

The Advantages of Mental Experience to the General Nurse.*

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To anyone familiar with the training, experience, and characteristics of a good mental nurse, the advantages which such experience would give to a general nurse are manifest—in fact, the term "general nurse" is scarcely applicable without some training of the kind. No strict line can be drawn between sanity and insanity, nor between disease of the body and disease of the mind. A very short experience in a general hospital is sufficient to emphasise this, and the cases which one meets in private are still more numerous. My own experience, which is, after all, most convincing to me, is certainly in favour of such double training; many of my private cases would have proved too much for my knowledge or powers without my mental experience. These cases of mental abnormality occurring in patients under treatment for other diseases may have been unusually numerous, but any private nurse is liable to the same fate.

We all know how high a standard has been set in the general training of nurses of to-day, and the good nurse possesses such qualities as patience, sympathy, and devotion to duty in a high degree. I can assure you, however, that these qualities should be even more highly developed in the mental nurse, or in the nurse who has had, at any rate, a partial mental training.

There are some nurses who adapt themselves to circumstances much better than others without any special training, even when dealing with mental patients, but they seem to be very few and far between.

When a nurse has actually been with, seen, and learned all she can about mental patients, accustomed herself to their ways and moods, and learned to sympathise with them, and understand that it is the patients' misfortune not fault, that they are often so very trying and exacting (it is hard to realise this very often), then she will have gained a very great deal, indeed, and have more confidence and feel much better able to deal with all difficult cases. Instead of being easily put out and irritated at all the annoying ways and things which patients are so liable to say (not being responsible), she will be able to rise above that and never get offended, because it is a patient and because they are *mentally afflicted*.

* Read at a meeting of the Irish Nurses' Association.

Of course, I am not advocating that this system of gaining experience in mental work would in any way be sufficient for nurses wishing to take responsible posts in asylums, or even with critical mental cases. Nurses desiring to have the Medico-Psychological Certificate require now to give two years in a mental hospital, if holding a certificate for general nursing, before they are eligible for examination, and, for a young woman wishing to be trained in mental work, the specified time is three years. There is a great deal more to be learned in mental nursing than the average person knows of.

Unless one has been in actual touch with the insane, one cannot comprehend in the smallest degree the peculiarly trying conditions, the arduous stress, and the strangeness of the work of this branch of nursing. A world full of phantom voices and unexpected realisations, which cannot be ignored, and which sometimes result in catastrophes. The constant watchfulness necessary to secure safety, to preserve and encourage order and method, the exercise of tact, sympathy, and forbearance, often under very trying circumstances, to try to bring kindness, gentleness, and serenity into the lives of these poor people, indeed needs a great deal of training of a very high standard, and, to be successful with the work at all, *sympathy*, I think, is most important.

So much for what we may call the personal effect of the training. Let us now glance at some of its applications to general nursing. I think I may say that we have all experienced the helplessness of the average nurse when suddenly put in charge of a mental or even delirious case. She is utterly at a loss, she feels frightened and incompetent, and either gives in to her patient completely or takes the opposite extreme and adopts a domineering manner. She lacks the experience which brings the necessary qualifications to deal with such cases—the peculiar tact, judgment, and sympathy, also a certain intuition which enables her to understand her patient and judge accordingly what course to adopt.

This is even more important in dealing with such a disease as hysteria, where the mental and emotional faculties predominate to such an extent over those of the body. The fully (or mentally) trained nurse will know the kind of firm, judicious treatment necessary; she will understand that too much sympathy is not good for her patient. Then there is the large class of neurotic, nervous, and hypochondriacal cases, in the treatment of which mental and personal influence plays such a large part. As a rule, the average nurse gets

[previous page](#)

[next page](#)