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The Human Impact of Seclusion and Restraint

Executive Summary:

Years of abuse, neglect and trauma that I internalized as self-blame led to psychiatric hospitalization. The hospitalization itself as well as some of the interventions, particularly seclusion and restraint, added additional layers of damage. Through learning about the dynamics of oppression and doing emotional release work alongside other people on similar journeys, I have been able to “clean the lens” and free myself from the internalization of oppression well enough to realize that there was never anything wrong with me.

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To illuminate the human impact of seclusion and restraint, I would like to share a bit about my journey.

In the 1980s, I began working about two miles from here in a private mental institution in Rockville, Maryland. The institution was then considered one of the top five in the United States, if not in the world, so I thought this meant I was getting top-tier training and experience.

We spent 40 hours in orientation, a significant portion of which involved learning how to seclude and restrain patients. As a 27-year-old, just back from a three-year tour in the Peace Corps, I was shocked at what we were being asked to do. It seemed barbaric. I decided that, in order for me to do that to another human being, I needed to experience it – to “feel” it. The trainers agreed to do role plays with myself and some others who had the same concern. I was put in a cold wet sheet pack – that is, wrapped like a mummy in sheets that had been sitting for a long time in ice water. We were told that it was an effective way to help someone feel where their body ended and the rest of the world began. That made sense to me – but I was wrong.

At the same time, during all the years I was working in the hospital and then in mental health settings in the community, I didn’t dare reveal my secret: that I had spent 15 months in a mental institution, diagnosed with chronic schizophrenia. I felt shame about my past: I hoped and wanted to believe that that experience was behind me. There were times when I wanted to use my experience as a teaching tool but I was afraid to derail my career by revealing my secret.

When I first started hearing about mental health liberation, I was not able to hear these “radical” ideas. I thought, What could those people possibly teach me? I was a mental health provider and manager. Again, I was wrong: I had a lot to learn.

As I learned about human rights and the mental health consumer/survivor movement, I started re-examining, re-evaluating, and remembering what had happened to me. I began “cleaning the lens” and gaining a deeper understanding of the dynamics of oppression and assimilation. I saw how I was taught to blame myself for abuse that was forced upon me. I had compromised my principles in order to conform to the dominant cultural norm. I realized that my thinking had been wrong. Cold wet sheet packs – like any type of physical or chemical restraint – were not an appropriate “treatment”; instead they were a way to rob people of their power over their own lives.

What remains very painful was the personal devastation of being locked up in a mental institution, away from friends and family, at the age of 16 – a time in my life when I so desperately needed to feel that I belonged, that I mattered, that I was good. Hospitalization itself is seclusion. The agony, the torment, the torture that I experienced is something I will never forget.

After a few weeks in the mental institution, for reasons that I still don’t understand, I was put in a seclusion room. I had not acted out or done anything aggressive. I was a subdued, quiet “mental patient.” My thinking was slowed and foggy due to chemical restraints.

The seclusion room was hitting rock bottom for me. I had internalized the belief that, somehow, I had done something wrong or that my brain was so broken that I had to be caged like a wild animal. Being locked in a 9x9-foot barren white cell with only a hospital gown and a thin blue plastic-coated mattress on the floor was unbearable. My belief in my inherent goodness, wholeness and completeness was shattered. But a tiny spark, albeit veiled in doubt – that, in fact, I had done nothing wrong and that my brain was fine– remained deep inside.

Because of the overwhelming loss of my power and my dignity, I internalized the blame and the oppression. I was in an altered state of consciousness, and on high doses of anti-psychotic medication. Through it all, I wondered if I had died and gone to Hell. The abyss of aloneness is hard to describe. People who have not been through it cannot possibly understand what it is like. Certainly, the staff did not seem to have a clue. It seemed routine to them, which reinforced the isolation and self-blame I felt.

During my short time in seclusion, I gave myself permission to end my life. If society thought I was this sick and I couldn’t get the help and support I needed, I didn’t want to live. It was way too painful. The experience was making me more confused about what was going on inside me and I could not understand why I was being treated so inhumanely.

Looking back, I now know that what I needed most was to be treated with dignity and respect. I needed someone to talk with me and engage me in dialogue because I was stuck in monologue.

Most of all, my experience in the “mental health system” taught me the price of not conforming to an oppressive society. It taught me what happens to people who experience altered states of consciousness. It was the 20<sup>th</sup>-century version of being shackled and chained to a dungeon wall.

The internalized oppression says, “It was not that bad.” The truth is, I almost didn’t survive. On my 18<sup>th</sup> birthday – at home in my own bedroom – I woke with my pillow wet. I had cried in my sleep: I could not believe I had lived to be 18.

Today the memories of my mental health “treatment” fuel my passion for advocacy and social change. I don’t want anyone else to have to go through what I went through.

I envision an America where people experiencing extreme emotional distress get community-based supports and services that validate their dignity, respect their human and civil rights and retain their deepest values and sense of humanity.

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Footnote: The language below was in the Vermont State Mental Hospital’s nursing policy manual until 1998, when it was edited out. The policy acknowledged the psychological reactions to being subjected to restraints as reasonable human emotions. Under “Harmful Effects of Restraint,” the manual stated:

“The temptation to use restraints for controlling disturbances should always be weighed against the following harmful effects of regularly using restraints.

“Restraint feeds frustration: it produces aggression, resentment, hate, desire for revenge, all negative emotions. Consider how hostile and frustrating the world would look to you if you were in restraint.”

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