

Mental Nursing.*

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"Mental" Nursing is regarded by some as if it were inferior to medical and surgical nursing. Indeed, it is thought so easy of performance and to require so little knowledge and skill that in this branch of nursing more than any other we have a large number of men and women who never had any special training. This is quite a wrong conception, and arises from the belief, equally false, that all an insane person needs is "safe custody," and that there is nothing that can be done by way of treatment.

As a matter of fact, much more is needed for this branch of the work than the requirements of medical and surgical nursing. The observation of pulse and temperature, dressing of wounds, observation of secretions and excretions of patients, the general anatomy of the body and the diseases to which it is subject—all this is knowledge fairly easily acquired and possible to the ordinary intelligence after definite training. Not so with mental nursing, which requires a great deal more.

The mental nurse might know all that can be learned about the body and the brain, and be familiar with all their diseases, and yet not be fitted for a mental nurse, unless she has studied both mind in order and mind in disorder, normal mind and deranged mind. She might even get accustomed to the "groove" of asylum nursing and treatment, but for private work, in my opinion, the "ideal" nurse cannot be trained, she must be *born* for her vocation; for a mental nurse should be something more than a nurse. As the constant companion of the patient she is the real doctor of the mind. The physician sees the patient only for a few minutes each day or perhaps only once or twice a week, whereas she is constantly with him or her, and it is to a great extent *her* influence which determines his recovery.

Whereas the medical and surgical nurses watch the "disease," the mental nurse must study her "patient." The knowledge of the different mental disorders alone will help her little, for she cannot treat the disease; she has to treat the patient as an *individual*. It is her business to keep alive the personality of the patient, to individualise, and not to treat the patient as one of a mass. For this purpose she must study and become acquainted with the peculiarities of the constitution, temper, and disposition of her patients, and must observe whether his natural disposition has become

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exaggerated or his original characteristic has changed.

The mental nurse is with her patient so continually, and sees him or her under such varying conditions, that the help which she can render is incalculable. She notices his behaviour, habits, and peculiar mental manifestations, and can observe and distinguish what is normal and abnormal; what is a manner to which he has been accustomed and what is one which he has acquired since his illness.

Quite a number of qualifications are therefore expected of a mental nurse. She is to know not only ordinary nursing, medical and surgical, to have a knowledge of brain diseases and of mental disorders, but she is also to have a knowledge of psychology and human nature; and there is still something more wanted. If she is to bring about the recovery of her patient then the healing influence must come from her personality, her words, and her actions. The doctor will direct her, can tell her what to do, but with her rests the actual work. Therefore certain characteristics are needed in her—heart, judgment, patience, good temper. Her own character must recommend itself to the patient. She is to guide, console, and encourage her patients, and she must possess general culture in order to interest the person in her charge, of whatever station in life and whatever education.

A large number of insane, at all events in private care, are sufficiently sensible that they themselves desire to get rid of their morbid ideas and delusions. Often they will confess to the nurse the private sorrow which in their opinion excited their present condition, or else she herself, by careful observation, may recognise the psychical origin of their troubles. Therefore she must gain the confidence of her patient by affection, sympathy with his feelings, by listening to the story of his life. She must know when to speak and when not to speak, when to act and when not to act. She must conquer her own likes and dislikes, her own prejudices and antipathies, and put herself as much as possible in the position of the patient, thinking *his* thoughts and feeling *his* feelings. Then she will be able to learn to control him; if there is excitement, to allay it; if there is fear, to remove it; if there is anger, to dispel it.

I know that it will be said that I expect a mental nurse to be a perfect angel. Theoretically, I do. Her work demands it. At all events she should be an angel in disguise—that is to say in her intercourse with her patient, although behind that cloak of sweetness and

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