Restraint Reduction Network

Understanding cultural restraint

A guide for staff

How this guide was made – a message from Alexis Quinn

Hello, my name is Alexis Quinn. During my academic studies, I began to develop a concept called 'cultural restraint'*. It is a complex idea, but one that holds significant importance, particularly within environments like mental health settings, where people are focused on recovery and wellbeing.

This guide is intended to explain what cultural restraint is, provide examples of how it shows up, explore its emotional and psychological impact, and offer practical steps we can all take to create safer, more healing spaces.

We have coproduced this with lots of people with lived experience of inpatient units and cultural restraint, as well as staff who work in mental health settings and the Centre for Mental Health.

We want this guide to be a tool for everyone – people in services, families, support workers, nurses, psychologists and psychiatrists. This is because when we have a shared understanding and language, we can work together to make things better.

* Quinn's 'cultural restraint' is distinct from other definitions as it describes a specific, oppressive process within psychiatric care, where organisational beliefs, rooted in 'neuronormative ideology' are used to 'subtly objectify and dehumanise' individuals, denying their integrity. It is an active, harmful mechanism of structural violence tied to a specific clinical power imbalance. This definition differs significantly from other broad, descriptive classification of national cultures based on how they use social norms to regulate the gratification of desires (Quinn, 2025).

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1. What is cultural restraint?

In every society, certain beliefs, values and norms, shape how people understand the world and how we interact with one another. These societal norms – what we might call 'culture' – influence how services such as health, social care and education are delivered. Norms are a natural part of human existence – they help people know what to expect and most people feel comfortable surrounded by them. Norms can mean people feel like they belong, because the way everyone thinks, acts and behaves is predictable and certain.

> Cultural restraint involves a pervasive, often implicit, system of beliefs and organisational structures that subtly objectify and dehumanise, denying people legal capacity and physical and mental integrity (Quinn, 2025).

This guide explores a crucial but often overlooked aspect of how cultural norms may cause people to feel excluded as their personal identities and/or choices differ from the majority. In caring environments, we can call this **cultural restraint** (Quinn, 2025). Another way to think about cultural restraint is when staff make someone do something they don't want to do because it is different to how things are usually done.

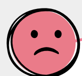
Cultural restraint can be obvious, e.g., dismissing religious practices, or more subtle, such as ignoring cultural expressions or enforcing behaviours that suppress a person's differences, like stimming. When someone feels as though they cannot express themselves or that their very being is unacceptable, it can poorly impact sense of safety, dignity and belonging. This may be especially true when a person is feeling unwell, distressed or vulnerable.

> Recognising and addressing cultural restraint is vital to providing compassionate, inclusive services that respect the diverse identities of everyone.

2. What does cultural restraint look like in services?

People who have experienced cultural restraint in inpatient units told us that it is often subtle – less about a single action and more about the overall feeling or atmosphere of a place. It may be built into the daily routines and unspoken rules of a unit or wrongly used as a kindness, e.g., restricting the person in an effort to keep them safe. Here are some examples:

Mistaking movement for agitation:

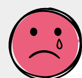


I am autistic and have ADHD and I need to pace and fidget to help me think and stay calm. Staff wanted to me to have PRN medication when I moved too much, and I had to suppress myself or else take medication I didn't want.

Misreading communication:

I am a fast talker and thinker, and I have poor executive functioning. Staff thought I was manic and wanted to provide medication for that. Really, I just needed some help to order my thoughts.

Putting people into boxes/inability to see different identities/roles/ sides of a person (e.g., 'sick' identity vs 'professional' identity:



I am a teacher/nurse/accountant. Staff were asking how I can be in a profession when you are behaving like that. Some staff asked when I stopped working in my profession, but I am still a profes-sional who is working, I am just unwell.

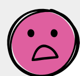
Ignoring cultural or dietary needs:

In the hospital there was only one vegan and Halal food option. This meant if other patients wanted that food before I got there, I didn't get anything to eat. I felt like a nuisance for asking... also, getting a room to pray in at the right times of the day was seen like a privilege rather than a need – I didn't always get to pray and that made me mad.

Treating emotions as symptoms:

I am an emotional person and cry loudly because it's the only way I can get my overwhelming feelings out... I had to keep all my emotions in because I am a large, Black guy and an extrovert and don't wanna be seen as aggressive and redirected to restraint or isolation.

Gender diverse experiences:



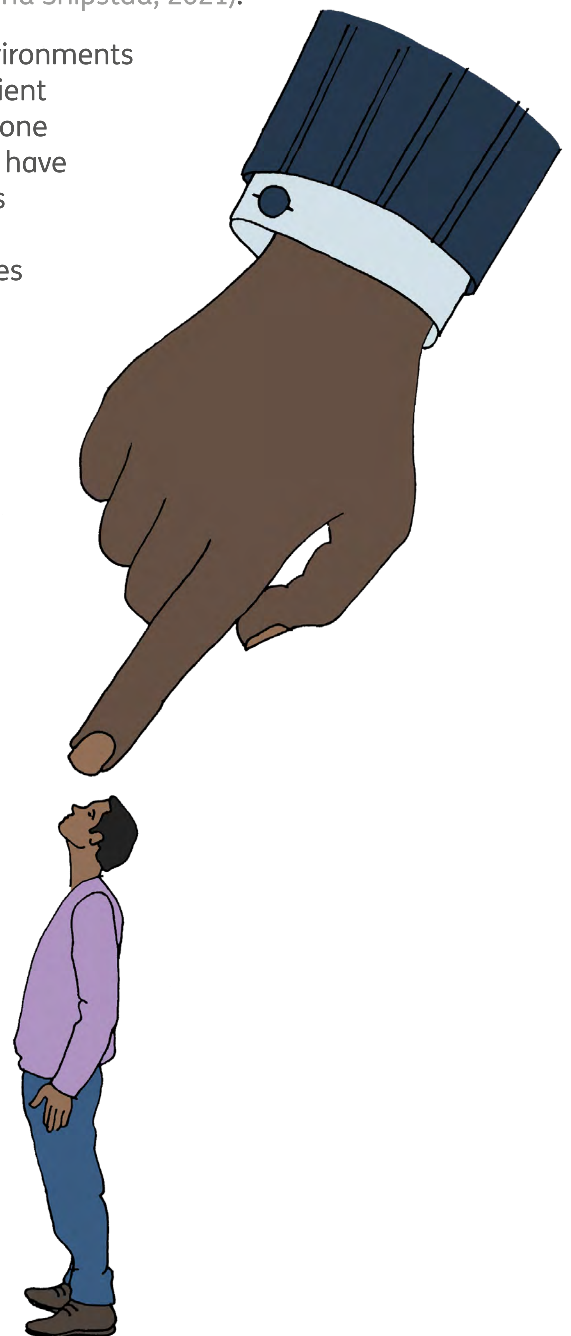
I was assigned female at birth but have transitioned to male. I was put on a female ward due to bed availability. There was no discussion about my preferences.

3. How cultural restraint can happen

To understand why cultural restraint is so common and impactful, it helps to understand a little about basic human psychology. We all have a fundamental need to be seen and respected as a person with our own valid thoughts and feelings. When we encounter someone who is very different from us, an automatic reaction can happen where we see the different person as 'other' from 'us', e.g., not like us and something to be fixed or managed rather than be accepted and understood. In a hospital setting, where staff have more power and often use diagnostic labelling, medication, etc., people are more at risk of being seen in this way (Basaglia, 2018; Hamilton, 2006; Sørås and Snipstad, 2021).

At the same time, people feel most secure in environments that are familiar and predictable. When an inpatient unit's culture is very rigid, it can mean that everyone is expected to act in a similar way and staff may have certain expectations for how someone expresses themselves. A patient who is neurodivergent (for example, autistic or with ADHD) or who comes from a different cultural background may find they are *disrupting* staff's expectations of 'sameness' and are being viewed as 'the Other', as different and as one person told us, a 'nuisance'.

> ... an automatic reaction can happen where we see the different person as 'other' from 'us', e.g., not like us and something to be fixed or managed rather than be accepted and understood.



Staff are also shaped by the unit's culture and their professional knowledge. Staff members told us this can cause them and other staff to (un)consciously see patients' difference as a problem or a risk and be unaware they are doing so. Applying restrictions can be seen as a compassionate way to keep a person safe, "*I don't want harm to come to the person but now I wonder if I am being biased*". In this way cultural restraint attempts to make the 'other' person conform to maintain the status quo and/or be seen to manage risk.

When a person is restricted, they may feel a build-up of intense pressure to conform and hide aspects of themselves. Aspects of a person can become invisible and hidden/overtaken by the norms of the setting, even if staff are well-meaning. This can mean people's distress may get worse. People said that when this happens, they 'don't feel seen' or understood, their 'identity is denied', and they feel 'trapped'. People said their distress might then be misinterpreted as their 'illness getting worse' or as them being 'deliberately difficult', even 'aggressive'.

Cultural restraint may then lead to restrictive measures as staff try to contain distress and reactions to cultural and psychological restrictions – an escalation of distress and restraint can then occur (Quinn et al., 2023; Quinn 2025).

People said that... they 'don't feel seen' or understood, their 'identity is denied', and they feel 'trapped'.

4. How does cultural restraint make people feel?

Experiencing cultural restraint has a profound impact on a person's wellbeing and their ability to heal. It also affects the staff who work in these environments.

Some impacts of cultural restraint on staff:

Becoming part of the system:

It can be easy to get used to a workplace culture and stop noticing how its' practices affect people.

Burnout and compassion fatigue:

When a rigid system gets in the way of making real human connections, the work is emotionally draining.

Moral distress:

Some impacts of cultural restraint for patients:

Shame and feeling broken:

When your natural ways of being are treated as a problem, it can lead to a deep sense of shame. You might start to believe,

"There is something fundamentally wrong with me..."

Loneliness and alienation:

If you have to hide your true self to be accepted, you can feel intensely lonely, even when surrounded by kind staff and other people.

"You feel unseen and misunderstood by the very people who are supposed to be helping you."

The threat response cycle:

"It is a natural human reaction to feel angry or scared when you are being treated unfairly. In an environment that punishes these feelings, I got trapped inside and had a meltdown..this is not a choice but an involuntary response... the situation was unbearable, and physical restraint was then used."

Losing your sense of self:

"Over time, if you keep suppressing your own needs and culture, you can start to lose touch with who you are... You become what you think others want you to be... I felt empty inside."

The threat response cycle:

"I was always worried about doing 'wrong' which was exhausting... and I couldn't relax."

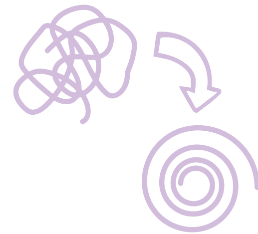
5. What can we do about cultural restraint
A basic framework for change

Breaking this cycle requires the ability to think about norms, unconscious bias and have the courage and a willingness to connect with people where they are at.

If you are a patient:

Understanding cultural restraint

So we know what we are dealing with... so we don't gaslight ourselves.

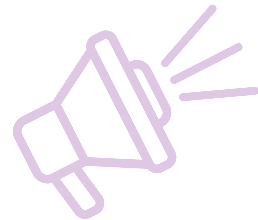


Know your rights

You have a right to be treated with dignity and to be an active partner in your care. This includes respect for your culture, identity and individual needs. (For information on equality and human rights, see Equality and Human Rights Commission, 2019).

Find your voice

If something doesn't feel right, let a trusted person help you, e.g., a friend, family member or trusted member of staff. An advocate is an independent person who can help you be heard – they can be very helpful and are available if you are detained in an inpatient unit.



"Do you have a reliable interpreter (e.g., sign language or neurodivergent, etc.) that is knowledgeable about your culture and what is going on for you and can make it accessible."

Write down what is happening

Sometimes it's easier to write down your thoughts. This can help you make sense of what is happening and can be a useful tool to share with your trusted person or care team.

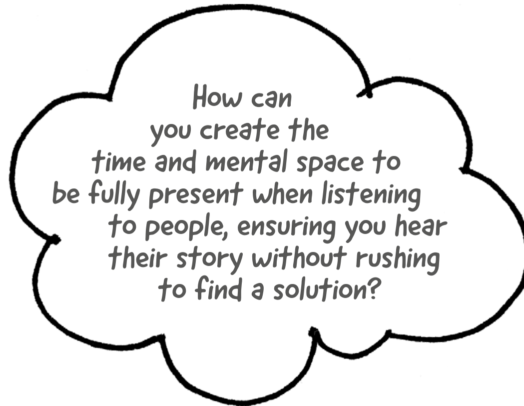
Connect with people who get it

Find support from people who understand you, whether it's family, friends, or a peer support group. Knowing you are not alone can make a huge difference.

If you work in a mental health setting:

Engage in active, compassionate listening

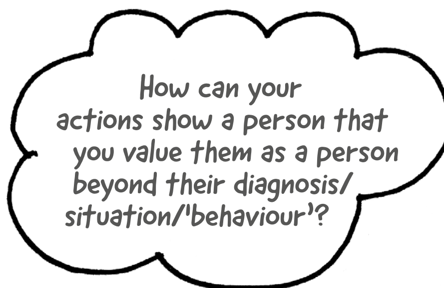
Reflective question:



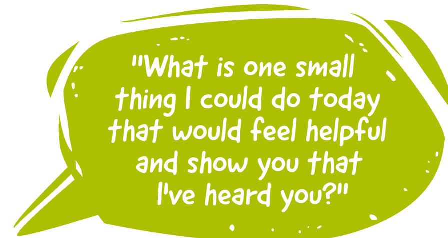
What you could say:

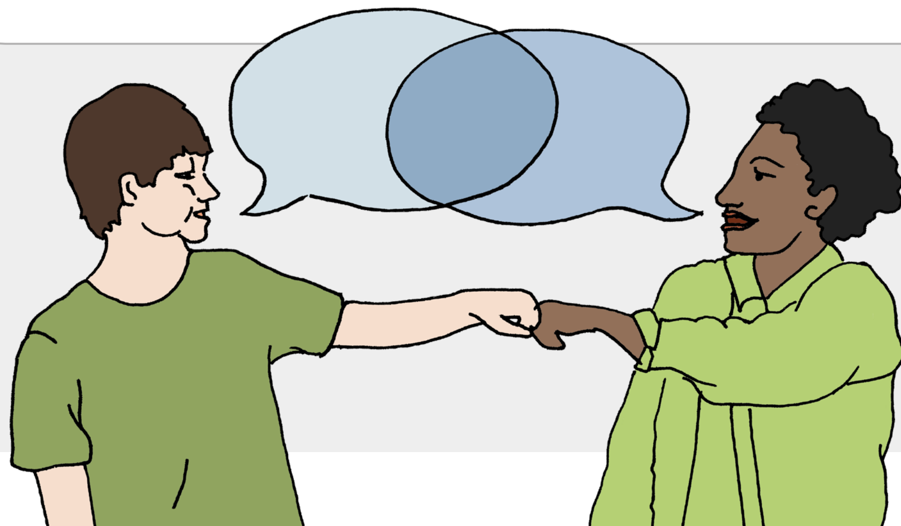
Build trust through relational working

Reflective question:



What you could say:





Accommodate cultural expressions and preferences

Reflective question:

How can you flexibly adapt the immediate environment and your communication style to make space for cultural, religious or personal needs?

What you could say:

"I can see this is important. How can we work together to make sure you have the time and space you need for it?"

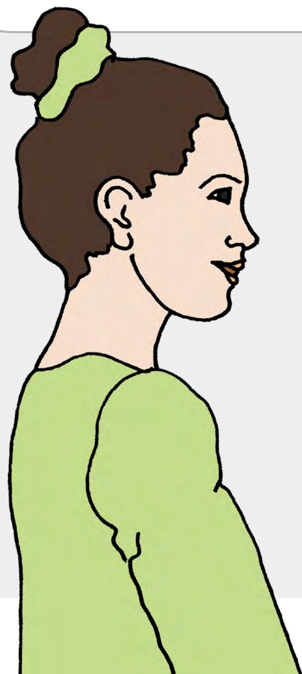
Practice self-supervision and reflection

Reflective question:

How do you actively challenge your assumptions and consider whether your actions are based on the person's individual needs or your unconscious bias?

What you could say:

"I've been thinking about our last conversation. I want to make sure I'm getting it right. Can we talk it through again so I can better understand your perspective?"



If you are a practice leader*:

Focus on people's right to autonomy and cultural identity

Reflective questions:

How do you lead your staff/team to ensure a person's right to speak and behave freely are the focus of all their work?

How do you model a continuous learning mindset and promote cultural humility, showing it is okay not to have all the answers?

What you could say to a staff member:

"When you're supporting someone, what questions are you asking to better understand what matters to them and how they prefer to express their cultural or personal identity?"

Organise inclusive support

Reflective questions:

How are you organising staff and resources to deliver support the way people want it, ensuring their needs are met?

How do you review support plans to ensure they are current and focus on a person's preferences, communication styles and cultural needs?

What you could say to your staff team:

"Let's review our unit's daily routine. What practical changes, like creating flexible schedules for prayer or ensuring access to sensory tools can we implement this week to provide culturally responsive support?"

* The term 'practice leader' in this context refers to functional influence rather than formal hierarchy. Distinct from the ward manager or nurse in charge, a practice leader is defined by their role in modelling behaviour on the floor. They are the individuals to whom the team looks for guidance and motivation, effectively setting the cultural standard of care - whether positive or negative - through their actions.

Coach and model culturally sensitive practice

Reflective questions:

How do you create dedicated time to coach staff by demonstrating, observing and giving feedback to help them give better support?

How do you act as a consistent role model, e.g., demonstrating how to interact with curiosity and respect?

What you could say to a staff member:

"I noticed [add in a specific situation]. Can we talk about how that interaction went? Let's think about how we could provide more tailored support that recognises neurodivergent traits without mistaking them for agitation."

Review and reflect in supervision

Reflective questions:

How do you structure supervision to create a safe space where staff can reflect on how their personal biases might influence their actions?

How do you lead team discussions that explore the real reasons behind certain restrictions and assess if they are genuinely helpful or a form of cultural restraint?

What you could say in a team meeting:

"In our supervision today, let's make cultural restraint a focus. Can we discuss a recent restriction and explore whether we could have found a more inclusive alternative?"

If you are a senior leader:

Foster an inclusive and reflective culture

Actively shape the skills and awareness of your teams through training and supervision.

Reflective question:

How are you ensuring that inclusive, ongoing training and reflective supervision are embedded in your service, giving practice leaders the tools to address unconscious bias and understand the cultural feel of their wards?

What you could say to a practice leader:

"In our next supervision, let's focus on your team's culture. What training or support do you need to identify cultural restraint and reduce restrictions to better navigate challenging interactions?"

Build responsive systems and environments

Ensure the organisation's structures, e.g., its policies, physical spaces, etc., actively promote diversity and inclusion.

Reflective questions:

How are you ensuring the organisation's systems – from policies to physical spaces – have feedback channels and are actively coproduced and responsive to the diverse needs of both staff and the people you support?

What you could say to a practice leader:

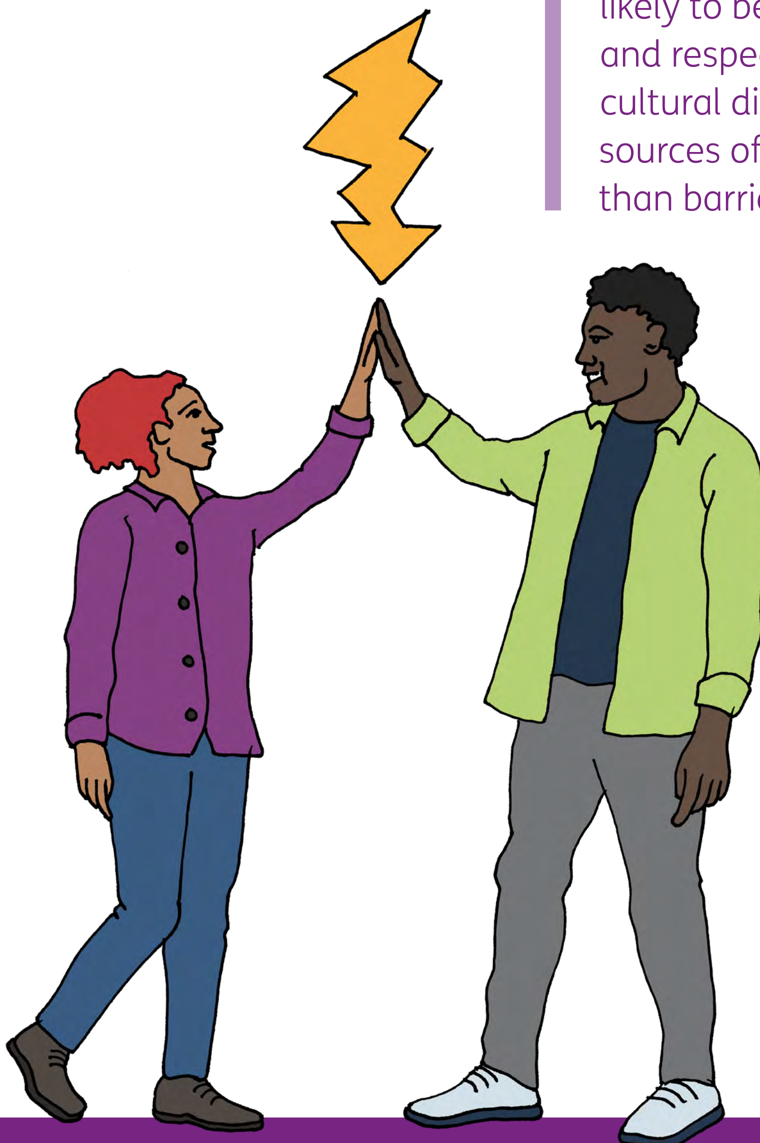
"What is the single biggest barrier in our current policies or environment that impacts your team's ability to provide culturally sensitive care? How can we change it together?"

Final thoughts

Reducing cultural restraint requires humility and commitment to prioritising the therapeutic relationship*. By actively reflecting on our own biases, listening compassionately, and adjusting our practices to help us meet the whole person, e.g., a person's cultural, emotional and relational preferences, we move toward creating environments where everyone feels safe, valued and respected for who they truly are.

This approach is not just about avoiding harm but also about fostering dignity, trust and connection; these are the foundations for healing and genuine support, especially for those who are vulnerable and in distress.

> When we embrace our shared humanity and diverse experiences, services are more likely to be experienced as kind and respectful – a place where cultural differences become sources of strength rather than barriers.



* This describes a therapeutic approach that focusses on building collaborative, trusting and empathetic relationships between staff and the person as the primary vehicle for change. Relationships are built on mutual respect and validation, creating a safe environment where the person can explore their patterns of relating to others to feel safe and to grow.

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