

COMMENTS, CRITIQUE, AND INSPIRATION COLUMN

Leave Your Dignity, Identity, and Day Clothes at the Door: The Persistence of Pyjama Therapy in an Age of Recovery and Evidence-Based Practice

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There are a range of practices that occur within psychiatric hospitals that are controversial, raise ethical problems, and are the subject of critique from within and outside of the mental health professions. Belkin (2002) points out that the use of physical restraint has been a barometer of therapeutic reform for over 200 years. Seclusion and restraint are seen by many as incompatible with contemporary notions of mental health recovery and, at least in some places, have been successfully targeted for elimination from service provision (Ashcraft & Anthony, 2008). Other less dramatic practices continue to tenaciously persist in some places despite being incompatible with therapeutic or recovery processes, and having no evidence to support their effectiveness. One such practice involves placing or requiring hospitalised adults to be dressed in night attire during daytime.

This paper seeks to explore what the persistence of this and other such practices might mean. Rather than simply arguing that the practice should be banned it instead looks at what it might suggest about the culture of psychiatric hospitals and relationships therein. Such an examination is instructive in order to avoid the pitfalls associated with the elimination of restraints. With the benefit of hindsight we might view that numerous new psychiatric treatments have been hailed as heralding the end of restraint and seclusion, but have often just been reconstituted forms of control (Belkin, 2002). Wearing pyjamas during the day is also not inherently bad and might even be, in some circumstances, a desired, pleasant, or even psychotherapeutic way

to pass a day. Thus simply banning a practice without considering the dynamics and motivations of the social actors involved may lead to similar dynamics being played out in other ways.

Requiring adults newly admitted to psychiatric hospitals to wear night attire was once a common practice in hospitals and not even a noteworthy observation. Today this is far from a universal practice, although Langan and McDonald (2008) writing from Ireland claim that it is practiced in many psychiatric units. Published accounts of adults dressed in pyjamas in psychiatric hospitals tend to be reserved for descriptions of third world or developing countries. Wilkinson, Gask, and Henderson (1992), for example, noted in an observation of a Romanian psychiatric hospital in the 1990s where most patients had few belongings or privacy and people tended to wear pyjamas because “it would be too expensive to launder their clothes” (p. 340). Seeing groups of adults in pyjamas is noteworthy to those not used to it. Jones (1994) noted that patients in a hospital in Vietnam, not otherwise greatly dissimilar to a western hospital of the time, “still wear uniforms which look like striped pyjamas” (p. 265).

Other commentators unequivocally view compelling adults to wear night attire to be an infringement of human rights. Levav and González Uzcátegui (2000), in a diagnostic inquiry on the human rights situation of people in psychiatric hospitals in four Central American Countries, noted that in several hospitals inpatients are kept in pyjamas, part of a constellation of human rights infringements around quality of life. Niveau (2004) outlined the activities of the European Committee for the prevention of torture and inhuman or degrading punishment (hereafter referred to as CPT) in relation to 78 closed psychiatric facilities in Europe. The CPT was set up to ensure compliance with Article 3 of the European Convention on Human Rights, which states, “No one shall be subjected to torture or to inhuman or degrading treatment or punishment” (Council of Europe, 1989). Niveau (2004, p. 147) stated that “The CPT often notes that patients sleep in large communal dormitories and are forced to wear pyjamas or nightdresses permanently, which is not conducive to reinforcing their sense of personal identity.” Rogers (1995), a lawyer in New

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Zealand, stated that the practice of wearing pyjamas all day was punitive rather than preventative, was in breach of local Human Rights legislation, and “without doubt, the pyjama practice divorces the dignity of the person from the person as patient. It is a spiritual straightjacket” (p. 3).

At least some people experience the wearing of pyjamas, regardless of hospital policies, a deprivation of liberty and the confiscation of property and clothing a violation and deprivation of the right to self-expression. Kuosmanen et al. (2007) spoke to 51 people who had experienced deprivation of liberty in the context of psychiatric hospitalisation in Finland, and confiscation of clothing and forced wearing of pyjamas was associated with shock, shame, and humiliation, and was largely seen as unjustified. Enforced wearing of night attire may be more or less significant to individuals but this may be one small indignity or restriction amongst many that Bowers et al. (1999, p. 204) note may “chafe, grate, feed anger, annoyance and frustration.” The forced wearing of night attire and the often associated rituals of handing over day clothes and personal belongings has many of the features of the *status degradation ceremony* (Garfinkel, 1956) whereby the public and unique identity of the person is transformed into one of lesser standing, the person becomes a mental patient.

Goffman (1991, p. 29) famously described the personal defacement that arises from being stripped of one’s “identity kit,” or the accoutrements for maintaining control over one’s guise or presentation before others in total institutions. Goffman observed (1991) that, on admission, the individual is likely to be stripped of their clothing, and personal items, often being forced to shower, and undergo other degrading rituals. The individual cannot present his or her usual image to others and suffers a number of violations relating to self-presentation, privacy, and informational preserve. Ultimately, the consequences of the pyjama ceremony and a range of other mortifying experiences are that a conception of oneself is difficult to sustain and gives way to an institutional (and shared) conception of oneself as a mental patient. Goffman’s exposé of the authoritarian, oppressive, and generally otherwise closeted world of the total institution has been criticised for painting too bleak a picture of life in the mental hospital (Weinstein, 1982), and in many countries such institutions were effectively decommissioned over several decades. Nevertheless, in at least some settings elements of the culture of the total institution survive and appear resistant to change.

I became aware of the persistence of the practice of placing adults in night attire through the reports of graduate student nurses working in a variety of facilities in the Republic of Ireland. This is by no means a ubiquitous practice but it is clear, in some settings in which it is practiced, the trappings of the total institution remain. For example, Nash and Romanos (2010) recently described the practice of using cigarettes to modify the behaviour of inpatients in Ireland, a practice that would be familiar to anyone with experience of psychiatric hospitals decades ago, with tobacco being richly described by Goffman as one of the currencies of the total institution. Crucially the hierarchi-

cal power structures also tend to be a feature of such places. Graduate nurses have reported that consultant psychiatrists order that a person be nursed in night attire (a perfunctory line on the admission form), with no further clear rationale offered. The subordinate position of nursing relative to psychiatry and the service user relative to everyone else is starkly illustrated. Nursing is clearly considered little more than the coercive arm of medicine, placing nurses in a purely instrumental and morally invidious position (see Lakeman, 2000).

Often, no clear rationale can be provided for the practice of adults being required to wear night attire during the day, and none is required in situations in which the doctor apparently knows best. It would seem reasonable to wear night attire if one is physically sick and needs to spend time in bed. Beyond that, one could conjecture that this encourages people to assume the sick role (Parsons, 1951). Acquiescence to medical advice and compliance with prescribed treatment has long been (and continues to be) a subtext to mental health care and acquiescing to medical advice in this manner is a highly symbolic and visible form of submission or compliance. However, there is little evidence that assuming the passive role that wearing night attire implies is at all helpful in resolving mental health problems and, furthermore, there is growing evidence that medical treatments are far from benign and might well make one physically sick (see Whitaker, 2010).

In a small survey of nursing staff in Ireland, Langan and McDonald (2008) reported that hospital policy or tradition was reported as a reason for the practice. However, more often, reducing the risk of absconding or deliberate self-harm was proffered as a rationale. There is little commentary in the literature on whether keeping patients in pyjamas achieves such desired aims. Sourander, Aurela, and Piha (1994), in describing therapeutic holding of children and adolescents exhibiting aggressive behaviour, described seclusion and pyjama treatment as associated interventions: “Pyjama treatment means that a runaway child is kept in pyjamas the whole day, which prevents him/her from escaping from the ward and promotes a sense of safety” (p. 307).

Gibbons and Butler (1987) interviewed 15 individuals who had a history of long stays in a psychiatric hospital after one year in a high support hostel. They noted that the rules of the hospital were not greatly different from the ward: “patients” had been more restricted . . . being kept in pyjamas . . . to prevent unauthorised journeys” (p. 351). The absurdity of keeping adults in pyjamas as a means to prevent escape is not lost on nurses and others. That apparently the potential humiliation of being caught in public in pyjamas is sufficient to regulate the behaviour of individuals whom are perceived by some to be profoundly disordered in thinking is bizarre. When people do abscond it raises the question whether this is proof of madness or of rational thinking. Kelly (1989) in a letter to *Psychiatric Bulletin* in defence of treating public patients in a psychiatric hospital illustrates this by noting that only one of a group of 24 public patients absconded and he did so in his pyjamas and

when asked where he was going by a passenger on a bus he allegedly responded, “to a pyjama party” (hardly an irrational response in the circumstances).

The evidence for enforced wearing of night attire as a means of keeping people safe is also equivocal. O’Donovan (2007) spoke with eight experienced psychiatric nurses who had been working with people who had self-harmed in the past 12 months in psychiatric hospitals in Ireland. The removal of sharp objects and placing people in night clothes were reported as the primary methods of ensuring people’s safety. Some nurses were uncomfortable with this, recognising that it violated individuals’ rights, and acknowledged it was a source of discomfort, but they stated they did not know of alternatives. Professor Len Bowers (of Kings College, London, UK, personal communication, January 25, 2011), one of the foremost world experts on inpatient absconding, conflict, and containment practices, suggests that the routine use of night attire on admission is generally a practice of the past in the UK and there is little evidence that such practices reduce conflict or usefully modify behaviour. If anything, enforced wearing of pyjamas is a potential source of distress and conflict, and relegates the person to the position of child relative to others.

It seems that few people have much to say that is good about the practice of requiring adults to hand over their day clothes on admission to hospital. Largely, service users find it a demeaning experience that strips them of their dignity and casts them into a sick patient identity, which they have little control over. Commentators from both in and outside the helping professions view such practices as morally repugnant, a breach of some fundamental human rights and possibly illegal. Although the practice appears to be uncommon in most places, that it persists at all is testimony to the enduring power of institutional practices, the hierarchical relationships within, and the resistance of helpers to adjust practice even when it doesn’t work or causes harm. That nursing staff might view the practice as some kind of necessary evil is perhaps a way of rationalising a practice that they are generally ordered to enforce but can’t otherwise reasonably justify.

Enforced wearing of night attire is no longer a requirement of admission to psychiatric hospital or mental health wards in most countries. However, nurses and others might wish to consider whether some of the values and assumptions that once, drove what we now consider archaic (although, sometimes, well-intentioned) practices persist in other ways. Langan and McDonald (2008) open the door and shed light on institutional practices that some might have considered long since abandoned, but the social relations that these practices illustrate may be perpetrated in less visible ways. For example, social pressure to comply with medical advice and conform to patient roles is often present and, indeed, families and professionals sometimes overtly apply such pressure; Nurses may still be required to administer treatments or care that are not helpful or even positively damaging and risk negative sanctions if they do otherwise; Also, in subtle ways, individuals’ identities may

be shaped through encounters with mental health care systems. Enforced pyjama wearing is unequivocally incompatible with notions of personal recovery, and there is no evidence to suggest it might contribute to clinical recovery. Nurses and others might consider what practices they engage in on a day-to-day basis, which are founded more on tradition and custom than on good evidence. Indeed, the persistence of enforced pyjama wearing illustrates the tenaciousness with which highly educated and skilled health professionals hold on to practices and ideas that have no evidential base. In the interest of genuinely helping people and not diminishing or damaging them in the process, health professionals need to give ongoing consideration to what isn’t working and causes harm. Enforced wearing of night attire is but one such example.

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