

MY HOSPITAL SISTAH

Kathleen Pogue White, Ph.D. February 2022

STORY

A black woman was my roommate for my first day in the ER. When I was on the phone with a friend, I described her as my 'adorable roommate.' She's about 73 with salt pepper hair standing up all over her head, having a "mouth" that you could treasure for it being such a caricature of the angry black woman. She would make demands of orderlies, or doctors, or nurses, or any good-looking male of the care-taking species. She would do this in a voice that I'm sure most of you have heard, no-nonsense, curt, at the edge of hostile, and without equivocation!

Hey, you in the uniform, I don't know what kind of uniform it is, but whatever it is, I need some food. I haven't been fed all day, and how do you expect me to stay down in the emergency room without food? Do you understand me?

Dinner will be coming soon, ma'am.

I will die before 'soon' arrives!

Yes ma'am. I'll see what I can do.

When he proudly hands her a PB&J sandwich, she looks at him as if he has lost his mind and says,

I don't eat PB&J. I want me some meat!

Yes ma'am, there may be a turkey sandwich over in the next unit. I'll see.

Harumph!

When he returned with the desirable booty, she gave him the kind of coquettish, lash-fluttering smile, the likes of which I had not seen since my teens. The abuse and lavish love together had a powerful effect. The young man responded with a look that said,

Oh, thank you, ma'am; I am your slave forever.

Between rants, I chided her about mistreating people

That young man didn't seem to mind...

Point taken!

Between rants, which came every 30 minutes or so when she remembered that she wanted either more food or wanted to insist again that she see her doctor (**now!**), she and I entertained each other with our life stories; these led to many a guffaw. Because I liked her and felt protective of her, I didn't want to see the ill-treatment that her "behaviour" might stimulate, so, I kept my stories coming. And I can be funny.

We had been together for about 6-7 hours. I had been fed; my roomie had not (she had a procedure coming up); I could go to the toilet, she could not; I could go get water, she could not. She had to yell to get

Meyler Campbell Clear Leaders

attention, I did not, as team members from neurology, ent, cardiology, social work, and intake came and went. When her frustration peaked, she yelled at the top of her voice,

You people don't do anything to help me! I'm out of here!

As she started to dress and pack, a member of the nursing team, a handsome young man, came in, sat down beside her, put his arm around her shoulders, and said,

I know you're not really as angry as you sound; I think you're also really scared.

Whereupon my roomie put her head on his shoulder and began to sob.

My husband just died a month ago, and I don't have anybody else. I'm scared to live alone.

He said another soothing thing to her then left it to me to pick up the narrative. It was all about loss and grief and terror, as you might imagine.

I got a bed before she did, so I had to leave her. As they were wheeling me out in my forever-bed, she told the orderlies,

She has been good for my soul. Take good care of her.

My turn to sob.

OBSERVATION

There seem to be new/different expectations for patient-relatedness as part of the healthcare system of care. New/different expectations seem to be authorized from the top, from corporate management, at least in the Mt. Sinai system. The new/different expectation seems to hold that good health care addresses the corporal as well as the personal patient.

I was astonished to see a moment of magic restore a person to her personal experience. Of course, we know about this from the work we do, but seeing an empathic moment with such clear results was re-inspiring. Since my job was to be a patient myself and not a social scientist, I did not yield to my interest in finding the young man to have a conversation about how he knew to do what he did. Was it just in his nature, or was he feeling newly permitted to use himself in that way? Was it actually OK to touch a patient without giving pain of some sort, needles, probes, etc.? What happened to the worry about suits for inappropriate touching, where almost any touch could be so claimed? Was he trained to respond that way? Was his response the result of his training curriculum, hospital protocol, or his basic humanness? Or all three?

Kathy

Kathleen Pogue White, Ph.D.
PSYCHOLOGIST / PSYCHOANALYST