

On a Tuesday afternoon in 1973, during my second year of nursing school, I'm looking out the window on the eighth floor neurology wing, stalling for time. One of my patients from my rotation in the ICU has been transferred to the floor, and I've come to see her. Her name is Carrie. She's 20 years old and paralyzed.

I stood by Carrie during those first harrowing hours in the ICU as she awaited surgery, everyone still hoping for the best. As a brand-new student, I was a silent observer, unsure of how to participate. Her young husband also watched, slumped against the heater under the window at his wife's bedside. His eyes blazed, wild with fear and disbelief as he struggled to make sense of his sudden immersion into the alien world of disability. I could identify. Pressure sores, urinary catheters,

bowel programs, and spasms—these were now part of my new and ever-expanding medical vocabulary. A spinal cord severed at C6 meant life as a quadriplegic. Suddenly this book knowledge seemed all too real.

At my post by the window on that day, I'm aware of my fear. I'm scared that the sadness and horror of what's happened to my patient will overwhelm us both. But I am a nurse and with grim resolve force myself to enter her room.

Carrie lies faceup and motionless, her passive body sandwiched between the two canvas slings of a narrow metal bed called a Stryker frame. A bag of amber liquid hangs along its side. Her hair is thick and long like mine, but a matted mess from weeks of neglect, her scalp still orange and crudely shaven at the temples where metal tongs pierce her skull to hold her head immobile.

I stand back as two attendants come to turn her. One stands at each end of the bed, counting to coordinate a quick flip. Carrie's body shifts slightly with the weight of gravity as the metal frame is turned. Overcome by the sensation of falling, and unable to exert any muscular resistance to alleviate her feeling of helpless passivity, she screams as she's rotated like an animal on a spit, the metal tongs tugging at her temples. One leaden arm falls, and she's powerless to stop it. My own scream is noiseless, caught in my throat.

Carrie is lying facedown now, with only time to spend studying the green and white squares of speckled linoleum beneath her face. I crouch on the floor by her head and look up. She smiles and greets me without a hint of sadness. "My husband's promised me a new wardrobe," she says, too quickly, "when I'm up and walking again. Mom's watching the kids."



## A Special Kind of Knowledge

Learning what can't be taught in nursing school.

Our eyes meet in uneasy knowing. It's so apparent—we live in two different worlds.

Once again I've positioned myself by the window. It's evening and the cars on the street below have turned on their lights as commuters scurry home—everyone busy, full of plans, activities, and places to go, unaware of the suffering here. As much as I want it, there's no going back—no happy ending.

"I think I'm able to move my toes," she says.

Over four decades later, I still hear Carrie's voice and recall those words. I see myself at the foot of her bed, glancing out the windows with darkness closing in. I don't know it, but this is a pivotal moment as I force myself to turn toward her and look at the bottoms of her feet. Time loses meaning as I stand, head bowed, tentatively looking down at my patient's bare soles and frozen toes. I'm waiting, even hopeful.

Her feet aren't moving.

And then I know. Pain can be palpable as it moves across the space between two people, molten, unrelenting. Like joy and laughter, it's quite contagious. This is the special kind of knowledge I wanted, even craved going into nursing, and yet it's not at all what I expected. And this lesson will be repeated again and again and again.

Shared pain is still pain.

Some sadness will never let you go. ▼

She pines for her two young children and chats about their activities. She worries that her mother has more work than she can handle. She complains about the hospital food.

My mind scrambles for a reply. Thoughts of wardrobes, activities, and food float like helium balloons up to the tiled ceiling and then drift away. No response seems right.

When my silence finally breaks, I succumb to the very human urge to respond to another's pain by telling something of my own.

"I broke up with my boyfriend," I offer, regretting the words even as they fall.

For a moment we're both quiet. The air seems heavy. This was the wrong thing to say.

"Maybe you'll get back together," she says then, with flat hope, her face to the floor.

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