
*P*rofiles in healing

Fortressing: A different kind of soul care

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It was the HIV team that asked the VA hospice team to intervene. "He's going to die within a few months if he doesn't get dialysis soon. But, he doesn't want it. All he wants are his drugs."

When Clarence came into the hospice clinic, he looked sick. His unbalanced electrolytes dulled his mentation. Surprisingly, he stated that he was willing to stop his cocaine habit and start dialysis.

"What happened that caused you to change your mind?" we ask him.

Clarence talked about how he had attended his cousin's funeral the previous month. When he looked into the coffin, he told himself, "Next time that is going to be me in there." He said the experience had scared him

enough to change his mind about dialysis.

"But haven't you been scared before? Haven't you said you were going to quit cocaine hundreds of other times too?" we asked him. Clarence acknowledged the truth in our questions. "So, what's different about this time? You haven't convinced us that this time is going to be any different."

Clarence then described an experience he had with God. As a result, he realized the need to reform his life. He also spoke about his mother. She was weary of the drugs, guns, and his broken promises. He angrily said that just the previous week she had called the police when he had cleaned out his stash of drugs and guns from an abandoned car in their yard.

"Good for her!" we tell him. "That's exactly what she should

do in order to help you!" Clarence's feelings of betrayal began to be replaced with the perspective that his behavior has been a source of pain and embarrassment for his mother.

Clarence also had a son. "Are you a source of pain and embarrassment for him as well?" we gently asked. Clarence acknowledged that he was. "How would your life be different if your son was proud of you instead of embarrassed?" Clarence had no difficulty painting a vision of a changed relationship with his son.

In addition, Clarence expressed a desire to reach out to his cousin's young boys. Now that their father was dead, the children would need guidance. Fulfilling this need was another potential source of meaning for Clarence that could help strengthen his resolve.

All of these—God, his mother, his son, and his cousin's children—were noble motivations for change. Would they prove to be strong enough for Clarence to resist the powerful and pervasive urges resulting from his years of drug addiction?

We spoke with Clarence of his need to be "fortressed." He needed to be shielded from his drugs, friends, and errant lifestyle in order to get control of his life. "If we decide to accept you for treatment, then we will have a big investment in you. What assurance do we have that you won't betray us the way that you've betrayed yourself and your family through the years? You need to convince us that this time is different."

Clarence could provide us no assurance—a sign that he was becoming more realistic and honest with himself and others. He seemed sincere, and there was an important difference in his current situation from previous ones—this time he had been doubly humbled by God and by his fear of death. Clarence would need to draw on both for the strength to be led into a different inner space, which would allow him to transform his life for the better. Fortified by the possibility of a transformed life at stake, and their risk diminished by his fear of God and death, the hospice team was willing to take a chance on Clarence.

Arrangements were made for Clarence's admission onto the general medicine unit for the placement of his dialysis shunt. Along with Clarence and his mother, the hospice team met with the general medicine and HIV teams. His mother remained

skeptical and guarded. We commended her for her endurance, her refusal to abandon her son, her continued prayers for him, her faith in God, and her wisdom in calling the police. She cried and said that at her age, she could not keep it up much longer. She expressed hope that this would finally be the answer to her many years of prayer for her wayward son.

With his shunt in place, Clarence came to the inpatient VA hospice unit to begin his fortressing. Clarence would be the first drug rehab patient the hospice unit would have. Though a drug rehab unit may have been more appropriate, no drug program would accept him because of his history of repeated noncompliance. Clarence would also be the first patient who would *not* be a "no code."

The hospice team recognized that strategic roommate selection could enhance Clarence's recovery. Another patient in the hospice unit, Mr. B, had a similar history of drug abuse and violence. Released from prison for terminal care, Mr. B appeared to be imminently dying for weeks. With no family in the area, the hospice team speculated that Mr. B was waiting for something before he allowed himself to die. Recalling Clarence's motivation not to be in a coffin, the team paired Clarence and Mr. B as roommates. The hope was that Mr. B's impending death would provide Clarence with the unconscious reinforcement necessary to strengthen his motivation to avoid drugs.

On their first night together, Mr. B struggled with his breathing. Clarence went to Mr. B's

bedside and comforted him by holding his hand and praying. The next morning, the team gathered by Clarence's bedside for his first Quality of Life (QOL) meeting—a time when staff sit with the patient and their family to assess and respond to their suffering. Before the meeting began, Clarence described the experience he had with Mr. B during the night. The members of the team smiled when they realized that although Clarence had been strategically placed in that room to gain benefits from Mr. B, Mr. B had benefited from Clarence.

During the QOL meeting, Mr. B's breathing slowed. The team moved from Clarence's bedside to form a circle around Mr. B. Clarence was invited to join the circle. We explained to Clarence that his ministry had helped release Mr. B. We told him how Mr. B had been waiting for someone who understood and accepted him. Clarence had fulfilled Mr. B's need for "family." With that, Mr. B took his last breath. Clarence joined us in a prayer for Mr. B.

Mr. B's uncle was phoned for a conference call. The uncle was told about Clarence's role in Mr. B's death. The uncle was grateful. We asked the uncle to grant permission for us to tell Clarence about Mr. B's history, and he graciously agreed. As a result, Clarence embarked on his ministry of caring for others.

It is usual for patients to shirk away from dying roommates their first day on the unit. However, Clarence had summoned the courage to face Mr. B in death, and the team affirmed his action. We recruited him into further ministry work, telling him

that we would continue to place him with roommates who needed his care. We were also careful to explain boundary settings. We encouraged Clarence to express his concerns and let us know if the responsibility grew beyond his ability or his needs. Armed with his new ministry, Clarence began to learn new coping skills that were distinct from his past "fight or flight" addiction reactions.

Over the next several weeks, Clarence settled into the unit and its routine. He slept well, though he would often tell the night nurse, "I'm a bad person," adding, "I'm weak, but Jesus will help me." The staff members were faced with challenges when Clarence would try to blame or split them with manipulations. He had yet to learn that when he lost control, he needed to trust the staff to provide external control. It was part of the fortressing process.

Gradually, Clarence's claims of, "You women all stick together," were replaced with, "We're a team who works together." Clarence was beginning to realize that healing was a community project that required him to give up the suspiciousness that had been necessary with his drug-world friends. He came to realize that, by surrounding himself with people who were trustworthy, he did not have to defend against real or imagined threats.

At the Memorial Day bereavement program where people shared their stories of loss, Clarence took the microphone and explained that he had contracted AIDS from drug abuse. He told the crowd that, more

than anything, he needed to learn how to trust and it started with his decision to surround himself with trustworthy people. The crowd responded with applause. This was an important moment for Clarence, as he learned the value of revealing himself and being accepted. He said that this was the first time he had ever voluntarily revealed that he had AIDS.

Other pieces of Clarence's story also began to slowly emerge. A regret and continued source of pain for Clarence was his divorce, which had been precipitated by an incident involving drugs. "Easy Money," Clarence's drug contact, had recruited him to store drugs. Unbeknownst to his wife, Clarence hid the stash in the couch cushions. When his wife gave the couch away, Clarence got irate. His outburst was so severe, the outcome was that she divorced him. Clarence said he had "never hurt so much" and asked the team to "help hold me up because I know I can't."

Clarence was doing the *work* of healing. During the QOL meetings, he often led the group in prayer. His prayers were simple, humble, and sincere. At one QOL meeting with his mother, he rose from his bed, got on his knees before his mother, and prayed for forgiveness. It was a powerful moment. For Clarence, it was the beginning of the process of replacing manipulation with reckoning. For his mother, it symbolized the culmination of her many years of fervent prayer. For the members of the team, it was the marvel of being privileged witnesses.

One night, Clarence had to be moved to another room because his roommate had numerous people visiting for an extended time. Staff had not adequately explained to Clarence the reason for the move. One of the staff members sat down beside him.

They began to talk about his AIDS. "I thought you had moved me in order to shun me," Clarence told her. When she reached out to touch him, he said, "Thank you. Nobody has done that in a long time." He added, "I've done a lot of things wrong. I'm sorry."

"As long as you realize that you've got lots of work to do, we'll help you," she responded.

"You can help a wounded soul," Clarence told her.

"Yes," she said. "That's my prayer. I can't help with the physical, but I can help you with your soul."

As a result, Clarence's "soul" plan of care was formulated to reflect fortressing:

- Remain vigilant for self-deceptions—"stinkin' thinking" as the addiction community calls it.
- Order drug screens for any suspected drug use—(done once and returned negative).
- Refer him to Narcotics Anonymous.
- Refer him to the Acupuncture Clinic for the treatment of his addiction urges.
- Encourage him to participate in a spiritual support group on Mondays.

- Encourage him to attend church services on Sundays.
- Encourage him to verbalize to staff members his urges to use drugs—these urges will increase when he starts feeling better after dialysis treatment.
- Encourage him to develop responsibilities and relationships that will provide meaning in his life. This would enable him to resist drug use and expand his horizons beyond the self-focus that had consumed him in the past. This includes:
 - Continued ministry with

dying patients on the unit.

- Being a source of comfort and pride for his mother instead of a source of distress.
- Being a role model for his son to demonstrate to him that change is possible, and that it is never too late to escape drugs, transform your life, and be a father.
- Encourage him to become a positive and meaningful parent surrogate for his cousin's children.

Clarence was discharged to the nursing home care unit where he could continue with his dialysis and participate in the substance abuse program. He remained clean, although he said it was hard. He remained actively involved with his cousin's children on a weekly basis. He supported and cared for his mother. He visited the hospice unit for the weekly breakfast and shared his success story with others. He credited his transformation to the power of God. Two years later, his body weakened with complications, Clarence came back to the hospice unit for end-of-life care. His mother tended to him lovingly and gratefully while he died.

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