




Editorial

“Still” Making Sense of the Senseless: Two Decades Later

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During a recent conversation with a forensic nursing student who was exploring the motivational intent behind a seemingly “senseless crime” repeatedly splashed across the national news media, I suddenly found my thoughts rushing back to a conversation I had almost 20 years ago with a colleague regarding those exact same words. That conversation ultimately led to a paradigm shift in my perspective as a forensic nurse that would forever change my professional philosophy and clinical practice. If you would humor me, I would like to share some history and context about that conversation and concept which I believe to be still relevant two decades later....

In my role as a forensic nurse (for three decades this year), I have often been presented with tales of interpersonal violence and disturbing stories of heinous crimes, such as domestic violence, child abuse, and murder. Many of the crimes noted are often referred to colloquially as “senseless acts.” Such senseless acts typically reflect underlying aggressive motivations, behaviors, and even, at times, gruesome displays, which are seemingly incomprehensible to both the public and the health care community; especially when contextualized within the societal norms and expectations of respect for the sanctity of life.

This leads to the previously mentioned conversation, which transpired early in the year 2003 - when a sage colleague challenged me to rethink the use of this word (i.e., “senseless”) within the context of forensic nursing (Clements, 2004). In effect, this challenge led me to the realization that, it is not enough, or even appropriate, to refer to even the most outrageous behaviors or criminal acts as *senseless*; especially given that one of the basic professional tenets of forensic nursing is to actually “make sense of the senseless”. Of note, I recently just found a commentary on this in an issue of *Psychology Today* – where the author (Samenow, 2013) stated: “the next time you read about a “senseless” crime, remember that, from the criminal’s standpoint, it makes a lot of sense”. Additionally, Slutkin (2016), a physician, raised poignant food-for-thought when he asked “But why do we believe violence is senseless? Is it because we believe that the people committing the violence are doing so for no reason? Or could it be that violence is

occurring for reasons that make no sense to us? In other words, if we think of something as senseless, maybe we just don't understand it sufficiently?". Apparently, this "senseless act" phenomenon truly is a social construct that remains a challenge for other disciplines as well.

Over the past 20 years, in addition to words, like "senseless", I have become increasingly aware of other descriptors that are often used in conjunction with forensic clients and their behaviors, and that these words are not necessarily helpful or proactive for the provision of comprehensive forensic health care. For example, I have often heard the term "disturbing behaviors" applied to offenders with mental or developmental delays, or clients with psychosis, or even those along the spectrum of autism presentations. As I have thought about this term, I stop and remind myself, "To whom are these behaviors 'disturbing'?" Are the behaviors disturbing to the client or we, as forensic nurses? And, ultimately, isn't it our professional role to find out "why" these behaviors are disturbing instead of just "labeling" them as such in a stigmatizing manner? *Words have power* and Forensic Nurses must recognize the power of words when describing their clients.

In the end, I am hopeful I will continue to strive to be a more "sensitive" forensic nurse when confronted by "senseless" behaviors – as it would seem to be the most "sensible" thing to do. Making *sense of the senseless* is one of the strengths of forensic nursing because we are "translational" professionals, exploring meaning as method to promote safety, recovery, and navigate the justice system. As I listen for the human story behind each act of violence and crime, sometimes it can be heart wrenching, and can bring an array of other related emotions. However, if we are to truly make "sense" of the "senseless" we must be "sensitive" to what is being seen, heard, and felt – and not just rely on "descriptor" words that are used to quantify things nor apply adjectives that are often used to stereotype and stigmatize.

*In memory of Dr. Shirley Smoyak, PhD, RN, FAAN - Editor-in-Chief, *Journal of Psychosocial Nursing and Mental Health Services* (1981-2022)

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