

## How to hold a memory?

I simply wasn't prepared for the impact on me when, turning the page of our Book of Remembrance in the chapel, I saw the name of a young patient who died a year ago on the page for today. It felt as if I'd been punched in the stomach, my breath taken away and an overwhelming sense of sadness in being reminded of a beautiful, articulate, vibrant young woman. Her body had been gradually closing down through motor neurone disease diagnosed 2 years before. She had been facing the prospect of her death and the loss of all that she treasured with great courage and acceptance. I had been accompanying her on this traumatic journey for several months and we had laughed and cried together as we talked. On a wet and dark Thursday afternoon, one of our consultants and myself made a joint visit to her home in order to support the patient and her husband as things were changing again. She died suddenly and unpredictably while we were there and the memories of that afternoon are imprinted on my mind so vividly. Seeing her name again and suddenly realising that a year had passed since that day, made the memories return and throughout the day I was conscious of holding her and her family in my thoughts. It was helpful to share the feelings with her hospice community nurse, who had also been present in the house just before the patient died, and to spend time remembering someone who made a huge impact of us.

Reflecting on these events made me think again about the stresses and strains we put ourselves under on a daily basis as chaplains, and staff as a whole. We bear sadness and loss for those we care for and enter into the struggles and anguished emotions of families and friends on a regular basis. I am increasingly conscious of entering a patient's room with nothing in my hands to ease pain, reduce sickness and heal wounds, but attempting to offer something that is not auditable, quantifiable or even visible. Yet we know and see the effects of spiritual care, sensitively and carefully offered, as spirits are soothed and a sense of worth and dignity is restored. What we must not do is to lose sight of the effects this constant offering and giving has on ourselves.

Recently I delivered some spiritual care training to our staff and asked them to take part in an exercise that opened up some interesting ideas around the way we receive so many emotions and manage to keep ourselves safe. On a big blank piece of paper we began by simply listing in chronological order our life story beginning with our birth, attendance at school, starting work, learning to drive, getting married and so on up to the present day. The next step was to record emotional events in their lives alongside the factual events such as bereavements, children leaving home, illness, redundancy. Finally we wrote down 'feelings' words to accompany both sets of events, so completing an appraisal of our lives, revealing many layers of facts and feelings. The response to completing this exercise was quite varied. Some staff had found it helpful and constructive as they remembered events and emotions hidden away, the memories evoked were strong but positive.

Other staff, however, found the process painful, saddening and distressing as life events, hidden away, jumped out from the page in black and white, and the emotions around them was overwhelming.

There was some serious debriefing to be done as a result of this afternoon!

Will I change anything for the next training sessions? Probably not, because it seems to me that this exercise brought home precisely the sharp end of what we are about as hospice staff. Like our patients, we are people with layers, and not just the ones caused by Christmas over indulgence. We have our life events, traumas, joys and challenges that shape us with experience and maturity. This is who we are and partly why we find ourselves doing the work we do. There were two points to this particular training. Firstly, we invite patients to tell us their story, and with the skills we have gradually peel off the layers of this story to get to the heart of who a person is. That's good. Then we walk out of the room leaving the person with all that's been churched up from their memory, only sometimes to find the patient later on in an emotional heap. Of course this doesn't happen all the time because we use appropriate ending techniques and make sure people are safe before we leave. But it doesn't always go like this for them or us. The second point of the exercise was to illustrate the effect on us too as we absorb emotion and have memories of our own stirred by what we receive through our work.

So, this reflection is a call for us to be alert and aware for ourselves as we give, give and give again. There are no 'Brownie points' for emotional burnout and the care we offer is demanding stuff. Seeing one name on a page made me realise how many memories I carry with me around patient care. It has highlighted a need for staff to have a time of letting go for ourselves so a monthly 'Time of Remembering' now takes place on the last Friday of the month. The names of patients who have died that month are remembered by anyone who chooses to attend and this allows us to say our goodbyes and release some of the memories and tensions.

I'll not forget the young woman, whose journey I was privileged to share for a while, but I am able to hold her memory in a safe place and be glad for all we were able to offer her. This is an area where we really must practice what we preach, looking after ourselves as well as others, and giving time to balancing our memories and experiences so that these do not become a burden to bear, but inform what we do.

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