



SHORT COMMUNICATION

A day in the life

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Summary As a reflective practitioner I write a journal, reflecting on significant experiences through the day. In this paper, I present a day in my life as a part-time nurse and complementary therapist at the hospice where I work. In particular, I focus my reflection on my ability and value of dwelling with patients as a clearing to enhance my therapeutic work.

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Introduction

I work as a part-time palliative care nurse and complementary therapist within a hospice. As I move through the day moving between different people I am mindful of the way I feel, think and respond within each unfolding moment, in relationship with the other. I am conscious of my effort to ease suffering and to nurture the growth of the other through their health-illness experience. I practice with heart [compassion], with mind [intent] and with my hands through skilled action using various complementary therapies to help ease suffering; aromatherapy, massage techniques, reflexology and therapeutic touch. I must emphasise that compassion and healing intent are fundamental to using any complementary therapy. The word healing does not mean 'cure' in the conventional medical sense but bringing the person's body into best shape to heal itself. Sayre-Adams and Wright¹ observe that 'healing' is an uncomfortable word for many people. They cite Quinn.²

Healing, the emergence of right relationship at, between and among all the levels of human being, is always accomplished by the one healing. No one and no thing can heal another human being [but them-

selves]. All healing is creative emergence, new birth, the manifestation of the powerful inner longing, at every level, to be whole' [p. 11].

This account is written as a reflection on 1 day's practice. Reflecting in my journal helps me unwrap and put into perspective the various intense emotions that flood me as the day unfolds in its unpredictable way. It helps me contemplate and evaluate my actions and whether I might respond differently given the situation again.

Wednesday, October 16th

It is 8.30 a.m. when I leave home. It is a cold damp autumn morning. The leaves are beautiful in their changing autumn colours and beginning to fall. As usual I have meditated for half an hour and focused my compassion for work today, especially as I am full of anticipation for my visit to Gerard this morning. Meditating each morning has been very effective in nurturing my caring self, whether in my teaching or clinical practice role. Esme, the MacMillan nurse, has asked me to visit Gerard, a 38-year-old man who had a primary cancer of the tip of his penis. This small lump was surgically removed but unfortunately the cancer metastasised in a lymph node in his left groin. This was also

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excised but has grown back with vengeance that failed to respond to chemotherapy. He now has a large fungating wound spreading down his left thigh.

Gerard has rejected a further course of chemotherapy, at least for the time being, preferring to explore alternative therapies to conventional medicine. Esme asked whether he might like to meet me to discuss some complementary therapy. He agreed although did not want to become a hospice patient. Ginnie, the district nurse, feels he would not be unwrapping his Christmas presents.

So my visit today. It is 16 months since my last Community visit. I remember being full of apprehension then, uncertain about what to offer and self-conscious at being exposed outside the secure environment of the hospice treatment room. In the event it had gone well. Now, I feel confident and certain of being able to help Gerard and his wife Lisa, who I am informed is very stressed about what is happening to Gerard. They have two children aged five and eight. It is easy to imagine and feel what Gerard and Lisa are suffering.

I arrive at 09.30. Amy, another district nurse sits on the edge of the sofa and is discussing with Gerard his self-wound management. She normally visits each Wednesday but next week Gerard and Lisa are going to the New Forest for a half-term break. I can sense the urgency to make the most of life as the dark clouds gather menacingly. Pictures of the children line the window sill and I sense the huge loss that Gerard's death will create. The wound stench drifts in the room. It is not pleasant—a constant reminder of the cancer's increasing presence. I ask about the wound dressing.

Gerard is using charcoal dressings to counter the stench. He changes the gauze pad every 2 h—I suggest trying one drop of *lavender* essential oil[†] on the gauze pad each time to further counter the smell. The wound is very painful, and the *lavender* may also have a local anaesthetic effect. I further suggest burning three drops of *bergamot* essential oil mixed with water in an aroma stone[‡] for the room odour. *Bergamot* is a most effective deodorant[‡] that I have found particularly effective for

[†]Essential oils must only be prescribed by a qualified aromatherapist within health-care situations because they are potentially hazardous and are subject to COSSH guidelines. Lisa was an asthmatic and very sensitive to certain smells to the extent that on my next visit she had to stop using the lavender and bergamot. However, she was not sensitive to the patchouli or frankincense but then these oils were not diffused into the room.

[‡]An aroma stone is a small electrically heated ceramic bowl that diffuses essential oil into the atmosphere.

neutralising the stench of fungating wounds. They both respond enthusiastically and Lisa writes these things down for when she next visits the chemist. These offerings are like crumbs of hope.

The conversation falters so I set out my stool, acknowledging I am based at the Hospice although I emphasise I am not the hospice invading their home, conscious of Esme's words and Gerard's caution with 'hospice'. I know the way people equate the word hospice with dying and death. Gerard's vision is firmly toward cure and I must help him focus yet without offering any false hope.

Gerard says he does not feel particularly stressed, and it's true that he does have a calm demeanour that I admire. I very much move along the surface of things on this first visit tuning into and appreciating the pattern of their lives. Cowling⁴ argues that *appreciating pattern* is an attitude and approach that does not fragment the person into parts or problems but acknowledges and honours their wholeness. I can read the signs that lead to deeper and darker aspects of their lives yet it is not the time to venture deep within these feelings... not yet, not yet [the immortal words from the film 'Gladiator']. I gaze at Lisa and suggest she might also benefit? This prompts Gerard to say how much harder it is for Lisa; at least he has the cancer and knows he must deal with it. For the looker-on it can be so much harder. Gerard's equanimity surprises me. I was informed that he was very anxious and as I might expect him to be. Is he stoic for Sarah's benefit? In response, Lisa smiles but is silent. She masks her suffering but nevertheless it is palpable.

I suggest reflexology and therapeutic touch may be beneficial. I explain each treatment but careful not to overwhelm them with jargon.[§] I suggest I give Gerard a reflexology treatment now. I simply say it is a foot massage whereby I work the nerve endings on his feet that correspond with his whole body to help to bring his body into balance and best condition to fight the cancer. This is in tune with his own beliefs. He says he has commenced a particular cancer diet for similar reasons. He has also been visited by a spiritual healer. He talks about 'quality of life' and does not want to be ill with the side effects of chemotherapy. If things do not do well with the 'holistic' approach then he can fall back on the chemotherapy.

[§]I explain Therapeutic touch as a way of being with another person whereby I massage the person's energy field that surrounds their body by moving my hands approximately 2 in over the body with the healing intent of balancing and energising the energy field to aid well-being and self-healing. I add I achieve this by focusing my own and universal energy through my hands.

Mentally I doubt Gerard's logic. The holistic approach will not stem the tide of the cancer's advance. Perhaps, he should be blazing away with every gun of conventional medicine especially as the cancer is rampant. But I do not surface my doubts. He is confident in his approach and it is not my place to contradict him. But I make a mental note to discuss this issue with Esme. Amy takes this as her cue to leave, wishing them a good holiday.

I ask what type of music helps him to relax. He laughs, confessing a preference for heavy rock. I suggest a CD I have brought along—*Chaco Canyon* by Rusty Crutcher. The name always raises a laugh. He rises and puts the CD on, enthusing about a Pink Floyd tribute band CD... his type of music. He had tickets for the band tomorrow night but he cancelled them because of his deterioration. I mentally note the way these small losses accumulate... nibbling away the quality of their life.

I tell him I have added patchouli and frankincense to the base reflexology cream.¹ "The patchouli is for positive thinking."

"I need plenty of that then!"

"I add the frankincense to protect the soul."

I commence reflexology as with all therapies by first tuning myself into the person receiving the therapy. I do this by placing each hand along the length of each foot. I then centre myself into the other person by observing my breath in and breath out. I am also mindful of breathing into my heart chakra and nurturing my compassion. Simultaneously, I guide the person to witness their breathing in and out. I ask the person to imagine they are surrounded in a warm loving light and to breath in this light until it floods every cell in their body. On the out breath I guide them to let go of fears and concerns until they feel their whole body is relaxed—until they are floating like a fluffy cloud in a clear blue sky.

The reflexology is deeply relaxing as Gerard drifts on the edge of sleep. Afterwards he is enthusiastic and asks me to visit again. Gerard loves the music and Lisa asks where she can get his music. I give them Emerald Sound's web site [www.emeraldgreensound.com]. I offer to teach Lisa therapeutic touch when I next visit so she can treat Gerard, so she can feel less helpless, although I do not say that to her.

Outside I breath in the cool air. I have been privileged to be invited into this home and participate in their caring. These things unfold... losing Iris [a patient I worked with weekly for 2 years before she died in August] I felt a void in my

practice when I have so much love to give! Now from the horizon Gerard and Lisa emerge.

Around midday I arrive on the in-patient unit at the hospice where I work as a volunteer part-time nurse and therapist. Melissa, one of the staff nurses, immediately grabs me and says that Mary-Ann, a newly admitted patient is keen to see me, anxious for complementary therapy. Melissa briefs me with Mary-Ann's history and her current problems. She is a very young 52 year old suffering a malignant melanoma that has spread throughout her body. She has a swollen left calf that might be a DVT which ruled out any massage or reflexology yesterday [offered by Luke from Day care]. Can I see her? Of course. However, Mary-Ann is in and out of the toilet having difficulties or on the phone. So as I wait I visit Joanna.

Joanna

On Monday Joanna succumbed to the temptation of a reflexology treatment today. Her daughter massages her legs with some moisturising cream when she visits each afternoon. Joanna sensed how important it was for her daughter to do this act of caring. It was hard for the daughter to helplessly watch her mother dying. She had to do something useful... and touch is such a physical connection... such an act of love... and brought comfort to both the daughter and the mother. I understood all this instinctively. I had made up a solution of sweet almond oil with lavender for the daughter which Joanna had said was wonderful "the smell of the lavender... ummm!"

Joanna had been admitted over the weekend for terminal care because she was struggling to be at home. Entering her room, she is propped up in bed, her oxygen mask covering her face as clouds of nebulised air cascade about her. She is very breathless. Two friends flank her. She reminds me she is looking forward to her reflexology later. We negotiate a time of 3 p.m.

I like to dwell with Joanna, she is full of warmth and laughs easily. I marvel at her ease in the shadow of her imminent death. As we had discussed on Monday she accepts her death with grace.

Mary-Ann is still struggling with 'her problems'—so I visit Edward. Agnes, one of the care assistants, sits with him. He tells me how Edward had been fine this morning, 'his usual self' and then something snapped inside him and now he is close to death. He is unresponsive, his mouth gapped open, his breathing laboured. Glenda, his wife, cannot be contacted. I stay with Agnes and Edward feeling the poignancy of this moment.

¹I add six drops of patchouli and six drops of frankincense to 30ml of reflexology base cream (3% dilution).

After Edward dies I sit with him for about 10 min and practice the *essential phowa*, a Buddhist practice to guide Edward's spirit to merge with the divine light and ease his journey into another dimension.

Longaker⁵ on the practice of essential Phowa says

First sit quietly and settle yourself, bringing all the energies of your mind and body back home. Relax into the deep presence and spacious awareness of your being. Before you begin arouse a strong compassionate aspiration. With all your heart, visualise a Buddha or divine being above the head of the other person. Call out on behalf of her, and visualise the presence pouring down rays of light onto her, purifying and transforming her whole being. Then visualise that the other person, now fully purified, dissolves into light and emerges indistinguishably with the enlightened presence [p. 124/5].

Although the essential phowa is a Buddhist practice I do not impose Buddhism on the other. Using the phowa is a reflection of my own beliefs and as such I use it unobtrusively simply because I believe it might help. It is also a closing ritual for me. Edward had no strong faith so I envisaged the divine light as 'God' rather than as a Buddha.

A few minutes later, Glenda arrives. She does not want to see Edward. Their marriage was full of friction and she was very anxious about the possibility of his discharge. It is tough to observe unresolved or unforgiven conflict within families as death looms and breaks.

1.10 p.m. I pop my head around the curtain. Mary-Ann is with her daughter. I introduce myself to this vibrant and inviting woman. She is pleased to see me. She shows me her swollen calf. She says she keeps massaging it! She shows me the malignant melanoma lumps that have grown back on her back and shoulders. Strange pale lumps. I feel an urge to touch one to know it better. "I am not bothering having them removed again as they will only grow again." Yet, no sense of resignation in her voice. We talk though her options and she feels she would like the Therapeutic Touch. We agree 2.30 p.m.

Between times I pop into Jim's room. He's an Irishman in his early 40s with terminal lung cancer. I set up an aromastone on Monday with eucalyptus and lavender to aid his breathing and fragrant his room. He liked it very much. Now the stone is still switched on but dry. I frown in response to my frustration and draw the staff's attention to my notes.

Outside his room I bump into Sister Kathleen, a Roman Catholic nun who works as a volunteer. She comments positively on the aroma and her interest in the spiritual dimension of oils. We discuss the

prayer group at the Convent and the impact of prayer on healing—thinking of a recent paper *Prayer in your practice*.⁶ I always tingle when I am with Sister Kathleen because of the love she radiates. I feel certain people's suffering is eased simply by her presence. I feel my own energy surge.

2.30 p.m. I am with Mary-Ann. Her partner and daughter are with her. He is happy to go for a smoke. The daughter says her good-byes. Mary-Ann is tired after her bathroom exertions and must rest in bed "although I can turn". I want her to relax and say I will work from the front.

I work with her for about 20 min working from her head down through her feet. As I described with Gerard I commence with mindful breathing whilst holding her with my left hand on her alma mater chakra [on the back of the head at the base of the skull⁷ and right hand on her brow chakra.** Her energy field is generally hot [indeed she has a pyrexia] and I visualise cool blue rays emanating from Avalokiteshvara, the Bodhisattva of compassion^{††} cascading over her with intent to ease her suffering.

Afterwards my hands are so hot and tingly. Mary-Ann comments on the heat. She is very relaxed yet her knee hurts a little. I wonder if the energy has got blocked above the swelling, so I work further on moving the energy beyond the swollen calf. She feels she was transported into another dimension. Of course, this sensation was exactly what she had wanted. I smile and feel myself flood with compassion for this woman whom I have just met. Working with complementary therapies creates these sacred moments.

3.10 p.m. "Here he is!" Joanna's husband exclaims "I told you he wouldn't have forgotten." Her son sits in the corner—the family seem so at home at the hospice and I feel so at home dwelling with them.

I drag in the CD player and play *Ocean Eclipse* by Rusty Crutcher whilst working on Joanna's feet. As with Gerard I use a reflexology base cream with patchouli and frankincense essential oils. Joanna smells the cream... she recognises but cannot place the smell. Frankincense is a new smell. She likes

**I learnt this position as part of my Indian Head massage training based on the teaching of Narendra Mehta. Mehta says 'Working on the higher chakras has a powerful effect, and can bring the energy of the whole body back into balance. This cannot be realised through simple massage' [p. 8] [see Mehta N (1999) *Indian Head Massage*, Thorsons, London¹³].

††Avalokiteshvara, the Bodhisattva of compassion is one of many Bodhisattvas whose role is to ease suffering. I use this idea as a visualisation. See Sangharakshita (1999) *The Bodhisattva Ideal—wisdom and compassion in Buddhism*.¹⁴ Windhorse, Birmingham.

the mixture. I say the patchouli is to help her positively contemplate her life or in Worwood's⁸ words—*brings a sense of the sacredness of life*. (p. 240). I say that frankincense is to massage her soul and protect her spirit until it is ready to move beyond the earthly realm.

I modify the reflexology treatment so as to finish within 30 min. Joanna says it was wonderful "I had this sensation of green." I tell her that the green was her heart chakra bursting with love and she says that is exactly how she felt. I tell her how I worked each chakra in turn and flooded her with each chakra colour; red, orange, yellow, green, turquoise, indigo and purple. As I worked these chakra along the spinal ridge I activate my own chakra energy field and channel this energy through my hands. I love the way she enthuses with her husband and son. Her son says he almost went to sleep himself as if the smells and sense of occasion had drugged him! I remind Joanna that her daughter can do a hand massage instead of her feet. I also leave some reflex cream for the daughter to use on another day.

I feel strange leaving the room, leaving behind this family I have dwelt with as if I have become one with them. I know it is unlikely that I will see her alive again. It seems a strange way to say goodbye... just a gesture when I want to embrace her and wish her a good journey. And yet I am constrained not wishing to draw the family's attention to this inevitability even though they dwell within it. Simply saying goodbye feels an ironic lack of intimacy.

Reflecting now, I feel I could have been more authentic and acted on my instincts. But I must resist regret and honour being together and believe that I have helped her and her family find peace amongst the stormy seas.

4.30 p.m. I write up my notes and dwell with the staff on the late shift. I find it so valuable to spend a few minutes letting go of the day. Its been an eventful day.

Reflection

The interested and discerning reader can pull out from this reflection many significant issues within palliative care and consider the assumptions I make. Indeed, the value of reflective texts is to trigger reflection within the reader. Indeed it is the reader who closes the text. As Okri⁹ (cited in¹⁰) says.

The story writer does one half of the work, but the reader does the other. The reader's mind becomes the

screen, the place, the era. To a large extent readers create the world from words, they invent the reality they read. Reading, therefore, is a co-production between writer and reader [p. 41].

Yet, the reader must be open to what the text has to say.¹¹

Recently, I have been reflecting on *dwelling with* patients and families within their experience and the profound significance of creating this intimate environment for enhancing my practice. Becoming intimate is a mutual process of acceptance and love, although patients probably would not put it quite like that. It is more a reciprocity from the patient in response to my intense and focused compassion. In *dwelling with* there is no prescribed agenda except to find a peaceful clearing where we can dwell together for a while in peace and love, where suffering can be eased, where growth can be nurtured, where smiles and tears can flow as they must. It is the clearing where I can practice most potently as a nurse and therapist. Paterson and Zderard¹² talk about it like this—

There is a kind of 'being with' or a 'being there', this really is a kind of doing for it involves the nurse's active presence. To 'be with' in this fuller sense requires turning one's attention towards the patient, being aware of and open to the here and now shared situation, and communicating one's availability.

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