CAREENING TOWARD REUNION

Nina Gaby

As a psychiatric nurse prepares for her twenty-fifth nursing school reunion, she reflects on her decision to abandon her promising career as an artist, the taboo on hugging patients, and the cultural marginalization of nurses.

This ain't no party, this ain't no disco, this ain't no foolin' around.
—Talking Heads, "Life During Wartime"

I. Diet

I am on a diet. Just like when I was facing my fortieth high school reunion, three years ago. There will be no old boyfriends to impress at my twenty-fifth nursing school reunion, but I kind of have a reputation to protect. At thirty-four, I was the third-oldest person in my bachelor's program, one of several nontraditionals in a group of very bright and otherwise age-appropriate young women. I was the wildest, the one with the most energy, and I looked nothing like a nursing student—whatever we were supposed to look like. "She's an artist," people would whisper. "She's old."

When I went in for my first interview with the dean about a university nursing degree (expensive) versus a community college degree (affordable, even on my income as an artist), she immediately signed me up for a university scholarship. Done. "Nursing needs people like you."

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I bring up the diet for two reasons. The first is to frame this essay so it has more general appeal, some self-deprecating humor to balance the more serious, sadder, sometimes angrier stuff about nursing. Let's be honest: does *anyone* consider attending any kind of reunion without also considering a diet? The second reason is that I am still energetic and irreverent, at sixty-one, still wanting to blast stereotypes, and it's important that I look the part. I still don't look like a nurse. Or better yet, this is what a nurse looks like.

So far, in five days, I have lost 0.5 pounds.

(My long-time archenemy may be at this reunion and, in my mind, still a slim twenty-nine-year-old in an expensive suit.)

II. Bedpans

Loudly stated, at the graduation ceremony for my second bachelor's degree, the one in nursing: "If she wants to throw away a wonderful career as a famous artist so she can clean bedpans, so be it." (By my father. My first degree was a perfectly acceptable bachelor of fine arts, followed by an art school graduation ceremony I didn't bother to attend. I had just completed the hardest two years of my academic life, while evidently ruining everything for my narcissistic father.)

Other things that were said regarding my decision to become a nurse:

"What are you even doing here?" (By one of my first professors, dismayed by the fact that I was wearing a vintage cardigan—mohair, burnt orange—over the blue-striped smock that indicated we were nursing students. The smock, despite having lots of handy pockets and a little slit for our bandage scissors, which to this day I have never used, needed embellishment. No one ever said our cardigans had to be new or white. I took the professor's horror at my wild '80s curls as tinged with anti-Semitic subtext, which I

promptly argued about with everyone who would listen. No one agreed, yet the arguing established my reputation as an atypical kind of nurse—a reputation of which I am still protective—although it also got me a B in her course when I obviously deserved an A, thereby ruining my chance at summa cum laude, which I also felt I deserved.)

"You are the last person I could ever see being a nurse." (By everybody, especially those who knew I couldn't add a single column of figures and were reasonably concerned by the idea that I might ever try to perform med conversions.)

"What?" (Again, by everybody.)

"You aren't a *nurse*. You're an *artist*." (By old friends who really liked hanging out with an artist, not so much with a nurse. On the first day of nursing school, a new friend quoted a passage from Florence Nightingale's *Notes on Nursing* where Florence, the most famous nurse ever, uses the word *art* to describe how a nurse governs by "the laws of life and death." These laws, she explains, "require learning by experience and careful inquiry, just as much as any other art.")

I remember meeting Dr. (as in, doctor of *nursing*) Loretta "Lee" Ford, the architect of the Unification Model of Nursing, for the first time. She had a well-practiced response for anyone who, like my father, dismissed nursing as nothing more than bedpan-emptying: "So, what is the four-letter word for the contents of that bedpan? Hmm? *D-A-T-A*! That's what it is. It's *DATA*!" Her statement reframed the world for me.

I used a bedpan just once, when I was in nursing school. I was ordered to place it, upside down, under the butt of a woman being prepped for an emergency Cesarean so I could more easily locate her urethra for stat catheterization. It didn't help that I knew the woman from high school—awkward—or that I had never done even a non-stat catheterization, making it doubly awkward. I haven't used a bedpan since. Nor have I cathed a female, for that matter. I went on to specialize in psychiatry but

not because of the bedpan thing. Maybe it was about being an artist. Or fashion choices. Most likely it was about individuality and autonomy.

III. Being an Artist

I was coming to grips with that. It was the early 80's, the time of Jean-Michel Basquiat and all sorts of beautiful mayhem. I wasn't a Peter Voulkos, with his huge, raw, masculine clay canvases, or a Rudy Staffel, who managed to do things I would never do in our shared medium of porcelain. I was feminine, small, literal. My work was small, fearful, and beautiful (and sold well). I met Rudy at an invitational show at the Smithsonian, where we were both exhibiting along with other icons of the clay world. Groupies thronged around him: young art students, as well as younger, less-established artists like me. I had no throng, myself, save for my parents and a friend who came down to DC with us for the opening of the show. My father was never happier and made a big party of the event. I, on the other hand, felt displaced, discontent. This was my highest moment, and I did not trust that I could take it any further. I yearned for a voice that I just didn't seem to have.

When I finally realized that abstract expressionism—the artistic genre I had fallen in love with as a child and that, to me, *defined* art—was never to be my forte, I guess I figured I would try something that made more sense. Something better suited to my deliberate and somewhat obsessive-compulsive work style. Nursing occurred to me suddenly, out of nowhere. Not only would I make a decent living and have someone else paying for my health insurance, but my radical feminist side thought maybe I could do society some good by becoming a midwife and performing safe, cheap, covert abortions in my basement, if it ever came to that. After viewing my fifth emergency C-section during my ill-fated Ob-gyn rotation, I realized that nurse-midwifery was about as much an option for me as was abstract expressionism. People quipped that I could make sculptures of bedpans out of porcelain. Seriously? I went into psych.

Little did I know the level of abstract expressionism awaiting me.

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IV. Psych

We didn't wear uniforms in psych. The caps were long gone by this time. The nurses I knew at the university wore suits and heels that clicked along the hallways; some who possessed clinical doctorates wore white coats over their suits and slung jaunty stethoscopes around their necks. I will always be grateful for them, for their modern vision. But there was one, a large black woman, who still wore her cap. This was twenty-five years ago, and she was one of the few black nurses at our hospital. I remember mentioning her while talking about my new life with my mother, who was far less conflicted about it (for reasons that would make another essay) than was my father. My mother understood the patriarchal origins of the nursing cap, but she looked at it differently. She saw it as something special, like the starched white uniforms she remembered from her childhood, like the scene in the movie *Atonement* where the nurses swish by the camera in crisp lockstep. No one in the nursing administration at that modern university hospital could convince the woman to take off her cap. "I worked too hard for this," I imagined her saying in her Southern accent.

I wish we could have it both ways.

In psych, we are like the EMTs of the psyche. Instead of having strangers' blood on my hands, I have their cerebrospinal fluid bathing my subconscious. Over the years, I have worked as a staff nurse in acute inpatient psych, as an evaluator in the emergency department, as a therapist, as an instructor, as the coordinator of a dual-diagnosis program, in private practice, on crisis teams, and now as a nurse practitioner with my own script pad. I have had to keep people alive against their wills. I have had to take away their elixirs and replace them with side effects. I have had to let boards of education know that nurses and doctors in my care weren't following their treatment plans, and their licenses and livelihoods would remain suspended. I have sat with psychosis and hoped for any extant, still-viable parts of people who have tried to do away with themselves.

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Shining a flashlight on the white spaces, the black spaces, the inkblots of all the overheard and underappreciated stories, we in psych sit with the stories of pain and secrets. Yes, there are moments of love too. "Thank you for saving my life." We can talk about love later. Holding out my hand at the brink, I guess I did save a life or two. Twenty-five years.

Who does this kind of thing? This psych stuff? I tell my students that we nurses use psych skills all the time, no matter what our specialty. But what is the net effect on the person who really does psych all the time? Whereas my old clients had deliberated over the celadon glaze versus the zinc white, my current clients have deliberated whether to keep their contract with me to not jump again, whether to let the Greyhound barreling down the thruway pass them by, whether to turn down that crack pipe, or whether to move out of that abusive household. Sometimes, we just sit. Over time, uncomfortable silence becomes bearable. I have sometimes listened to the intense jumble of gibberish also known as word salad. Salad? *Hey, this ain't no picnic,* I say to myself. *This ain't no foolin' around.* The cumulative effect of all these years is that I usually know what people are talking about, even when they don't make sense to themselves. It doesn't scare me a bit. It's just little spurts of dopamine bouncing around and not getting sucked back in fast enough—an intercellular ping-pong game, and I'm just a cheerleader on standby. As a result, I have fewer friends because it is sometimes just too hard to listen to stuff of lesser consequence. My idea of a good time is sitting quietly with my own thoughts and not making eye contact with anyone. I need to be alone so I don't soak up so much that I saturate. My subconscious is usually OK; it doesn't give me a lot of obvious trouble. Once in a while, after a particularly busy day, I wake abruptly at night, hearing my name being called out, worried that I have forgotten to do something for someone. The other night, the cats were howling. I turned over and convinced myself to go back to sleep because they weren't my patients. That's about as weird as it gets.

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deal with cruel inconsistencies, in psych, that other professions don't have deal with. When we've done a good job with someone in therapy, we "fired." Our job is to make them be done with us. Or when someone rts to look really good after a depressive episode, we applaud for a w seconds and then begin to worry whether they are getting better or coming pathologically manic. When someone really likes us, we might ve to consider a whole new diagnosis: maybe they are borderline, or a ciopath. I remember my colleagues in the hospital, the peds nurses, who metimes took the chronic kids home with them for a weekend. In psych, ven a handshake threatens to indicate a boundary violation. One of my est friends during my days as an artist, a photographer who hand-tinted her ortraits, told me, "I have to fall in love with each of my models as I work. It's art of my process. Then I can get their lips and their eyes just right." Soon thereafter, in my new world, I would have to draw a hard, dark line through the word *love*, as if a most basic human emotion needed to be censored. And I understand why. My compassion might be my patient's undoing. If I care too much, my decisions might be clouded. And this is life and death.

But how do we decide? I recall my first year after grad school, working as a clinical nurse specialist (CNS) in the outpatient department where all the therapists had clinical supervision as a group. One day, the facilitator was a highly respected forensic psychiatrist who demanded a show of hands—had any of us ever hugged a patient? No one moved. My old archenemy? The one in the expensive suit? If I recall correctly, not even a blink. No one even dared to look at my little hand as it went up, then slowly dropped, defeated, into my lap. I was certain that my honesty would be punished. I imagined I would be fired. I had no idea how I would justify the horrible act of hugging a patient.

The first time I decided to hug a patient was in my private practice. I had been well schooled, as an inpatient staff nurse, that any touch required either a latex glove or an incident report. I sat in my sunny office with a young woman who was not at all psychiatrically ill but who was recovering after her diagnosed terminal illness had gone into complete remission.

During our supportive therapy sessions, it became clear that the most salient issue in her life, what eventually explained her failure to regain her emotional functioning as quickly as her medical team had hoped, was the death of her mother when she was young, a complicated issue that she had never grieved. Until that afternoon, she had worked hard to deny that this was even an issue. One little question that I can't remember opened up the floodgates, like a movie. It sounds simplistic now, but it was a dilemma for me, then. All she needed, at that moment, was to be a scared kid; she needed to be held, but that sure wasn't in any of my textbooks or in the scope of my nursing practice guidelines. I grappled for a moment with intuition: if this was a piece of art, where would I put the next mark? I moved over to the stool in front of her chair and took her into my arms, where she sobbed for the remainder of the session. Within a month, she decided she'd move to Boston and go to grad school, and I didn't expect to hear from her again.

Abstract expressionism at its best, I now always say about psych. Science is the template, but intuition guides the art. And this is art. And, as a quick sidebar, I hug everybody now. Not once has it been a problem.

V. The Serious, Angry, Sad Stuff

(Brief Rant, Which Should Be Worth a Pound or Two)

Nurses help people and are the essential juice behind healthcare, but I worry we haven't made much of a dent. We are still a profession of women, mostly, and we have barely been consulted about healthcare reform—at least, not in the major media—and that pisses me off. I'm sick of hearing what Dr. Drew, Dr. Oz, the CBS guy, or some celebrity surgeon has to say. They themselves are part of the problem. How do they get to define healthcare? Do any of them really need to make so much money? Does the economy of change really have to accept the status quo: pills that cost twenty-eight dollars apiece, surgeons who have to make a million a year? If the surgeons budgeted better, I think they could have paid back

se pesky little loans already. And if Big Pharma hadn't decided that its ministrators needed such obscene salaries, profits could be disbursed in easonable fashion and meds could be affordable. Loans and competitive aries—that's always the excuse. Who decided all this? Then we allowed e insurance companies to put their evil little hands into the pot, and we reened out of control.

hat we are women is still a huge part of the problem. We let things go cause we are too careful or too busy. We could write more letters and ow up at more legislative sessions, but we really are too busy. It was hard nough for me to bring up a child in the midst of my busy career moves, ven with a hardworking and supportive spouse, great day care, and control ver my own schedule. How about our colleagues with inflexible shifts, he single moms who deal with the insults of mandatory overtime and ne-dollar-an-hour on-call status? Who take orders from overworked and verloaded people who know even less than they do? Who must negotiate with healthcare decisions that are driven by power, greed, and fear of litigation? The nurses who deal with all this might be better off wearing caps in some patriarchal system that would at least take care of them.

We could yell more, but we would first have to be really sure of what we are saying. And from what I've seen lately, no one's very sure about anything. Look at the pushback, right now, from physicians who don't think that nurses who obtain their doctorates should be called doctors. Instead of welcoming more highly qualified individuals into the mess, they argue about what they should be called? But this isn't about us and them. This is about us.

Maybe it was unrealistic to accept what I was taught by the incredible (well, mostly incredible) professors and mentors I had twenty-five years ago. Or maybe it was just twenty-five years ago. Anything was possible, then. There were role models getting attention. Hillary checked in with us. There were TV shows with strong nurses. Then again, by the mid-90s, both Carol Hathaway and Abby Lockhart on *ER* had decided to become doctors while I shouted

at the TV: "No, no, it would be so much better for you politically to become nurse practitioners!" They didn't listen, and Nurse Hathaway left the show to marry George Clooney, anyway. The popular, Emmy Award–winning medical drama *Nurse* had already been taken off the air by 1983 because, Michael Learned said, she "offended somebody at CBS." How's that for art imitating life? Now we have Nurse Jackie, whom we aren't supposed to like—but isn't she hilarious? She sure doesn't keep her mouth shut. She knows more than most everyone else, and for that she should be revered. So she has a little pill problem and sleeps with the pharmacy guy to get her oxys—at least she has a personality. At least a TV show has the word *nurse* in its title.

Why aren't we ruling the healthcare system? There are almost three million of us. Without us, University of Michigan researcher Beatrice Kalisch has warned, there would be "death, mayhem, chaos." With us, anything should be possible. We have a trendy phrase for complacency and avoidance: *compassion fatigue*. Sick and tired of caring.

I once wrote a proposal for an anthology about this crisis, even before the disappointments of Obamacare, called *What Would Florence Do?* I had a publisher willing to look at it. I wanted to send out a call for submissions to all nurses, to get their opinions, and to cull the best-written ideas into a book of essays. I couldn't get anyone to help me out with it. There you go. Busy, burnt out; or shall we call it fatigue? Anybody reading this today want to take a crack at it?

VI. In Retrospect

Much has changed since graduation. I put away all my studio clothes and work boots. Until I moved to a very rural area, I'd never worn jeans to work. It was unheard of. But where I live now, I sometimes do, although it still seems wrong. Like my role models, I usually opt for stylish footwear. A mohair cardigan would still be out of place but for very different reasons.

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Legally, as a nurse, I will never be able to walk over someone dying in the *street,* no matter how much I might dislike them. I also try very hard to never *say,* "How does that make you feel?" I try not to provide therapy for strangers *in* the grocery line. I am judicious with my eye contact.

I still approach every problem with the nursing process I learned twenty-five years ago. I can't help it. APIE. Assess. Plan. Intervene. Evaluate. I thought it was so stupid, that first day of class. A pie? Really?

I will never again see blood splattered on a movie screen without thinking, *Universal precautions! Infectious disease! Hep C! HIV!* Nor will I ever be able to just enjoy a character study, be it on TV or in written word, without diagnosing the person and deciding that the behaviors are completely implausible, thus ruining it for myself. The same goes for personal relationships. And familial ones.

Psych. I took a break. For a while, it physically hurt to sit all day at attention, making unfaltering eye contact, holding my usually expressive face in neutral. My neck hurt; my arm was numb. The physical pain made me leave the profession. Or was I kidding myself? Physical pain? Hmm. See, every move is suspect. The economy (I needed a job), a good acupuncturist, and a chiropractor helped me back. I am forever grateful. Fatigue aside, this is honorable stuff.

Now, if I could just focus on the easier things. Whom should I hug? What should I wear to my reunion? Does the event justify a new pair of shoes? Nutrisystem or Weight Watchers? If I'd been another kind of nurse, running around all day, I wouldn't have so much trouble losing weight. I'm only sixty-one. Should I just respecialize? Get my doctorate? Take a painting class?

Addendum: December 2011

So, let's just say that I'm glad I didn't invest in a new pair of shoes. And that diet? Two pounds total. Except for the very minor health benefits, the loss was negligible. It seemed as if no one under the age of seventy-two (class of

'61) attended the reunion. And while I am sure there were some great stories in that bunch, no one shared any of them with me. No one from my class showed up. Only about twenty people attended the important lecture by the big deal alum, now doing research at Columbia. A couple student types were in the auditorium. No dean, one retired professor. No enemies.

The poorly attended lecture sounded like the same stuff we talked about back in '86. And I bet the ladies from the class of '61 in their Alfred Dunner double-knits talked about the same stuff too. With so little going on in my department, I ended up attending lectures at the School of Medicine and Dentistry that were standing room only. Bill Clinton was the keynote speaker, and I got to shake his hand, twice. A couple of lost pounds made that feel a little more exciting, as he looked deeply into my eyes—or so I'd like to think.

The woman from Columbia knew her stuff. She had numbers and statistics and quoted the Robert Wood Johnson Foundation and the Future of Nursing: Campaign for Action. Basically, we nurses need to be fully accountable partners in transforming the healthcare needs of the nation—just like we said twenty-five years ago, like the class of '61 said fifty years ago. We talked about how there are too few nurses on boards of directors, not because of a lack of status or public trust but because of a lack of money. We don't make enough to be important.

I hope that afternoon was not a prophecy of a continuing ennui, fatigue, or worse.

Maybe just a bad day, a busy Friday.

And diets, no matter how successful, have a way of reversing themselves relatively quickly. I gained the two pounds back at the luncheons and went home, sad not to have shared the future with the exciting women from my past. But I did find out that Loretta Ford, still alive and able to appreciate it, had just been inducted into the Women's Hall of Fame this past fall, joining nurses Clara Barton and Lillian and Florence Wald. I did not find this out

from any colleagues at the reunion but from a friend who is on the board. She's not a nurse. She's a lawyer but nonetheless excited.

In the midst of all this, in unrelated synchrony, the young woman I had hugged in my sunny office so long ago, the one whom I never expected to hear from again, sent me a Facebook friend request. I cannot wait to send her this essay and see how she remembers it.

Addendum to the Addendum: January 2012

She remembers it quite differently. And she became a nurse practitioner.

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