

Warrior princess

Ann J. Brady, MSN, RN-BC



I was used to her warrior-princess persona. I had seen a tear roll down her cheek, but I had never seen her cry.

I stood by Jeannie's hospital bed and thought to myself, "I have nothing to offer her."

As a nurse, how do you feel when you think you have nothing to offer a patient? What do you do when you have no tasks, or *things* you can do to help your patient?

CASE

Jeannie's cries filled the room, not with their volume but with their weight. "I don't know what to do," she dropped her head into her hands, her shoulders shaking. "I keep waking up to the same nightmare." She rocked back and forth, like a child soothing herself.

Though 28 years old and the mother of two children, she was only on the brink of who she was supposed to be as an adult. How could someone this young be dying?

I first met Jeannie after her pelvic exenteration surgery. She had completed chemo

and radiation prior to surgery, but it was her post-op pain that was keeping her from being discharged. Our team was called in to help with her physical symptoms. Once we addressed her pain, we facilitated a family meeting. It was at that meeting, when, even with her pain high, she declared, "I am a warrior princess. I don't believe in giving up." Her mother and husband nodded in agreement and so did our team, allowing Jeannie to lead the way. The warrior princess was the Jeannie I was used to seeing.

Our team worked with her through several more hospitalizations, helping with her physical symptoms. But with each hospitalization it became apparent that her emotional suffering was impacting her symptom profile. She wanted to be home with her children, yet each time she went home was followed by a quick readmit. She returned with a symptom out of control; often it was pain. But Jeannie crying was something I had not seen before.

As she wept into her hands I stared at her fingers, now so thin her wedding rings floated around them. Her anguish was palpable but I was uncertain as to how to comfort her. I was used to her warrior-princess persona. I had seen a tear roll down her cheek, but I had never seen her cry. Her pain could be 10 out of 10 yet even then she did not cry. When the doctor delivered more bad news, she did not cry; instead she tucked her chin down and straightened her shoulders, ready for the next battle. So her tears unnerved me. That was when I thought to myself, "I have nothing to offer her." I shoved my hands deep into the pockets of my lab coat. I wanted to run from the bedside and keep running. That morning we had adjusted her PCA and I had stopped by to see how effective the change

COMMUNICATION CHALLENGES

As a nurse, how do you feel when you think you have nothing to offer a patient?

was. We spoke for a few minutes, a business-like exchange that focused on her pain, when she started to cry. I have dealt with tears of anguish, with tears of frustration and rage. But embedded in her sobbing was raw exposure, primal. It exposed the depth of her despair. I would be lying if I didn't say it frightened me. I wished I had skipped the physical check in and instead had called her nurse to find out how she was doing.

It wasn't that I wanted to avoid Jeannie. I really liked her. We had a good connection, more than I often have with patients. I loved how upbeat she was, how she fought for the next treatment and insisted that she could beat cancer. I knew in all probability that she was wrong about beating her cancer, yet she converted me. Her optimism was believable. She had youth on her side, a verve for life fueled by the love of her children. And she had an unshakeable confidence in the power of positive thinking and prayer. But on this day it wasn't her enthusiasm that was contagious; it was her suffering.

DISCUSSION

I don't think it was a coincidence that her crying occurred when no family was in the room with her. On one hand, being on her own might have made her vulnerable to a breakdown; but on the other hand, maybe she chose the time without family because she knew they would not allow it. It wasn't that her family was uncaring. They were

warriors themselves and had gathered around and bolstered Jeannie through each hospitalization. I had heard her mother encourage her by saying, "You can't give up." The breakdown was a glimpse into what Jeannie knew deep down; it wasn't about giving up. But her opponent, cervical cancer, was an unbeatable foe. By urging her not to give up, Jeannie's mother put the responsibility on Jeannie. Was it giving up when she could not fight anymore? Her fight was doomed to failure and she knew it, even though she hated knowing it. Was that giving up? Was that the source of her anguish?

All of this swirled through my mind as I tried to figure out what I could do to help Jeannie. I didn't think continuing the warrior-princess pretense was helpful; but tearing it down was not helpful either. Our Western society places a high value on doing something. But recently I heard a twist on an old adage that applied with Jeannie. The saying is, "Don't just stand there, do something," but the twist was to change the wording around to, "Don't do something, just stand there." I pulled up a chair so I was close to Jeannie. I sensed that she did not want me to hug her. Instead, I put a hand on hers and sat quietly. I said nothing. I did nothing. Part of me struggled with this minimalist approach because it seemed like I should have been doing *something*. But doing something would have been more for me than for Jeannie. It was my turn to be the warrior princess, to be strong enough to do nothing.

Doing nothing gave Jeannie the chance to do what she needed to do. It allowed Jeannie to cry, and it allowed her to regroup. It allowed her to say the things she hadn't yet been able to say. In this case, my doing nothing was something. It allowed her to be strong enough to be weak. We sat together for a long time, long enough for her to cry and long enough for her to stop crying. Jeannie was as much a warrior princess as she had ever been. ■

Ann Brady is the symptom management care coordinator at the Cancer Center, Huntington Hospital, Pasadena, California.

JOIN THE CONVERSATION

- When a patient cries do you feel you need to do something? What are you comfortable doing in that situation?
- How do you feel when a patient or family insists that the patient cannot 'give up'? What do you say to them in that instance?



Go to www.OncologyNurseAdvisor.com/challenges-warrior-princess to join the conversation in the Comments section on handling when patients break down.