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Helping Incident
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An account of a “helping incident” in which you were the person who provided the help. Include the nature and extent of the request, your assessment of the issue(s), problem(s), situation(s). Describe how you came to be involved and what you did. Give a brief, evaluative commentary on what you did and how you believe you were able to help.

This is an example of a helping incident in which I didn't do a particularly good job.

On Wednesday, March 4, 2015, I was at Laguna Honda's rehabilitation unit for my weekly volunteer service as a chaplain, and went to see D., a resident whom I had visited six times prior. I often found D. in a state of tremendous agitation. He gulped water continually, and needed to visit the bathroom very frequently. He was typically extremely restless, getting into and out of bed over and over, and he was often in physical pain, frustrated by what he saw as the malicious withholding of medication. He could be extremely polite and responsive in calm moments and very forthcoming and articulate about his current situation and his life in general.

On this day, I was returning after having missed three weeks due to company from out of town and having a cold. While the contagious part of my cold was almost certainly over by the time my volunteer day rolled around the week prior, I am aware that the hospital has strict procedures to minimize illness among its residents, which I wished to comply with fully. I felt bad about not having seen the people I regularly visited for so long and was looking forward to seeing them, including D.

When I got to his room, I found it occupied by a different person and felt disappointed, assuming he had been released. However, as I made my way around the unit, I bumped into his nurse, N., who said D. had been moved to a different room, and just then, along came D. himself. I didn't necessarily expect him to be happy to see me, since he was often dealing with very strong anxiety and sometimes with physical pain as well, but I kind of hoped he would be, as we had shared several pleasant and peaceful moments over the weeks.

I greeted D. with enthusiasm: “I'm glad to see you! I'm glad you're still here—well, I suppose you're not so glad to still be here.” I said the latter with a twinkle of humor, and D. replied, “No, I'm *not* happy to still be here!” It turned out that he was in physical pain and was very frustrated at not being due for more painkillers right then.

D. paced back and forth between the nurses' station and his room. At the nurses' station, he yelled and swore, expressing what he perceived to be his situation and his feelings about it. He complained about the hospital: “This place is a *morgue*! People come here to die!”

I trundled along behind him, sitting down in the chair in his room when he was in there, and drifting along in his wake when he visited the nurses' station. I approached him at one point in the hallway and asked if he'd like to take a walk outside. “Why would I want to go outside with *you*?” he asked angrily.

Another nurse approached and asked who I was. I explained that I was a volunteer in the spiritual care department and had visited D. several times, and she gently said maybe to give him some space, so at that point, I headed off to visit another resident. Despite the nurse speaking in a very low-key way, I felt subtly rebuked (not unjustly) and later felt some mild shame about that.

Just then, Bob Deel, the hospital chaplain and my boss there, came along. D. walked up to me and said again, “This place is a *morgue*! Most people never get out of here alive.” “That's

true,” I confirmed, “though not in this unit.” The rehab unit is one of the couple of areas of Laguna Honda from which residents can expect to be discharged.

D. walked away and then returned to add, “You know what? Don’t bother visiting me again.” With Bob looking on, I answered, “If you don’t want me to visit you, I won’t. That’s fine.”

Bob seemed worried that I would feel upset or offended by D.’s words and sought to reassure me that this kind of thing can happen now and then. However, I did not feel upset or offended, as I understand that any of us can get in that kind of mood, even if we don’t speak in that manner, and I understand as well that being in the hospital involves losses, discomfort, and difficult emotions including frustration.

In retrospect, I saw that when I encountered D., I experienced an episode of codependent attachment, such that I then remained physically near him even though I could see he was not eager for my company. I found myself drawn to D. in his state of distress, perhaps experiencing a bit of pull toward drama or chaos. I should have reflected on whose need was being met. The mild hope that D. would be happy to see me was about meeting my need, not his.

While in retrospect I wish I had handled my interaction with D. differently, I know that asking us to leave (or, in this case, not to visit again) is one of the few forms of power patients in a hospital may be able to exercise, and that it is our gift to them to respectfully and immediately comply, so I didn’t feel bad about what D. said to me nor about Bob witnessing it.

One thing I did right was to immediately understand and follow the advice to give D. some space, but I wished later that I had applied more discernment to the whole interaction. In joking, however mildly, about D. himself not being so glad to still be there, I failed to see that I was not taking seriously what was very serious to D.

In suggesting the walk, I had a vague idea of providing relief to his nurse, N., and also the idea that being outside in the fresh air and late afternoon sun might bring D. some small measure of peace or comfort. While my motive was kind and the idea not entirely outlandish, I imagine there was also some part of me that was uncomfortable with D.’s misery and wanted it to go away for my own sake. I think there was also some codependence on my part in regard to N., wanting to do something on his behalf, even though he wasn’t giving the slightest sign of frustration or discomfort, and in fact seemed remarkably peaceful and beatific.

I wish that I had asked D. first thing if he was in the mood for a visit. Possibly the only way in which I was really helpful on this occasion was in giving D. someone meaningful—someone he knew—to speak harshly to. I also felt compassion, which is emphasized in Buddhism, for D.’s obvious anguish, and I can see equanimity, another fundamental Buddhist concept, in my taking D.’s upset words in stride and not being embarrassed by Bob’s witnessing our exchange.

Perhaps there is a Buddhist-flavored ritual of some sort or some words I could devise to remind me to approach interactions free of assumptions and expectations based on the past—perhaps like the “beginner’s mind” mentioned in Zen—something like: “Being with this person right now has never happened before. May I be fully awake so that I may respond appropriately.”