

When innocence is lost...we react in differing ways

For some people loss of innocence can lead to cynicism, and even emotional or behavioural crippling, as

Professor Sir John Scott explains.

Loss of 'innocence' is a normal feature of the progression from childhood through adolescence to adulthood. In the ideal circumstances of a caring family, the change is handled thoughtfully, without any damage being sustained. Humour, friendly leg pulling and many subtle educative processes may contribute.

Some young folk are not so lucky. The outcome may be the sudden or gradual development of cynicism and a dangerous form of scepticism. Loss of innocence may thus result in emotional and/or behavioural crippling.

The rebellious nurse

One such person who had been harmed by the process was an Australian staff nurse who started working at a major London teaching hospital at the same time as I did. She had been teased and the butt of many practical jokes throughout her early years and at both the previous hospitals in which she had worked. She was not going to be taken in so easily in this third institution.

Her first test came within her first week. Quite suddenly one afternoon she was told to 'go and meet the helicopter'. She carried on what she was doing. Her immediate superior, seeing she was being ignored, summoned the deputy matron. The Australian nurse promptly told her superior not to tease, adding that she was 'not wet behind the ears'.

A few minutes later the deputy matron arrived and ordered the seemingly rebellious nurse once again to meet the helicopter. At that point the nurse heard the beat of rotors and saw an ambulance and people gathering on the playing fields of the school next door. She grabbed her cape and ran out to meet the patient, who turned out to be the sole heir to an enormous fortune. He was an amateur racing driver who had crashed badly on a European circuit and suffered multiple injuries.

The heroic efforts of the combined staff of that teaching hospital and several others resulted in his survival and miraculous recovery to a near-normal life. Their success resulted in enormous

donations of funds to the hospital. Conversely, the nurse's firm attempt to avoid a repetition of previous practical jokes aimed at her could well have harmed her career.

Fact, fiction, or somewhere in between?

An essential element of childhood innocence is trust in older people and, to some extent, in one's peers. When innocence is gradually lost, that childhood trust is replaced by a variable degree of confidence in oneself, one's opinions and abilities. These changes in ourselves also determine our perceptions and reactions to events that we witness or which are told to us.

On both sides of the Tasman Sea the following story has been recounted at clinical meetings and teaching sessions. While I have altered the details a little, the essential elements in the tale were derived from a genuine series of events.

A prominent citizen was dying of disseminated cancer. He was under fairly heavy morphine sedation and was being nursed by his wife. His wife suddenly felt faint, fell to the ground and was barely conscious. She crawled to the telephone and summoned an elderly neighbour. He came to the house and tried to get the wife to her feet. He fell down, collapsing under the effort, and as he fell the wife lost consciousness. She woke up later, saw the neighbour lying unconscious, apparently dead, and crawled to the phone to summon an ambulance. Again she lost consciousness but woke to find some men attacking her neighbour (the paramedics were performing cardiac massage). She then went berserk and tried to tear the men away from interfering with the 'corpse'. She had to be restrained, and in that process developed a stroke requiring admission to hospital.

When the saga was presented at one staff round, the reactions of senior and junior staff covered an enormous range. For some it was merely an amusing story. Others took the presentation much more seriously. Most were convinced that the registrar had cooked up the case and most of the details. Surely there was no way such a situation could have developed the way it was portrayed. A senior member even accused the hapless registrar of having watched too many slapstick comedies. Another expressed the belief that the wife had in fact manipulated the whole situation into a conscious or semiconscious ploy to find a way out of an impossible situation consequent upon the care of her dying husband. As the discussion raged it was clear that none of those involved were prepared to accept the simplistic viewpoint – that all the participants in the story were devoid of manipulative intent or action.

The registrar had the last word, when he read out the factual account written in spidery, shaky handwriting by the dying husband who had observed the whole sequence as he emerged from his morphine-induced stupor. He was, after all, the obviously innocent bystander in all senses, except that he was not vertical.

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