
RESTRAINT - PHYSICAL AND CHEMICAL IN THE NHS

by

Lorraine Kushner Downen

I first encountered the Human Potential movement when, as a late 20's mum, I was looking to improve my situation as a registered nurse through an Open University degree specialising in Clinical Psychology. There must, I thought, be a self-respecting way to use my skills in nursing. From Rogers and Fromm, I moved on to Fritz Perls and Barry Stevens, Schultz, Ferguson, Rowan, Milroy and Maslow.

I am glad I found humanistic psychology and my anger and my self respect. Five years ago this month my Nursing officer said to me:

'Lorraine, you can't say these things about humanistic psychology when I'm trying to get funding for a behaviour modification unit I don't want Region to hear about it . . . do you really want this job!'

Well, for the previous 10 years for some reason, I really had wanted that job - but at that moment I realised that I could do without it.

And with the help of a little 'ordinary ecstasy' and not wanting to push the river - I left.

No more cosy mapped-out decline into pension, no more seclusion rooms, no more needles up bums or fists through windows. I'm only just starting to 'feel' those years after much numbness, guilt and feeling of loss. At the beginning I was an over-educated over-eager student, keen to make a difference to people's lives - to be an advocate and a witness. At the end my responses were blurred, my energies drained, my heart closed.

I worked on several locked wards in three different hospitals during my nursing life. Some patients were very handicapped, and very iatrogenically disturbed from year after year of institutionalization. Others had stepped out of line and were doing a 'spell' to bring them into line. Every ward sister had someone she wanted moving to the locked ward; nobody wanted to have to re-integrate a locked ward patient into her scene. I've put strong suits on screaming six foot men with a mental age of 13 months, and stuck needles full of paraldehyde, Largactil etc. into a lot of struggling bared buttocks. I've thrown screaming, biting ladies into seclusion rooms with no furniture, no windows and no heating, knowing the night staff

would leave them in all night as a way of coping with low staffing levels.

Drugs did take away the anger, the confrontation, if someone took medication willingly; then the whole scene was different. Doctors who would accept suggestions that their prescriptions were too high, or were causing side effects were few and far between. Getting drugs increased or ECT prescribed wasn't difficult. The Serenace shuffle, the Valium waltz took the place of - 'gonna break a fuckin' window!'

None of it was unconditional positive regard, nor healing, nor loving: just rather crude containment, sweeping up the casualties of an anti-humanistic society that doesn't look after its own very well.

So many sad and angry people calling out for gentleness and compassion; last year's clients turning into long term victims.

If we can open our ears and hear them: if we can open our hearts to feel for them, our minds to think about them, then surely between us we can make a better world than this ?

DIPLOMA COURSE
IN THE
THERAPEUTIC AND EDUCATIONAL
APPLICATION



*MUSIC, *ART, *PUPPETRY, *DANCE/MOVEMENT, *DRAMA
*PLAY, *POETRY, *PSYCHODRAMA.

Commencing October 1989. Details 01-254 8047
25, Evering Road London N16 7PX

The London College of Dance