come with recommendations from the group therapy sessions

3.3.17 Recommendations that emerged from the group sessions.

The recommendations that emerged were on medication and the establishment of therapeutic groups. One member had this to say:

"I hope these group therapy sessions are not ending. We need such groups of medication alone will not help us. We recommend that such groups continue to help us."

Group members were of the opinion that the group be established and conducted by people who are trained on groups. Relating to the establishment of therapeutic groups and conduction one group member raised this opinion:

"Groups should be established and conducted. We need trained people on groups to assist us in the groups."

Group members shared the opinion that the established groups be conducted in families and communities. Group members stated that families have a lot of problems which need group therapy. Women expressed that there were all sorts of emotions expressed in families. Family therapy was needed. One group member raised this view;

"We really need family therapy sessions. We need sessions to be conducted with our families because attending a group only in hospital will not help much. Our husbands and children need such groups."

Concerning this view, Goldenberg and Goldenberg (2000:4) asserts that family relations need modification if individual well-being is to be achieved. The women also recommended that they needed family therapy with their husbands if individual well-being was to be achieved.

Group members also shared the opinion that group therapy should be established in all the hospitals, and be conducted by trained staff. One group member had this to say:

"Group therapy should be there in all the hospitals because most people suffer from depression. The depression is caused by marriage problems, problems with in-laws, child birth and physical illness. When we are admitted at the hospitals we need these group therapy sessions."

Group participants thought that they needed group therapy in their communities. If group sessions are conducted in the communities, most people will not be admitted at the psychiatric hospital. One woman commented:

“Groups should be conducted at community level so that all the people benefit from the groups. Coming to the mental hospital make us to be labeled as mental patients. Those people who make us ill are left at home and they do not get any therapy.

The centre for hope of the sierras (2005:852-860) prepares multi-family group therapy that can have multiple goals. These include re-establishing healthier boundaries, decreasing blame, improving communication, identifying appropriate assertion and accountability, Family roles, and identifying family attitudes or beliefs.

3.4 CONCLUSION

Group therapy sessions that were conducted have shown that a group of women suffering from depression became hopeful during group therapy sessions. The hope they have is evidenced by increased self-awareness. The increased self-awareness enabled the women to open up and voluntarily disclose themselves to other group members.

During group therapy sessions women were talking about themselves. They were relating their experiences and feelings. Self-awareness was created when group members examined their feelings, thoughts and motives. Self-disclosure and self-introspection caused group members to grow.

Personal growth among participants was evidenced by openness and acquiring problem sharing skills to deal with day-to-day or long-term problems. Group therapy intervention made participants sleep better and they felt relieved. When participants were sleeping better and felt relieved, they were able to decide positively about themselves. They were able to make positive decisions for their future.

Some group members felt that in order for them to be healed from guilty feelings they should confess their sins. There was also a feeling of the presence of God in the group which made some group members confess their sins.

There was increased social interaction which was evidenced by the development of socializing skills and redefinition of the self. Some recommendations emerged from group therapy sessions. They recommended that not only medication should used be when treating women suffering from depression, but also that therapeutic groups should be established as well. They also recommended that therapeutic groups be conducted in families, hospitals and in communities.

This chapter has shown that group therapy intervention creates hope for women suffering from depression. The research has indicated that group therapy as a resource assists women suffering from depression to promote their mental health.

CHAPTER FOUR

DESCRIPTION OF GUIDELINES FOR GROUP THERAPY AS A RESOURCE TO ASSIST A GROUP OF WOMEN SUFFERING FROM DEPRESSION

4.1 INTRODUCTION

In Chapter Three the research results were discussed and relevant literature incorporated to recontextualize the findings. In this chapter guidelines deduced from the results will be described for psychiatric nurse-practitioners to utilize when assisting a group of women suffering from depression to facilitate the promotion of their mental health.

The framework of the guidelines will be discussed under the following headings; Relationship phase, working phase and termination phase.

4.2 DISCUSSION OF GUIDELINES

To the researcher a guideline suggests a procedure to obtain positive impact and facilitate mental health.

4.3 ORIENTATION PHASE

4.3.1 Guidelines related to hope during the orientation phase

Hope can be achieved by building a therapeutic relationship and building trust with group members. This is done during the orientation phase. Powell (1996:447) states that the goal of the orientation phase is relationship building. The relationship phase is important because it constitutes the medium for handling significant feelings and ideas of changing behavior (Abrego, et al. 1993:82-83). Hope is created when the group therapist joins with the clients from different places and positions in society. Listening strengthens the relationship and predisposes group members to trust and instill hope. The goals of the therapy need to be communicated during the orientation phase so that hope can be created.

4.3.2 Guidelines related to self-disclosure during the orientation phase

Psychiatric nurse-practitioners need to encourage a safe environment where group members will work to establish a level of trust that will allow group members to talk personally and honestly. Group members need to be encouraged by psychiatric nurse-practitioners to make a commitment to the group to agree that the content of the group sessions are confidential. It is not appropriate for group members to disclose events of the group to an outside person (Bellafoire; 2005:1). As the group members feel more comfortable they will speak freely. The psychological safety of the group allows self-disclosure. In support of the above Whitaker and Lieberman (1965:208) also observed that groups need to have an initial culture to provide patients with a feeling of safety. The psychiatric nurse-practitioner needs to encourage commitment.

Psychiatric nurse-practitioners need to concentrate on the immediate events taking place in the group, because that takes precedence over the events in their present outside life and this will facilitate catharsis and self-disclosure. This idea is supported

by Yalom (1995:45-48) who states that psychiatric nurse-practitioners need to concentrate on the “here and now” in a group session because it facilitates meaningful disclosure.

4.4 WORKING PHASE

4.4.1 Guidelines related to hope during the working phase

Psychiatric nurse-practitioners need to provide the atmosphere of warmth and sharing in the group. This will create hope among group members.

4.4.2 Guidelines related to self-disclosure

It is important to keep in mind that each group member determines how much they disclose in a group. Group members are not forced to disclose all their feelings (Bellafoire, 2005:1). Psychiatric nurse-practitioners should engage in self-disclosure allowing group members to know them. Group members will know them through open verbal and non verbal expression of their feelings (Egan, 1986:94).Psychiatric nurse-practitioner should be confident, assertive and support group members who reveal their inner feelings (Beck, et al. 1993:573). In turn group members will then engage themselves in self disclosure like the psychiatric nurse-practitioners. Psychiatric nurse-practitioner needs to create a supportive and accepting environment (Shives, 1990:135). This is done to promote self disclosure and verbalisation of feelings.

Psychiatric nurse practitioners should encourage group members to talk about themselves and focus on the here and now in order for group members to engage in introspection. Development of new behaviour should be encouraged by psychiatric

nurses in the group. Self- understanding which results to introspection should be encouraged by the psychiatric nurse-practitioners.

4.4.3 Guidelines related to increased self-awareness

Psychiatric nurses should encourage group members to focus on themselves for what is happening “here and now”. Group members should be encouraged by psychiatric nurse to be open to receive feedback on their behaviours from other group members. The opportunity to support and to help in group therapy increases self-awareness in another group member (Yalom, 1995:1-96). To increase self-awareness group members need to be assisted to focus on the “here and now”. Group members should be assisted to challenge and confront negative behaviours. This will be done to create self awareness. Psychiatric nurses as group leaders need to facilitate self-awareness.

4.4.4 Guidelines related to introspection

Psychiatric nurse practitioners need to encourage group members to talk about themselves in the group (Chandler, 2005:3). Group members should also tell other group members what brought them to the counselling centre in the first place. After group members have talked about why they are in the group. They will then engage in introspection. Psychiatric nurse practitioners should encourage group members to talk about themselves and focus on the “here and now” in order for group members to engage in introspection. Development of new behaviour should be encouraged by psychiatric nurses in the group. Self-understanding which results from introspection should be encouraged by the psychiatric nurse-practitioner.

4.4.5 Guidelines related to reduction of suicidal tendencies

Psychiatric nurse practitioners as group leaders should encourage verbalisation of feelings and also use minimum verbal response as group members reflect their feelings when expressing their experiences in the group. If the client has suicidal tendencies there will be reduction of those ideas. The above idea is supported by Alfred Healthcare Group (2005:1) who observed that encouragement of verbalisation of feelings by psychiatric nurses during group therapy sessions reduces depression in women who suffer from persistent depression.

4.4.6 Guidelines related to personal growth

The psychiatric nurse needs to listen, be empathetic, genuine and also encourage group members to focus on the "here and now". Psychiatric nurse-practitioners need to be seen as leaders that will create growth in the nurse and growth among group members. Psychiatric nurse-practitioners need to encourage group members to express negative feelings that can be healing. If the feelings are expressed where there is support from others that will allow personal growth (Beck, et al.1993:575).

4.4.7 Guidelines related to openness and problem-sharing

Psychiatric nurse should provide and teach techniques to improve communication skills. Dinkmeyer and Mckay (1990:99-121) provide the following techniques to improve communication: namely, reflecting feelings, paraphrasing, clarification and the use of open responses to encourage further communication. These skills will allow openness and problem sharing among group members.

The psychiatric nurse-practitioner facilitates the process by using circular questions. The questions which will allow openness and problem sharing, for example, may be such as: "When you are feeling depressed, how do other people treat you"? (Abrego,

et al. 1993:16. Another example of such questions is “Who else in this group feels that way?” and “Who agree with these group members?” by (Cox, 1995:35).

4.4.8 Guidelines related to giving feedback

Group members should be encouraged by psychiatric nurse-practitioners to give feedback and also to receive feedback on their behaviours from the group.

4.4.9 Guidelines related to peace of mind

During group therapy sessions members should be assisted to explore their inner feelings in order to achieve peace of mind. They should be taught coping skills. The psychiatric nurse-practitioner need to encourage group members to live a healthy lifestyle like balance between work, rest and sleep in order to have peace of mind (Beck, et al. 1993:575).

4.4.10 Guidelines related to feeling relieved

The psychiatric nurse should probe and explore feelings. Psychiatric nurses should listen and allow group members to ventilate their feelings so that they are relieved.

4.4.11 Guidelines related to improved sleep

Psychiatric nurses should assess, plan, implement and evaluate during therapy sessions. The physical and psychological dimensions should be evaluated to promote, maintain and restore the mental health of individuals in a group. Group members should be encouraged to do exercises that re-establish physical balance and reduce tension. When tension is reduced, group members will improve their

sleep. Re-establishment of physical balance promotes health (Joffrion & Douglas, 1994:16).

4.4.12 Guidelines related to reduction of sadness

Psychiatric nurse-practitioners should encourage sharing and feedback, to reduce sadness. Psychiatric nurses should encourage group members to respect and continue to encourage confidentiality and trust that will reduce sadness among group members.

4.4.13 Guidelines related to positive independent thinking

Psychiatric nurse practitioners should encourage independent thinking by asking questions during therapy sessions. Allowing the group members to reflect their feelings encourages positive thinking. Probing teaches them effective communication skills and provides them with the techniques to improve communication. Skills will enable group members to decide positively about themselves. Teaching decision-making skills will also allow group members think positively and decide positively about their future. In support of the above view Mbadi (2000:83) suggested that psychiatric nurse-practitioners should discuss future applicability of skills attained from therapy sessions by group members.

The psychiatric nurse-practitioners should encourage group members to provide detailed information and encourage group members to help other group members understand the issues involved in their predicaments.

The above view is supported by Caplan (1974:23) who states that people in the same group usually provide detailed information and specific guidance in increasing members' understanding of the issues involved. Psychiatric nurse-practitioners should encourage group members to support each other in their thoughts. The psychiatric nurse-practitioner should encourage group members to provide cognitive input strongly through group therapy sessions.

4.4.14 Guidelines related to spiritual enhancement

The psychiatric nurse practitioners should encourage the belief system of group members. The practitioners should listen and respect spiritual meaning in person's lives. This view is supported by Goddard (1995:808) who states that the spiritual dimension is often neglected. The other observation is that nurse-practitioners need to respect and acknowledge spiritual meaning in the person's lives regardless of their belief. This can be a source of great comfort to the person. On the other hand a lack of awareness may lead to failure to identify spiritual distress in others. Psychiatric nurse-practitioners need to encourage the recognition of the uniqueness of group members. Psychiatric nurse-practitioners should encourage members to accept differences in their belief systems.

4.4.15 Guidelines related to increased social interaction

Psychiatric nurse practitioners should encourage inter-member participation to enhance the process by gathering the important elements in group interaction and direct communication between members. The psychiatric nurse practitioners should encourage group members to develop new ways of interaction with other group members and other people. The psychiatric nurse-practitioners should encourage an exchange change of ideas. During group therapy sessions the psychiatric nurse-practitioners should give support, offer alternatives and give comfort. During this process difficulties become resolved. The social interactions give group members new ways of relating to people (Bellafoire; 2005:1) by helping them to understand their relationship. Haber, *et al.* 1992:339 supports the idea by pointing out that all interactions can be the source of personal insight.

4.5 TERMINATION PHASE

4.5.1 Guidelines related to problem-sharing

Psychiatric nurse practitioners should encourage group members to share feedback with one another as group members experience ambivalence about learning in the group.

The psychiatric nurse-practitioners assumes a less active role during the termination phase but helps the group members to integrate the changes and to say farewell (Shives, 1990:138).

4.5.2 Guidelines related to Positive decision making

Psychiatric nurse-practitioners evaluate the group members' decision-making skills. The group is evaluated to see whether they are able to assume responsibility for all facets of their lives (Shives, 1990:138).

4.5.3 Guidelines related to planning for the future

The psychiatric nurse practitioners discuss the future plans of individual members. This help to facilitate a positive sense of therapeutic attainment as group members are able to plan for the future. In support of the above view Mbadi (2000:83) suggested that psychiatric nurse-practitioners should discuss future applicability of skills attained in group therapy sessions by group members.

4.5.4 Guidelines related to recommendations from the group

Psychiatric nurse-practitioners should mobilize and motivate stakeholders, mental health workers and community members about the recommendations made during group therapy sessions. Psychiatric nurse-practitioners should follow up and see if all the recommendations are implemented.

4.6 CONCLUSION

In this chapter the guidelines for psychiatric nurse-practitioners were developed, to utilize when assisting women admitted at the psychiatric hospital suffering from depression. In the following chapter conclusions, limitations and recommendations of the study will be discussed.

CHAPTER 5

CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

5.1 CONCLUSION

This study arises from the observation of working at a psychiatric setting. I observed that there were no group therapy sessions conducted and yet there were many women suffering from depression. Another observation was that there were no previous studies done on group nursing therapy as a resource to assist women suffering from depression. The question posed was: why are these women not assisted by group therapy? A need appeared for these married women to be enabled by psychiatric nurse practitioners. Group therapy sessions were organised to assist them in mobilising their resources, to promote and maintain their mental health.

The objectives of this study were twofold. Firstly to describe how group nursing therapy as a resource assist a group of married women suffering from depression to promote their mental health. Secondly, to describe guidelines that can be utilised by psychiatric nurse practitioners to assist a group of married women suffering from depression, to mobilise resources to promote their mental health.

Two questions were posed:

- How can group therapy assist married women suffering from depression?
- What guidelines can be identified by a psychiatric nurse-practitioner for group nursing therapy as a resource to assist a group of married women suffering from depression to promote, maintain and restore mental health as an integral part of health?

A qualitative, exploratory, descriptive and contextual research design was used to find answers to these questions. The results of group therapy sessions that were

conducted, the field notes by the researcher and notes from diaries suggested that group therapy sessions assist married women suffering from depression by instilling hope to group members, that self-awareness is created by group therapy intervention, which results in self-disclosure and self-introspection. There is also information sharing, openness, positive decision making about self and also planning for the future. (See Table 3.1)

Based on these results guidelines were deduced for psychiatric, nurse-practitioners to provide support and assist married women suffering from depression who are admitted at a psychiatric hospital in Swaziland to mobilise resources to facilitate the promotion of their mental health.

It can therefore be concluded that the research questions of this study have been answered. The objectives were achieved and the central theoretical statement has been supported.

5.2 LIMITATIONS

- Few participants were followed up after discharge because the participants were not from one region, but from all the regions of Swaziland. Resources were not sufficient to cater for the follow-up of all the group participants.
- Time was also too limited to follow up every participant.
- Another limitation was that, some group participants could not write they could not write in their diaries what happened during the sessions.
- Few relatives, especially their husbands, could be found. Relatives' views about the progress of the clients could not all be heard.

5.3 RECOMENDATIONS

The recommendations from this study are made with specific reference to nursing practice, nursing education and further nursing research.

5.3.1 Nursing practice

From the research results it is clear that group therapy need professionals when conducted. Psychiatric nurse-practitioners guided interaction with the group in a goal-directed way. Psychiatric nurse-practitioners should use guidelines proposed for this study to facilitate the promotion and maintenance of mental health of married women suffering from depression.

5.3.2 Nursing education

The guidelines generated from the findings can be used in designing in-service education programs for group therapy and also in the curriculum for the training of psychiatric nurse-practitioners. Emphasis could be laid on group therapy process skills. The curriculum for nurse-practitioners should be evaluated and restructured to meet clients' needs on group therapy.

5.3.3 Nursing research

The study made recommendations that group therapy sessions should be conducted in families, communities and general hospitals. This study could not be generalized as it was done in the Manzini region at the psychiatric hospital. The study targeted women admitted the psychiatric hospital and yet there are many married women who are suffering from depression who are not admitted at the psychiatric hospital.

Due to the above factors, it is therefore necessary to conduct further studies for women from the community suffering from depression attending the outpatient department. Another study may be conducted to evaluate the effectiveness of the guidelines that were developed in this study.

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ANNEXURE A

ANNEXURE B

To: Hospital Management

National Psychiatric Hospital
P.O. Box 424
Manzini

9th April 2003

Dear Sir / Madam

REQUEST FOR CONSENT TO CONDUCT A RESEARCH STUDY

I am a second year M. Cur (Psychiatric Nursing Science) student at Rand Afrikaans University Johannesburg. I will be conducting a research study on "Group Nursing therapy as a resource to assist married women suffering from depression". I am conducting the study as a partial fulfillment of my Masters' degree program. The supervisor of the study is Professor Marie Poggenpoel and the co-supervisor is Professor C.P.H. Myburgh of the Department of Nursing and Education, Rand Afrikaans University. I am requesting you to allow me to conduct the study in your institution.

The objective of this study is to describe group nursing therapy as a resource to assist married women suffering from depression and to describe guidelines for support that can be used by advanced psychiatric nurse practitioners, to assist married women suffering from depression to promote, maintain and restore their mental health as an integral part of health.

The study will be qualitative, exploratory, descriptive and contextual in nature. Data will be collected from the group during therapy sessions. Participants of the study will be obtained through purposive sampling. The target population will be married women. These will be married women whose duration of marriage is five to fifteen years. The women will be admitted at the National Psychiatric Hospital, your institution. The admitted women are to be those suffering from depression. Research ethics will be considered in the study. Participation will be voluntary. Participants can withdraw from the research any time they feel that they no longer want to participate.

There will be no monetary incentives for the study. There will be no compensation for any inconvenience associated with participating for any inconvenience associated with participating in the study. Tea and snacks will be served after each session. The benefit of the study will be that participants will describe how group nursing therapy has assisted participants. From the description guidelines will be described for psychiatric nurse practitioners to utilize when assisting married women mobilize resources to facilitate their mental health.

Group members will be treated fairly and there will be no discrimination between participants. Group members' information will be confidential. There will be no identification information linked to the data. A separate consent form will be given to participants after the researcher has explained about audio-tape to sign if they allow the researcher to tape the participants. Assurance will be made that audio-tape material will be erased after transcriptions and use. Participants will be asked to fill consent forms before participating in the study.

I am therefore asking your permission to conduct group nursing therapy sessions in your hospital for eight sessions, which will last for one hour per session.

Yours faithfully,

Phumelele Dlamini
(RN, B.Ed. nursing) (M. Cur Psychiatric nursing) student

_____
DATE

Supervisor Professor Marie Poggenpoel _____
(RN, Ph. D) DATE

Co-Supervisor C.P.H. Myburgh, _____
(B.Sc. Hon, M. Comm. D.Ed. H.Ed.) DATE

Home Address:
P.O. Box 96
Luyengo
SWAZILAND

Phone : 6130936

ANNEXURE C

28th February 2003

TO: Participants

Madam,

REQUEST FOR CONSENT TO CONDUCT RESEARCH

I am an M. Cur (Psychiatric Nursing) student at Rand Afrikaans University. I will be conducting a research study as a partial fulfillment of my Master's degree. My supervisor is Professor Marie Poggenpoel and co-supervisor is Professor Myburgh of the Department of Nursing and Education respectively, at the Rand Afrikaans University. The purpose of the study is to describe the effect of group nursing therapy as a resource to assist a group of married women suffering from depression to promote, maintain and restore their health. From the study guidelines for psychiatric nurses will be described. Guidelines will be used to assist married women suffering from depression.

The study will be qualitative, exploratory descriptive and contextual in nature.

To complete the study I need to conduct eight group nursing therapy sessions with you and other members of the group. Those sessions will be audio-taped for verification of findings by an independent psychiatric nurse specialist and my supervisor. In order to protect your name I undertake the following:

- Not to give your exact name when discussing information pertaining to the study.
- Collected data will be kept under lock and key to ensure that no other person except for my supervisor and the psychiatric nurse specialist who will be involved in coding has access to it.
- Data will be erased as soon as it is used.
- You may contact the researcher anytime you wish to do so.
- Summary of the research findings will be given to you.

The research is voluntary. If you wish to withdraw from the research, you will be free to do so any time. There will be no compensation for any inconvenience associated with participating in the study.

Participating members will be treated the same. There will be no discrimination between participants. All confidential data will be kept with strictest confidentially.

As a participant you will have the opportunity to benefit from the eight group therapy sessions. Your participation in the study will benefit other group members who are married and suffering from depression. If you are willing to participate you will sign the consent forms and audio – tapes will be used.

Remember participation is voluntary. If you do not want to participate, you are free to do so.

Yours faithfully,

Phumelele Dlamini(RN, RM, B.Ed Nursing
(M.Cur Psychiatric nursing student) R.A.U _____
DATE .

SupervisorProf. M. Poggenpoel
(RN, RM, Ph.D) _____
DATE

Co-Supervisor:Prof. C. Myburgh
(B.Sc. Hum. M.Com, D. Ed. H.Ed.) _____
DATE

Contact Address:

P.O. BOX 96
Luyengo
Swaziland

PHONE: 6130936

ANNEXURE D

10th June 2003

Mrs. P. Dlamini
P. O. Box 96
Luyengo

RE: GRANT OF REASERCH PERMIT FROM HOSPITAL

We are pleased to inform you that you have been granted permission to conduct research on “Group therapy as a research to assist married women suffering from depression.

We will be happy if we can get a copy of your study findings. We hope the research will help our institution to improve patient care.

Yours sincerely

Dr. R. Ndlangamandla

ANNEXURE E

AN EXAMPLE OF ONE LETTER FROM PARTICIPANT

TO: P. Dlamini

I am happy to inform you that I am willing to be one of the participants in your study. I hope by being involved in the sessions I will gain knowledge.

Thank you

S.

ANNEXURE F

Mrs. P. Dlamini
P.O. Box 96
Luyengo

13 June 2003

A letter to the independent coder

Dear Siphepho

I am requesting for your assistance, in the study I am conducting, to be my independent coder. The topic of this research is “group therapy as a resource to assist married women suffering from depression. This study follows a qualitative approach of investigation.

Kindly follow the steps below to analyze the data of transcribed group therapy sessions with the married women suffering from depression.

INSTRUCTIONS FOR THE CODER

- READ through all transcripts to a sense of the whole. Jot down the ideas as they come in mind.
- Pick one document (one session) the one on top of the pile
- While reading, jot down notes, comments, observations and queries in the margin. This will reveal the most striking, if not the most important aspect of the data
- Underline words and themes in the transcribed material pertaining to experiences and feeling before and after the family nursing therapy.
- Make a list of the topics, form all these topics unto columns separating major topics, unique topics and left over.
- Find the most descriptive wording for your topics and turn them into categories.
- Group topics that relate together
- Cluster major categories within theory for health promotion.

From Phumelele Dlamini

ANNEXURE G

Transcription of verbatim translated session 8 of group nursing therapy.

Research question – How did group therapy assist group members?

Key: NP - Nurse, Practitioner
R – Group members

NP - Hi guys, the weather is cool day. You are looking more comfortable than you did at the beginning of the sessions. Now that we are at the end of our sessions. How did group therapy assist you?

R1 - Group sessions have healed me. I had a lot of problems when I first attended the sessions. I could not sleep at night. I used to feel pain all over the body. I had palpitations. I could not talk to people. I had episodes of feeling depression. Now all these things have gone.

NP - I wonder if other group members understand when you say all these things have gone.

R1 - What I mean is that I can sleep now, there are no more pains. I can talk to group members freely and I do not have episodes of depression now.

NP - When you are feeling depressed, how do other people treat you?

R1 - Before the sessions they were treating me badly. After some sessions they changed their behaviour and I also changed, the episodes of depression subsided.

NP - I wonder who else in the group feels that way?

R2 - I feel the same as respondent 1. I had episodes of feeling sad. I could not communicate well with my husband. These sessions have helped me a lot. It has made me to feel better and has made me to see my mistakes.

R3 - I also feel relieved. I sleep until morning now. I use to wake up at 1 am in the morning.

NP - If you guys feel better who will be the first one to notice that in your families.

R2 - My husband

R1 - My children because they are worried about my sleepless nights.

NP - What will they say?

R2 - My husband will be happy that I will be talking to him. I did not have time talk to him.

R3 - You know guys, I did not understand what we were doing at first. Now I have learnt from the group that I am not the only one who has problems. I have also learnt that my behaviour affects other people.

R5 - I can see that group member No.1 is better now. When we first came here she was not sleeping at night.

NP - I wonder what other group members are feeling about that.

R2 - It is true that we have learnt a lot in the group. I was always blaming my husband. Group sessions have taught me to look at myself and my faults too. Before the sessions I was breaking plates at home. Group members have made me to be aware that my behaviour affects my husband. I am happy that I will go home being a changed woman.

R5 - These sessions have given me knowledge about life. I agree with respondent 2.

NP - I wonder what happens when a person has knowledge. What is the feeling of other group members?

R5 - To me knowledge means that I have learnt in the group. I will be able to look at myself and solve my family problems. I am happy that I will be able to tell other people how I feel about them when I am sad. I will be able to share my knowledge with my family, especially my husband.

R6 - It is the true that we have gained knowledge in the group but we must remember that we should try to say our feelings in a polite way. If we do not do that we will annoy other people.

R4 - The group was like a church to me. It reminded me to the church. We were speaking honestly to group members. I feel as if there was God among group members. I found myself confessing my sins, so that group members could help me. Group members assisted me to solve my problems. I am able to decide about my life now.

NP - If I heard you well, in this group you were able to share with group members. I wonder what can happen if you could go home and not share your problems with anyone.

R4 - I can be ill again and come back to hospital. I think our group members can say the same thing too.

R7 - Yes I was able to share with group members and they were open to me. They were able to tell me whether I was right or wrong. We discussed and I changed, where there was a need. I can be ill too if I can go home and not share with anyone too.

R8 - What I can say is that when I first came here respondent 5 was very ill. She could not talk to us and she was very aggrieved. What I can say is that she improved her condition I then develop the hope that I will be well too. Group members supported me and I am better now. I have planned what I will do when I go back home.

R2 - When I go home I will communicate and share information freely with my family. I will decide things involving my family I hope my husband will understand me.

R8 - I will be able to build my own home with the help of my children.

R6 - At home I will be able to interact well with my family and other community members.

R7 - I understand that today is our last sessions. I feel as if we should not part. I have one recommendation to make. As we are leaving I recommend that group therapy sessions should be conducted in our families in the community and in general hospitals.

R2 - I feel that the group therapy sessions should be conducted by people trained on groups. I could see the way the nurse was conducting the sessions that she was trained.

R8 - I feel the same too.

R2 - I also feel the same as group member No.2, our families should be involved in groups too. If you come from the mental hospital and tell them about the groups they will tell you that groups are for mad people.

NP - We are now left with five minutes before our last session ends, I wonder how are the feelings of other people in the group?

R1 - Group therapy has helped me gain skills. I will apply the skills I have gained from the sessions at home.

R2 - Thank you very much for the sessions. I hope we will use the knowledge at home.

NP - We are now at the end of our sessions. Thank you very much for the sessions.