

From Psychiatric Survivor to Nurse to Activist

Moran Milman

PsychOut: A Conference for Organizing Resistance Against Psychiatry, OISE, Toronto, 2010

I don't have any great discovery to tell you about today. Neither do I want to propose a research idea or tell you about something new I've learned and analyzed. I am here to simply tell you my story. I have to do this, in fact. I've been waiting for this day for the last 16 years so how could I spend these few minutes telling you about something I've read in a book and found interesting. I can tell you, however, that when you hear my story you wouldn't need any supporting evidence. It speaks for itself. And when I am done, my proposals on how to better the flawed psychiatric system that exists now will be deductions based on lived experience and knowledge of both nursing and psychology.

To give you a quick background on who I am, my name is Moran, I am 33, and I was born in Israel. I lived in Israel for approximately 7 years and Nigeria, in between, for approximately seven years. My parents immigrated to Canada in 1990, just a couple of months before my 14th birthday. Then, when I was a few months short of my 15th birthday, I was sexually assaulted by a family "friend". I spent the next year spiraling into a very serious eating disorder called "Anorexia Nervosa". I basically starved myself to death and did not realize this. Nor did my family doctor or my parents realize this, as it was not a well known diagnosis in 1992. In May of that year, almost two years after my family had stepped foot in this country, I was hospitalized at the Hospital for Sick Children. I was 15, and as I got up the stairs of St. Andrew Subway Station to go to the hospital for the first time for an appointment, I was so short of breath that I had to sit quickly in a cement flower pot on the sidewalk to avoid fainting. The doctors said I was only a few days away from having a heart attack. My heart became so small. I believe that my life was saved that day but was about to change forever.

Before I tell you what happened next, I would like to mention an important piece of contextual information. Throughout my childhood, my father, who's originally from Ukraine, would seldom discipline my brothers or me with a spank or a slap on the back. It was nothing to write home about, as they say. I can utter with confidence that most of my disciplining was done through arguments and yelling. Now, I will continue with direct quotes from my official letter of complaint to the College of Nurses of Ontario (CNO) about what happened to me at the Hospital for Sick Children. I decided to use this letter as a reference since it was written in 1997, only five years after my hospitalization. Even though the letter contains some disturbing information, not only about the hospital but about my illness, I have chosen to not omit any details as I live by truth and removing information would certainly change that.

Events prior to the incidents:

- I was being fed by a nasogastric tube which was first inserted around May 21, 1992...*
- I was transferred from 4C, General Medicine Unit, to 5E, Eating Disorders Unit, at around June 4 or 5, 1992. At that point, I stopped eating completely and was getting all the nutrients through the NG tube.*
- Around the middle of June (either the 12th or 19th) I was sent home for the weekend with the NG tube but without the feeding pump. On Saturday, that weekend, I pulled the tube out of my nose.*

Incident #1:

Date: Sunday...June 14 or 21, 1992
Time: At night...8pm or 9pm...
Place: My room, ward 5E...
Patient: Myself...

Incident: I am in the room with my parents and a nurse...I say that I won't let them put the tube back in. My dad gets frustrated and begins hitting me in the head. My mom tells him to stop and begins crying. The nurse takes my mom out of the room. My dad and I are left in the room alone. The beating continues until I run out of the room. I then punch the wall so hard that my knuckles turn blue and swollen. A few nurses arrive and hold me down while another, Jean Cassidy, is giving me a shot in the thigh to sedate me.

Incident #2:

Date: ...in the following 6 to 7 weeks

Time: Breakfast time, around 8am

Place: In the dining room and in my room, ward 5E...

Patient: Myself...

Incident: I pulled out the tube and was refusing to cooperate in putting it back in. The nurse, Donna, threatens me by saying that she will call my dad to come and make sure the tube goes back in. After breakfast (I was still not eating at that time), my dad arrives and me and him are sent into my room alone. He begins hitting me and I struggle back. A nurse, Paul, is standing outside the room and watching through the little glass window in the door. I remember my head being slammed into the floor at one point during the fight. The fight stops when I finally agree to have the tube back in while my dad is sitting on top of me and holding me down.

Incident #3:

Date: ...in the 6 to 7 weeks that followed the first incident

Time: ...

Place: The lounge, ward 5E...

Patient: Myself...

Incident: I either pulled out the tube or was playing with it as if I was about to pull it out. The nurses have already called my dad to come to the hospital. I am told to go to wait in my room. I refuse to go into the room. The nurse says, in front of all the other patients, that I can either go into my room when my dad arrives, or she will send all the other patients into their room so that me and my dad could be alone. I end up going into my room. The same routine, as above, repeats itself when my dad arrives.

Incident #4:

Date: ...in the 6 to 7 weeks that followed the first incident

Time: During the day...in the afternoon

Place: My room, ward 5E...

Patient: Myself...

Incident: I do not remember the exact circumstances that led to this incident. I may have either pulled out the tube again, or I may have taken off the dressings on my wrists, which I was continuously trying to slash during these few weeks. My dad was in my room with me. This time, all the furniture were taken out and instead, thin blue gym mattresses were put on the floor. I do not remember the struggle, but I do remember my father sitting on top of me when it was over. At that point,

the doctor, Dr. Waxsmith, the social worker, Ms. Lindsay, my mom, and a nurse entered the room. Again, I can not recall why they entered the room.

Incident #5:

*Date: End of August or beginning of September, 1992
Time: Breakfast time, around 8am
Place: In the lounge and in my room, ward 5E...
Patient: Myself...
Incident: It was the first time I was allowed to come out of my room after my suicide attempt (taking 2 bottles of Tylenol extra strength). I did not have the tube in at the time due to the treatment that I received for the overdose. My breakfast arrived and, for the first time in three months, I had tried eating some cereal. The nurse, who barely acknowledged my effort, said that the NG tube must go back in. Again, my dad was called in and was left in my room with me. I had begged to be given a chance to eat on my own but all he knew was that the tube was the only way. I remember him saying "I don't care if you never eat again as long as you have the tube". I do not remember if there was a physical fight or just yelling, and I also cannot recall if the tube was inserted again or not. I do remember, though, that the nurses and the doctors have suggested my parents to divorce me because of the hopelessness of the situation.*

-The above incidents are only a few of the very many that took place during my stay on 5E. The other incidents, which were not mentioned, were almost the same (my dad being called in by the nurses, etc.)

-The only reason to why the situation had an end to it was because I had discharged myself on my 16th birthday, which was on Saturday, September 12, 1992.

You may be sitting now and thinking how awful my dad behaved. If he were here now, he'd be the first to agree with you. In all my years of talking to him about this, he never faltered from taking all the blame upon himself. He says things like "I hit you" or "I should have refused to come there" or "I shouldn't have kicked you at the end of a specific one time when we were wrestling in your room" or "I should have said NO" or "I should have known better". When pressed, he also says things like "they wouldn't stop phoning me to come there" or "they kept saying if I didn't come and take care of the tube they'd send you home and you'd die" or "they called me so much that I stopped working and sat outside the ward's doors all day for days so they could just come out there and get me already whenever they wanted". He says these things and then looks down at the floor with a frown, holding back tears. Our relationship, until today, is very difficult to maintain as it involves so much pain and suffering on both sides.

However, I am not here to talk about my dad or defend his actions. What he did was wrong and if he wants to fight with the psychiatric system and blame them for what he did, that is his choice. I am here to talk about myself.

When this occurred, I was a minor, otherwise known as "people under 16 years of age in Ontario". I was involuntarily hospitalized on a locked psychiatric ward at the Hospital for Sick Children. I was assaulted physically and emotionally on a continuous basis throughout the three months that I spent on that unit. There were nurses, doctors, child and youth workers, my parents, and other patients, who witnessed the assaults and did nothing to stop them. Licensed healthcare professionals witnessed other licensed healthcare professionals threaten me and

instigate the physical assaults and did nothing to stop this. I did not have any say in stopping these assaults other than to stop being anorexic or to wait and suffer till the day I turned 16. Since at the time I had no control over the former option, I opted for the second and less attractive one. I was lucky to survive these months of waiting, having been subjected to great physical danger and a couple of brushes with death.

This can happen to anyone in Ontario who is on a psychiatric ward and is under the age of 16. I do not believe that my incident was an isolated case. Back in 2007, immediately following my first attendance at the CAPA Mother's Day Rally, Stop Shocking Our Mothers and Grandmothers, I stood on the side walk in front of Sick Children's Hospital with two big signs that I made and a very supportive girlfriend. We were there for about an hour and a half and were approached by a few people who expressed concerns about loved ones. One woman wanted to tell us about her son and his experiences with in-patient psychiatry. She was very uncomfortable with his treatment but felt helpless and alone. She used the word "abuse" to describe his treatment experiences. Ask yourself this: what parent wants to take the responsibility of refusing a doctor's order for their child? More often than not, parents do not want to take this risk.

Having established the seriousness of situations which can occur on psychiatric wards, it is time to speak about real solutions. Real solutions should involve the front-line workers, specifically nurses. While I was an involuntary patient, I barely saw anyone else but the nurses and my fellow patients. This is to say that nurses have access to the majority of information on patient hospitalizations. They are the eyes and ears that the movement to resist psychiatry needs. They are the key to the prevention and the elimination of the wrongs of psychiatry. However, there are several obstacles in the way of attaining the help of nurses. The most obvious, and probably hardest to fix, is the false notions held not only by many nurses, but by society as a whole, that people with mental illness deserve to be treated badly and punished regularly in order to get "better" and that doctors are always right.

A second obstacle involves the College of Nurses of Ontario (CNO), the regulatory body for the nursing profession in Ontario, whose mandate is to regulate the profession in the public interest. It states that it can address complaints including: "failure to provide adequate care; unsafe medication administration; inadequate documentation; being sarcastic to, or swearing, teasing or yelling at, a client; using restraints without consent or unnecessarily; handling a client in a rough manner; having a romantic or sexual relationship with a client; asking for or borrowing money from a client; not protecting a client's privacy; and theft" (http://www.cno.org/docs/ih/42017_ResolvingComplaints.pdf). The CNO also claims that "abuse, as defined in legislation, can be: physical (e.g., striking a client or causing discomfort); verbal (e.g., shouting at or insulting a client); emotional (e.g., mocking or humiliating a client); and/or sexual" (http://www.cno.org/docs/ih/47008_fsPreventAbuse.pdf). Finally, the CNO states in its Resolving Complaints Process Guide that complaints concerning physical or sexual abuse are "very serious matters" (http://www.cno.org/docs/ih/42017_ResolvingComplaints.pdf). However, the CNO's Mandatory Reporting Process Guide states that nurses are only "required to file a report to the appropriate regulatory college if she or he believes that another health care professional has sexually abused a client" (http://www.cno.org/docs/ih/42006_fsMandReporting.pdf). Does that mean that a nurse is not accountable for failing to report another nurse or doctor who is physically or emotionally abusing or neglecting a client? It makes you wonder for whom the complaints are "very serious matters"? Is it the clients or the reputation of the CNO? It is time for a change in this policy so that nurses will have to report all types of abuse and so that nurses will not be retaliated against,

by co-workers or employers, for “choosing” to report the “optional” types of abuse. This leads to my final obstacle in utilizing nurses to help and protect the psychiatricized.

The CNO has a process which must be followed by nurses when making a complaint about another health care professional. In particular, it states that “complaints must be received at the College in permanent form such as writing, tape recording, film or disk” (http://www.cno.org/docs/ih/42017_ResolvingComplaints.pdf). It also states that the nurse should include her or his name and contact information. In one way, this is understandable, as the CNO may wish to contact the nurse, who is making the complaint, in order to acquire further information. But when addressing these requirements from a practicing nurse’s perspective, it appears as a deterrent for making a complaint due to the fear that if word got out, one may experience retaliation, being dubbed as a whistle blower, losing work, or being unable to get work. There should be serious thought put into developing an anonymous tip line for nurses to report other health care professionals. If the CNO cannot provide that service, it may be feasible to have an outside tip line for nurses, which would gather all necessary information and write a formal complaint in permanent form using someone else’s name in place of the anonymous caller.

Nurses hold a lot more power than they tend to give themselves credit for. I, for one, felt so strongly about their role in patients’ lives, that after my unfortunate experience with psychiatry, and immediately following high school, I studied nursing and worked as a registered nurse at the Centre for Addiction and Mental Health. Today, I still work side by side with nurses in my current position as a client services coordinator for a homecare agency. Abuse is inherent in psychiatry and other long-term medical facilities, just as it is inherent in patriarchy. But I have faith that if my suggestions had been implemented 20 years ago, at least one of the nurses on the psychiatric floor at the Hospital for Sick Children would have spoken out, and I would have been rescued from the abuse and received the help that I needed for my eating disorder. I hope that my story, and my focus on the importance of involving front-line workers in the resistance against psychiatry, will create a change in the way society views the movement to resist psychiatry by showing that psychiatric abuse can take place in many forms and can happen to anyone, at any age, in any hospital, and by providing practical suggestions to tackle this widespread occurrence.