

Malignant Alienation What is it, and what can we do about it?

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Session overview 30 minutes

- Malignant alienation
- Compassion fatigue
- Emotional Labour
- Moral distress & moral injury

What can we do about it?





Nurses who look after individuals made infamous by their crimes talk to Erin Dean about how they put professionalism before prejudice

Caring for a killer

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The Gradie **National**

'Everyone saw him as a criminal, but we also saw him as a patient'

Ashworth staff say Brady thought he was special

Moors murderer had no interest in rehabilitation

Sarah Whitehead

Psychiatric nurses who cared for Ian Brady

Psychiatric nurses who cared for lan Brady at the high-security hospital where he was held have spoken of the "daily mirade" it took to put his crimes aside and ensure he was treated like every other patient.

Brady, who died this week, had been confined to Ashworth hospital in Mersey-side since 1985 after a diagnosis of psychopathy. He had previously spent 19 years in mainstream prisons for the Moors murders.

Nurses who treated him say that his efusal to take treatment seriously made im an exceptionally difficult patient. me nurse, who spoke on condition of nonymity, worked with Brady for eight ears. Within days of starting his job in the habilitation programme at Ashworth in 19 1990, he received a letter from Brady to be bed on interest at all in being to be bed on interest at all in being to the second of the the second of second second of second of second se ng he had no interest at all in being bilitated and asking for constant sup-

gave them to him but it created a rod ny back," he said. "He used them to continuous elaborate letters of com-

cording to Tony Thompson, who red as a national nursing adviser in al health and later as director of prac-reelopment at Ashworth, the public of Brady put the nurses in a difficult

of the hardest things for staff was edging that no one wanted him etter," he said. "There was huge essure to keep him contained and



Ian Brady wrote elaborate letters of complaint about the way he was treated

guarded. As care providers, where did that

guarded. As care providers, where dud use leave us? What was our role to him?" The public revulsion against Brady was reflected in reports yesterday that his wish to be cremated in Glasgow and have his ashes scattered there would not be granted because the council had asked the four crematoriums in the city to decline to dispose of his remains.

Earlier in the week, when it was suggested that Brady may have wanted his ashes scattered on Saddleworth Moor - where he and Myra Hindley commit- a van with flashing lights." ted some of the murders that made them notorious - the coroner postponed releasing his body until he was assured that this

would not happen.
During Brady's time at Ashworth, the media often referred to the nurses there as

me.' In many ways that was part of our job, but it was not our only job." Fart of Thompson's role was leading a group of staff who had to cope with the unpredictability of Brady's behaviour and the dilemma of understanding heinous crimes in terms of illness to be treated. "Everyone saw him as a criminal, but wealso saw him as a patient, and while we had to watch his every move, from sleeping to going to the bathroom, they were also offering skilled care." Thompson said professional objectivity was essential. "It was maintenance of boundaries that beloped staff handle their ambivalence," he said. "The most important thing was making sure he was treated.

ambivalence," he sald, "The most impor-tant thing was making sure he was treate-like everyone else."

According to the anonymous nurse the was difficult to maintain. "He was like it protagonist in his own film and we we the walk-on parts," he sald. "The me-didn't help. Every Sunday there was so sort of piece about him which he wo read and then cause havoe in the wan

read and then cause havoc in the war He recalls one incident in 1994 v Brady tried to sue the Express for pul-ing false claims that he had assaulte

of the newspaper's writers.

"He couldn't leave Ashworth so
to make arrangements for his to
take place in the hospital. He was f
about this. He wanted his day in co wanted to be taken through Live

While there were many other at Ashworth who had committee serious crimes, Brady's notoriet his belief that he was exception

"The nurses were the one him all day every day, and i rguards*, and the killer, as someone who closely followed the newspaper coverage of himself, was influenced by this.

"He would often say, 'you're not really nurses! You're just guards here to control mirracle really." hard for them to be consisten



Malignant Alienation

- A process that appeared to have been common before suicide in a small series of psychiatric in-patients.
- Characterised by a progressive deterioration in their relationship with others, including loss of sympathy and support from members of staff, who tended to construe these patients' behaviour as provocative, unreasonable, or overdependent.

Morgan (1979) cited in Watts and Morgan (1994)

 Suggested that alienation is 'malignant' when associated with a fatal outcome



Four components

- 1. Patient factors
- 2. Staff factors
- 3. Staff patient interaction
- 4. The hospital environment







Compassion Fatigue

A state of significant depletion or exhaustion of the nurse's store of compassion, resulting from repeated activation over time of empathic and sympathetic responses to pain and distress in patients and in loved ones

(Pembroke, 2015)

Characterized by emotional and physical exhaustion leading to a diminished ability to empathize or feel compassion for others

Differs from burnout as it can arrive suddenly, but on the upside, people also recover quickly



Consequences

◆ Coetzee and Klopper (2010) describe the consequences of compassion fatigue as "..... changing behaviour and loss of the capacity to interact and engage intimately with others for whom they have responsibility"







Emotional Labour

Three components

- 1. The faking of emotion that is not felt
- 2. The hiding of emotion that is felt
- 3. The performance of emotion management in order to meet expectations within a work environment

Mann (2004)



You know what though, I'm a smiley kind of person, its just the way I am, yes, I and I try not to when I'm dealing with one particular inmate, very high profile, I don't even need to say his name, came from ***, I wouldn't, I just couldn't, I couldn't bring myself to smile at him. I just used to mumble. I was never rude.....but it wears you down. It wore me down because I'm not like that you know'

(Prison Nurse)







What is Moral Distress?

- the psychological unease generated where professionals identify and ethically correct action to take but are constrained in their ability to take that action
- The feeling of unease stemming from situations where institutionally required behaviour does not align with moral principles.
- ◆ Lack of power or agency, or structural limitations such as shortage of staff, resources, training and/or time.
- Can also be a result of witnessing moral transgressions by others
 - ◆ BMA (2021)



Distress — Moral Injury

- Can arise where sustained moral distress leads to impaired function or longer-term psychological harm
- Can produce profound guilt and shame
- In some cases, a sense of betrayal, anger and moral disorientation
- Has been linked to mental ill health



What am I concerned about?

- Malignant alienation
- Compassion fatigue
- Emotional Labour
- Moral distress & moral injury
- A perfect storm?



What are the risks?

- Personal implications
 - Physical issues
 - Mental health issues
 - Incivility amongst teams
 - Feelings of guilt re professional perspective and malignant alienation 'I'm a bad nurse'
- Professional implications
 - Distancing from patients
 - Dread to care
 - Complacency and ambivalence
 - Patient safety



What can we do?

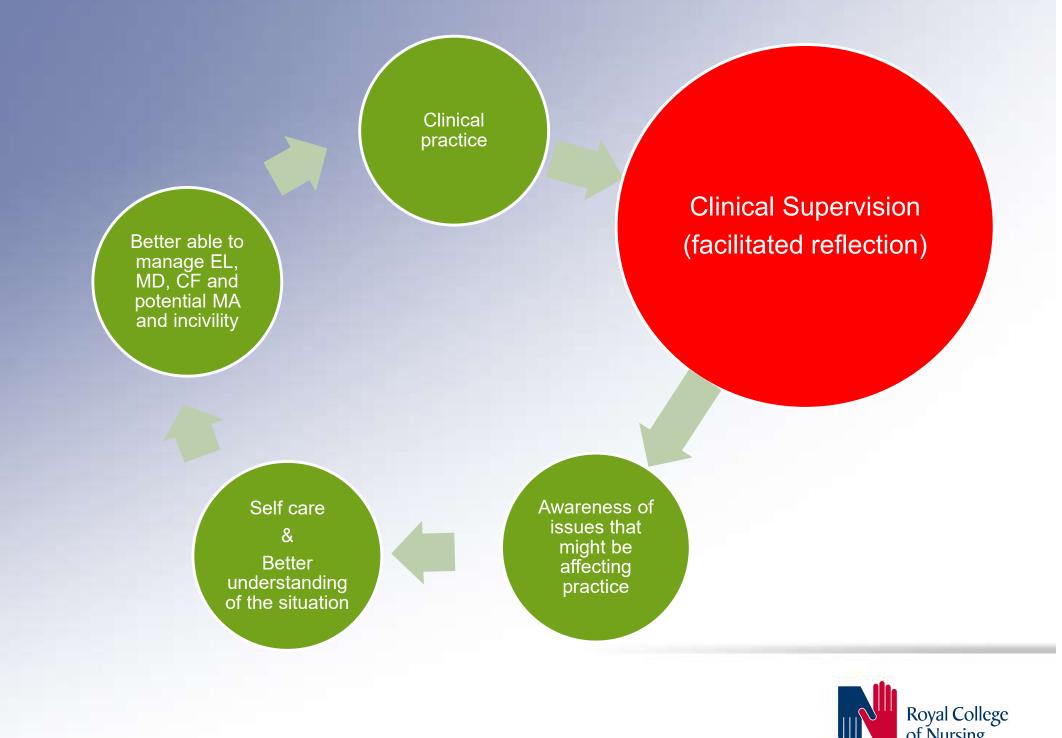
- Self awareness is the first step developed through journaling, reading, discussion with others, support activities, 'reflective endeavours'
- Personal strategies: improved self care balance the nourishing and depleting activities in life
- Professional strategies: network of mentors, collaborative peers and colleagues, employer resources
- Organisational strategies: promote a healthy working environment where people feel supported (assess workloads, peer support, mental health days, regular breaks, annual leave etc)



Summary - what can we do?

- Manage self
 - Focus on self care
 - Restorative supervision
- Manage professional issues
 - Reflecting on practice
 - ✓ Clinical supervision







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References

- Andersson LM & Pearson CM (1999) Tit for Tat? The spiralling effect of Incivility in the Workplace, The Academy of Management Review, 24(3), 452-471
- British Medical Association (2021) Moral distress and moral injury, recognising and tackling it for UK doctors, London: BMA
- Coetzee S.K. & Klopper H.C. (2010). Compassion fatigue within nursing practice: a concept analysis. *Nursing and Health Sciences* 12 (2), 235– 243.
- Colson DB, Allen JG, Coyne L et al (1985) Patterns of staff perception of difficult patients in long term psychiatric hospital, Hospital and Community Psychiatry, 36, 168-172, cited in Watts and Morgan (1994)
- Driscoll, J. (2000). Practising clinical supervision: A reflective approach. Bailliere Tindall.
- Figley CR (Ed) (1995) Compassion Fatigue: coping with secondary traumatic stress disorder for those who treat the traumatized, New York: Brunner/Mazel cited by Powell SK (2020)



References cont.

- Gibbs G (1988). Learning by Doing: A guide to teaching and learning methods. Further Education Unit. Oxford Polytechnic: Oxford.
- Johns C and Freshwater D (Eds) (1998) Transforming Nursing Through Reflective Practice, Oxford: Blackwell Science
- Lazzari T et al (2020) Moral distress in correctional nurses: A national survey, Nursing Ethics 27(1), 40-52
- Maltsberger JT & Buie DH (1974) Countertransference hate in the treatment of suicidal patients, Archives of General Psychiatry, 30, 625-633, cited in Watts and Morgan (1994)
- Mann S (1994) 'People-work': emotion management, stress and coping,
 British Journal of Guidance & Counselling, 32(2), 205-221,
- Merriam-Webster (2013) <u>Compassion</u>. Merriam-Webster online dictionary.



References cont.

- Morgan HG (1979) Death Wishes: The understanding and management of deliberate self harm, Chichester: Wiley Parsons T (1951) The Social System, London: Routledge & Keegan Paul
- Pembroke, N. (2015). Contributions from Christian ethics and Buddhist philosophy to the management of compassion fatigue in nurses. *Nursing* and Health Sciences, 18(1), 120-124.
- Powell SK (2020) Compassion Fatigue, Professional Case Management, 25(2), 53-55
- Watts D and Morgan G (1994) Malignant Alienation, Dangers for patients who are hard to like, British Journal of Psychiatry, 164, 11-15
- Winnicott DW (1949) Hate in the countertransference, International Journal of Psychoanalysis, 30, 69-74, cited in Watts and Morgan (1994)

