

# What Nancy Taught Me

BY EILEEN HIGGINS DRISCOLL, RN

**I**n 1946 third-year nursing students were required to complete three months of psychiatric training before taking the state board examinations for registered nurses. To satisfy this requirement, the nursing school I attended sent its students to a large state hospital for the mentally ill. I was totally unprepared for what I found there. I had been told about schizophrenia, but that was inadequate preparation for what I encountered.

My first assignment was on a unit for "disturbed" patients. My patient, Nancy Webster, was a 25-year-old woman who had been a nursing student when she became ill. She was kept in full restraint due to frequent agitation. Her diagnosis was schizophrenia.

"Full restraint" in 1946 meant, first, a strait-jacket that held the patient's arms across the chest. Then the patient was placed in a baglike canvas sheet that was open at the bottom, with another opening at the top for the head to go through. The patient was placed in bed and the canvas sheet was tied securely to the bed. Finally, the bed was tied to the heat pipe in the room.

I approached the room slowly, afraid of what I would find. There, in bed, was a pretty young woman who greeted me with a big smile and a cheerful, "Good morning, nurse."

That was a big surprise for me. "Nancy, would you like me to help you with a shower?" I asked.

"Oh, I would love it," was the immediate answer. I was amazed by the quiet, polite demeanor of my supposedly agitated patient. I found myself saying a quick silent prayer as I removed her restraints. "God, please let me do the right thing for this girl. I'm not sure what is correct."

We walked to the communal closet together. Nancy picked out a pretty floral dress, underwear, and socks for the day. She sang in the shower and seemed to enjoy the refreshing soap and water. After she was dressed, my orders were to place her back in full restraint. I didn't want to do that. "Nancy, if I get permission for you to stay in the



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day room for a couple of hours, will you sit and read quietly?"

"Oh yes, nurse. Can we do that?"

"I'll have to get permission from the charge nurse. Stay here while I speak with her."

I found the charge nurse and made my request. "You will be responsible for her if you don't put her back in full restraint. She has caused trouble here before," was her annoyed answer.

"She's not agitated now and promised to be quiet," I pleaded.

Nancy and I went to the day room together. She looked pretty in the floral dress with her hair combed. I was happy that she didn't have to go back into those hated restraints. We found a pile of magazines Nancy thought she would like to read. I brought her a glass of juice and left her alone and seemingly content while I went on to my next patient.

It wasn't long before a furious charge nurse was in front of me. "Get into the day room and put Nancy in full restraints."

When I got to the day room, I could hardly believe my eyes. There was Nancy standing on the table doing the hula. The pretty dress had been torn up and pieces tied into a bikini. The leftover material served as bows in her hair and around her wrists and ankles. Nancy started to cry when she saw me. "I'm sorry. I got you in trouble now, didn't I?"

This poor sick girl was apologizing to me. When my tears started, Nancy's stopped. "It's OK. I know you have to put me back in bed. Come on. I'll go with you. We'll do it together."

That day I was confronted with a reality that all caregivers must deal with at some point in their career. I felt that I had failed miserably. I had been taught that a nurse is supposed to have empathy, not sympathy. We are supposed to be objective, not subjective. That looks beautiful on paper, but it is one of the hardest lessons to master. □

**NOTE:** In 1946 the charge nurse was adhering to accepted standards of care. Today restraints are seldom used.