

Who Touched Me?

WHEN NON-VERBAL CUES SPEAK LOUDER THAN WORDS

BY KAMI TIMM, M.S., M.A.H.C.M., RN, CNS

In Catholic health care, for our work of continuing the ministry of Jesus, one source of guidance can be Scripture and its many stories of Jesus as healer. Take, for instance, the gospel descriptions in both Mark and Matthew of a woman who had suffered from hemorrhages for 12 years. As Jesus and his followers were passing by, she came up behind him through the crowd to touch the tassel on his cloak, believing that would cure her. He stopped, turned around to ask who had touched his clothes and spoke with her. Calling her “daughter,” Jesus declared her faith had healed her.

Like Jesus, we have crowds of patients and clients pressing in on us, issuing multiple demands for our time and attention, and we may be tempted to overlook the marginalized — especially those who are not, or cannot be, explicit in communicating their needs and desires.

Like the woman, many of our patients have a strong belief that we can cure them. They come seeking our services. When we offer care, we are also offering hope, the possibility for miracles to occur and the possibility of unifying patients or clients with families, friends, communities — and even with God.

Can we, in imitation of Jesus, demonstrate attentive presence, convey our compassion both

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verbally and non-verbally and offer holistic healing that restores them to fuller function in body, mind and spirit? Can we slow down enough to read their non-verbal cues in order to understand their unspoken needs?

The story about the woman with the hemorrhages provides key insights into the healing ministry of Jesus and can help us explore our actions — especially our attention to non-verbal cues — as a means of communicating mission. If we use Jesus as our role model, we must look at our own behavior: How often do we pass by someone on our way to somewhere else? How do we convert even a brief interaction into an encounter that the other person perceives as healing or even sacred?

In the story, the woman did not approach Jesus directly. Perhaps she felt unclean; perhaps she was caught up in the hurrying crowd; perhaps her place in society precluded her from speaking to someone in a different social class. She approached him from behind, hoping to simply touch his clothes and be cured — with perhaps an element of “magical thinking” our patients today would understand. After all, they put great stock in our medicine, gadgets and the products of modern technology.

Perhaps our patients, too, feel unworthy or

unclean, or they fear popping up above the radar, in some cases risking involvement with immigration services, possibly even deportation. For any number of reasons, those who are most vulnerable may hesitate to appear in front of us. If, as Jesus did in the story, we take the time to stop, to pay close attention, we may be able to draw out their stories and offer healing.

Sr. Marian Schubert, CSJ, vice president of mission integration at Queen of the Valley Medical Center, Napa, Calif., and a nurse practitioner, tells these stories:

■ A woman brought her baby to a mobile health clinic, saying the child “wasn’t well.” She communicated no definitive signs or symptoms, but her genuine concern was very evident in her furrowed brow, the clasping and unclasping of her hands and in her ministrations to her son. The nurse practitioner performed a more thorough exam than she might otherwise have done, but there were no significant findings. Still, her intuition led her to believe that something was wrong. She personally transported the baby and his mother to the local Catholic hospital, where an x-ray identified an empyema (pus-filled sac) in the child’s chest. Her compassionate attention to the woman’s body language saved the baby’s life.

■ A woman — a prostitute — presented herself for treatment of ulcerated sores caused by drug use and likely sexually transmitted disease. She needed a painful injection that required skillful administration. The nurse carefully positioned the patient and explained what she was going to do in order to help keep the injection as painless as possible. The patient began to cry. Rather than ignore the tears, the nurse asked questions. “I know the nurses try to make these injections as painful as possible to punish me because of who I am and what I do,” the woman replied. “This is the first time someone has shown they cared about me as a person.”

Both our verbal and non-verbal communica-



tion can touch people in ways that surprise us. In the case of the patient being treated with painful injections, I, for one, cannot imagine previous nurses said to the woman that they wished to punish her. Their actions, however, spoke volumes.

Do we fully recognize that we are entrusted with the emotional and spiritual care of those who come to us for physical ailments? Does our practice consider how intricately spirituality is linked to physical condition?

One of the key elements to recognize in Jesus’ healings is that he healed holistically. Although the woman in the Gospels sought a cure for her physical affliction, Jesus healed her completely — body (hemorrhage), mind (self-esteem, view of self, loneliness) and spirit (made her clean, brought her back into community).

Exploring our patients' religious faith, their perceptions of God, self, and others, or what gives them a sense of meaning and purpose in their lives, is a responsibility we cannot take lightly. Looking to Jesus as our role model and hospital chaplains as our guides, we can learn to develop attitudes of attentiveness. Jesus did not chide the hemorrhaging woman for being a nuisance or causing a delay in his important work. Calling her "daughter," he

affirmed her inherent value and dignity. If we genuinely honor and respect the dignity of every individual and the sacredness of our interactions, we will be able to continue Jesus' holistic approach to healing in our current ministries.

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COMMUNICATING COMPASSION, OFFERING HEALING

The following story told by Karen Stillwell, M.S., RN, CNS, an infusion center nurse at Queen of the Valley Medical Center in Napa, Calif., illustrates how we heal through our presence, even when our encounters are fleeting.

I met a young woman for the first time the other day — a mother, about my age, with advanced lung cancer. She was thin and nervous-looking, carrying important papers and a heavy bag, and visibly shaking with fright when I approached her. She had come to have her infusion port accessed for blood work. She was led to sit in a recliner chair and I gave her a warm blanket and sat next to her, introducing myself. I offered her some hot tea and lightly placed a warm hand on her forearm, letting her feel my presence next to her as I introduced myself. We connected immediately. We didn't do anything "clinical" right away, but we talked about her day and how she "finally made it" to this point on this day, a Monday. As it turned out, it had been a very difficult day for her and now it was late afternoon.

She had been dreading this appointment. As she explained it, she has a tremendous fear of needles. Her body language was obvious — she was trembling like a frightened animal. Once she was a little more comfortable, I asked if I could put her feet up for her. I listened to her quiet, shaking voice as she explained her situation. We lowered our voices for privacy as we got acquainted in this public, open area. Her story unfolded, and I learned that she had a long history of IV

drug abuse and was now clean and sober. She was not just frightened by needles, but had tremendous baggage associated with them. Her own mother died from an IV drug overdose when she was the same age as the patient herself. It was now very close to the anniversary of her mother's death. There was something about a birthday too, but I cannot recall the details.

In addition to that trauma as a child, she herself developed a problem with substance abuse and ended up losing her family from her drug habit. Her IV drug

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use resulted in her being estranged from her husband and two very young daughters (elementary and pre-teen ages) who were currently living across the country in another state. After a difficult separation from her angry husband and their two girls, she now faced a brutal chemotherapy regime to treat her advanced lung cancer. She knew that cure was not a realistic hope for her. In the midst of this slow exploration and carefully paced and meandering conversation, listening with my whole self was the most important "intervention" I could do as her nurse. She needed blood work, which was the official reason for her visit. But that had to wait.

Eventually I gave her more tea and excused myself for a moment to set up

her procedure tray for the blood draw. When we began the procedure, she needed a distraction during the sterile prep and draping, and topical anesthetic needle puncture. So we talked about the beach as a faraway place where she would rather be on this day. As I chatted with her about her girls and how they used Skype to place video calls to each other, her fears were replaced with hopefulness as she shared her experiences of making regular video calls to her children.

My hands were busy accessing her port with the large needle after the topical anesthetic was in full effect. My hands were working very quickly, but the pace of our words was much slower. Simultaneously, I used alternating tactile stimulus with one hand to distract her perceptions of the needle at the port site as I inserted the large needle into her chest port, mere inches away from her face. I kept both the "things" and the blood out of her sight. The procedure itself was quickly finished and she was surprised that it went so smoothly. We made her follow-up appointments for every Monday and arranged for her transportation to get to the clinic. We hugged and said goodbye until next time. It was a very brief but intense encounter. She was actually in and out of the clinic very quickly.

She never did come back to the infusion clinic. I later found out that she planned to move across the country to be with her family during treatment. We will most likely never see her again.

I still think of her.

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