"SHE'S WRITING ANTIDOTES:" AN EXAMINATION OF HOSPITAL EMPLOYEES' USES OF STORIES ABOUT PERSONAL EXPERIENCES*

Susan C. J. Berkman
University of California
Los Angeles

Recently, folklorists have begun to use the situation in which the story or tale occurs as the minimal unit of analysis, rather than focusing solely on the text or textual elements. Barbara Kirshenblatt-Gimblett has voiced this interest in the consideration of the social uses of a parable:

> The situational analysis and the comparisons reveal that the significance of a parable is not in the story itself--the narrative is not an autonomous entity which encapsulates one kernel of wisdom or a single 'moral'--but in the particular and variable meaning which the participants give it in specific social contexts.[1]

In this statement, Kirshenblatt-Gimblett seems to imply that the same narrative can be used in varying situations and can have different meanings depending upon the situation and the message communicated by the participants. From this one may infer that there are three elements which must be considered in the analysis of the social use of the telling of a parable: 1) the situation in which the parable occurred; 2) the narrator's use of the parable (i.e., what the narrator was trying to communicate about both himself and the social situation by telling a parable); and 3) the listener's interpretations and reactions to the parable.

The purpose of this paper is to examine how hospital employees (doctors, nurses, orderlies, and so forth) use stories about their personal experiences in high-pressure situations in the hospital to communicate various messages. I intend to apply the three elements of analysis implied by Kirshenblatt-Gimblett to storytelling situations in the hospital. Although Kirshenblatt-Gimblett has used the three elements of analysis to examine one single incident, in this article I will demonstrate how different situations can illustrate each separate element of analysis in order to emphasize the variability of meaning which occurs in stories as the situation and social relationships between the participants change.

In the hospital, the employees are under tremendous pressure to meet patient demands as well as to react quickly and accurately in an emergency. Thus, the kinds of stories which are frequently exchanged are about tense situations which the employees have experienced. For example, Don, a respiratory therapist, characterized an experience for me in which a patient acted contrary to his expectations:

> DON: ...in the emergency room as a respiratory therapist, there was a person coming in with a heart attack...with a suspected heart attack and he was very combative, he wasn't cooperative. Full moon, early in th the morning, about three o'clock, four o'clock in the mornin', his wife brought him in, the police were there too, it was a rescue, firemen were there, we couldn't convince him to lay down because he was having his heart, his chest pains were from his heart. We couldn't convince him to lay down. He kept wanting to go away. He thought we were all crazy...Anyway, what finally happened, the police had to leave, the

*When introducing me to her peers, one nurse had inadvertently used the word "antidote" rather than "anecdote" to describe the kind of story in which I was interested.

> ambulance had to leave, and he pushed the nurse out of the way and got up and ran into the, um, the parking lot and for the next half an hour a man with a heart infraction [sic], with a, with a heart attack, was, we were chasing him around the parking lot... I came back the next day, he was in ICU [intensive care unit], sedated and restrained....

In this particular situation, Don was talking to me during a slow night in which there were few emergencies or patient demands which required his attention. He was attempting to characterize what it was like to work in a situation in which the patient did not act in a manner expected by the employees. Thus, an event occurred which required a tremendous amount of energy on the part of the employees to normalize (or reduce the crisis in) the situation and reduce the tension (or bring the patient behavior back into congruence with employee expectations). In this situation, the only way that a normal situation was restored, according to Don, was to sedate and restrain the patient.

Don communicated part of his reaction to the situation by the comment, "It was a full moon," which he later told me was a "shorthand" for expressing that it was a tense night:

> DON: ...it's like the house fell in, the roof fell in, there were all these things...you just worked nineteen hours, eighteen hour shift, shift and a half, and emergencies are due in and you say, "It was a full moon," which covered a whole array of things.

In this way, Don was using the story to illustrate what happens when the full moon occurs. In other words, he was possibly saying, "I was tense and rushed and this crisis arose on top of it all."

In another situation, a narrator also used a story in order to communicate information about herself. Karen is a nurse who has only been practicing for nine months. She described an encounter with a patient in the following way:

> KAREN: I mean like the patient, with uh, uh, without the kidney...with the kidney...with the one kidney or something that didn't like water and he had to have coffee with his pills? He asked for two tablespoons, I gave him exactly two tablespoons and he had a fit. So I come back with a whole glass of it, um, a whole cup of coffee and I come back and his antibiotic is still layin' there and I says, "Well now why aren't you taking it?" And he says, "Do you drink coffee?" And I said, "No, no I don't." And he says, "Don't you like cream and sugar in your coffee?" And I says, "I don't drink coffee." And he goes, "Well that's why you forgot my cream and sugar!" And I got so frustrated because, you know, first, he wouldn't take a little water...so finally I got so frustrated that he'd go beg his cream and sugar. Then he'd already taken the co, uh, the pill, he says, "Oh, to heck with it." By then, this is six o'clock and it was taken by eight...(giggle).

In this particular situation, Karen was relating her experience to a group of older nurses during a coffee break. Karen expressed her tension by describing how she could not get the patient to cooperate with her without a struggle. Thus, one can see how two different stories can be used in different situations but can have similar meanings. In both Don's story and in Karen's story the narrator was characterizing a situation in which the patient was acting contrary to expectations. Although in these two stories the narrators were depicting situations in which they had participated, they were using their stories to communicate something about their own emotional reactions.

Karen told us that she was "so frustrated"; Don expressed his feeling of pressure and tension by saying,"It was a full moon." Thus one may infer that one possible social use for stories in the hospital is simply for the employees to communicate their own reactions to tense situations, which is important information for the other employees to have, since reacting under stress conditions requires a tremendous amount of trust and emotional unity among the employees. The stories, when used by the narrators in this way, can be seen as a tool which facilitates the development of relationships based upon trust which is imperative in a crisis situation. In other words, Don's and Karen's statements may be paraphrased as "This is how I may be expected to react sometimes under these conditions," thus giving their fellow employees useful information about themselves.

An example of how stories may be used to communicate information about social relationships was exhibited by Don:

> DON: The old way that they used to do lab tests, they'd take urine to find out what's in it and one of the major things they're looking for is sugar, because as it goes through the kidney, all the sugar is supposed to be reabsorbed by the kidney. None of it is supposed to go out in the last part of the urine. And one of the old ways of doing it, one of the old lab tests, the old lab techs, is to put the tip of the finger [he motions as if dipping his forefinger into a cup] and touch the tip of the tongue with the urine in the sweet area because urine is sterile...as it comes out of the body, it is sterile. It's completely safe, it's sterile, there's nothing wrong with it. And they explain this in the history but in the practice of it in the lab they tell the young doctors to try it. And every so often you get these smarties that come along and what they do, they stick one finger in the urine [he sticks his forefinger into an imaginary cup] and then tastes with the other finger [puts his middle finger in his mouth]...And they get the doctor to come along and he actually sticks the same finger in the urine and then sticks the same urine finger in his mouth and everybody else is "CCHHMM" [he puts hand over his mouth and makes a stifles laughter sound], watching the faces on him...And there's another one. The urine cups are lined up...In the emergency room, all you have are sterile emesis basins [the kidney-shaped basins] and stuff like that to work with so you put food, you put your sandwich in an emesis basin, or soup or something...or the urine glasses have coffee in them or whatever. And I remember a doctor, uh, it was a doctor, uh, the doctor was having somebody do a physical--I heard this story--The doctor was having somebody do a physical and they went and got urinalysis for the lab tech at the lab. And the [lab tech] got one and went in and got apple juice with stuff floating around in it in another, uh, cup. And walked in to give it to the doctor and then stopped midway in the room and then looked at it [the apple juice], "Looks a bit cloudy, I think I'll run it through again," and drank it [he motions drinking]...and the doctor was sitting there "AAAH!" "Looks a bit cloudy, think I'll run it through again..." It's a good way to get back at a doctor...No sleeping, keeps them on their toes that way....

In the first instance, Don was telling me about the way in which new employees are "initiated." By telling this story, Don effectively demonstrated a way in which seniority could be communicated to a new person in the field by placing the novice in a situation about which he was very naive. It is important that seniority be established outside a crisis situation, since emotional conflict between employees during a crisis could result in the death of a patient. Thus, by telling this story to a new employee, the older

employees establish themselves as being more knowledgeable, and thus having more authority. In the second story, Don was making an overt comment about how to "get back at a doctor"--or at least shock an authoritarian or abusive doctor. Again, this story could communicate valuable information to the novice in the hospital about "safe" ways to release tension caused by a poor working relationship with a doctor.

Differences in individual perception can affect the stories told during a "storytelling session"--a situation in which several people switch roles so that each person has a chance to act as narrator and then listener. The following conversation with emergency room (ER) nurses which I recorded during a break on a "slow day" (a day which had few emergencies) illustrates how a listener's perceptions may affect narration:

MARY: This man and lady had purchased a dildo. And they had been...
DR. C: Involved with it...
MARY: Involved with it, at home...She used it for a period of time and then it was his turn to use it...he had...it got stuck in his rectum.
DR. C: She apparently was using it, was using it on him.
MARY: That's right. And it got stuck in his rectum and she called and wanted to know what she should do about it, and I told her she should bring her husband in because if she wasn't able to get it out, she would not be able to and we would either do it manually or else we would have to use some instruments. "Fine, thank you very much." Two hours later, "This is a wuza lady with the husband has a wuza, haven't gotten it out yet." And I said, "Ma'am, [everyone giggles], I told you two hours ago you should have brought him in. Four o'clock in the morning they come waltzing in. They still haven't got it out. So they x-ray it to verify it was there...and it was a large one, right?
DR. C: Yes, at least 14 inches.
MARY: Dr. C removed it manually... [laughter]...
DR. C: And all the time during there I said, um, "How'd you get it up that far?" He goes, "I don't know, I don't know how she got it up that far..." [everyone giggles]...That's not as good as the flashlight in the rectum though....
MARY: Oh, there's all sorts of things in rectums.
LYNN: Candles.
MARY: Cucumbers.
LYNN: Carrots.
DR. C: This guy was kind of...had his flashlight stuck up in his rectum and his father came in and said, "How'd he get it up there anyway?" [Dr. C giggles]. I said, "I don't know." He said, "Well, he said he slipped on it...I didn't think you could slip [everyone bursts out laughing] on it and do that...." He actually had to go to surgery to have it removed because it started to travel up his colon...The statements of accidents, like um, a fellow that had a cow stepped on his back.
LYNN: Cow fell on him.
MARY: Did it step on him?
DR. C: Well, he said a cow stepped on him.
MARY: Well, that wouldn't be so unusual if you were in a rural emergency room but in the middle of the city it's a little strange for a fellow to come in and say he had a cow step on him....
LYNN: Just after "Jaws" started and all that big uproar, he came in and it's "Can I help you?" And he said, "Yes, a shark bit me" [Mary laughs]. I looked at him and said, "Where's your arm?" "Well, it's not bad," he says, "it's just..." [she motions with her fingers to

indicate a two-inch cut on the back of one of her hands].

.....

MARY: Well, when E-- was on, it was always hysterical because E-- was just a strange personality. He used to fall asleep all the time... suturing patients...He was very good, he really was. He was an ex-OB/GYN [obstetrics/gynecology] doctor who decided he was going to do some emergency, well, he went into psychiatry. So he moonlighted during his residency. And he was excellent because he had taken all his residency at [hospital name] which is a very busy, big hospital. And, but he was working very hard and he'd be suturing and you'd go in the room and there'd be nothing happening, patient's asleep, and you'd hear "Snore..." and Dr. E-- would be sound asleep, just out, standing up. We would be lavaging a patient and usually the doctor doesn't have to be present for that, the nurse follows through with it. If it looks like it might be involved, he's there. And he'd be standing holding the hoses and you'd be switching the water and all this nonsense and he'd be sound asleep [motions as if she were hitting him in the ribs], "Marv? Marv...?"

ANDREA: The people that work here are funnier sometimes than the patients [she laughs]. Like some of the things that Dr. X pulls.

MARY: Oh, X's done some hysterical things...One night they... one night we had a patient who had uh...how did it work there? We had a bottle of wine...and we put some wine in a urine cup, and...

LYNN: There was a patient who had a urine...

MARY: And we had a patient had a urinary tract problem and he urinated into a...had some blood in his urine...into a urine specimen cup. So X went in with his wine in his urine cup and sipped it in front of the patient [everone laughs]. And he says, "Yes sir, I think you have some blood in your urine..."

ANDREA: The patient about fainted. I remember X telling me about that.

LYNN: He is so funny. He has all his little routines. He does a Jack Benny routine...the whole bit. And the police brought in a pre-bookie one night who was just drunk and he had a cut in his face. So Joel shuffles in--he's with the ORB unit anyway [operating room]--and he shuffles in and says, "Goddam it! Do I have to cover for the doctor again tonight? I've got floors to wash, I've got windows to clean, I've got garbage to empty..." [everyone is giggling]. And he walks in checking this guy and is starting to sew him up and then he starts [Mary is laughing uncontrollably now], "Geez, you guys," he says, "I wish, if they're gonna bleed, take them some place else, I get sick at the sight of blood, I just can't stand it..." and he speaks to these people and they all just stand there looking at him... [Mary's laughter subsides].

ANDREA: He used to have a routine about McDonald's.

MARY: Well, we would be sewing and I'd say, "Can I help you, doctor? I know this is your first laceration." "Well, you said you needed a doctor, I just came over from McDonald's, I usually do hamburgers, myself..." [everyone laughs]. McDonald's was across the street from this hospital .

The first story told by Mary in this interaction again depicted a situation in which the patients acted in complete contradiction to Mary's expectations--and in this case overt advice. Thus a conflict was introduced which caused tension for the employees since they had to convince the woman to bring ther husband to the hospital. However, although the next few stories were about similar situations in which the patients did unusual things,

they may not have been stimulated by the need to exemplify a bizarre incident or to communicate information about the narrator, as Mary's story may have been. The narrator of the next story seemed to focus on one significant point of Mary's narration which caused the new narrator to associate that focal point with some event he had experienced, and then characterize it. In other words, in response to Mary's story about a rectal obstruction, Dr. C started talking about the rectal obstruction of his patient, but ended by mentioning the unusual excuse of "falling on a flashlight" which his patient had given for his problem. He then told another sotry about a funny excuse which a patient had: a cow fell on a man's back. The point that an animal was the excuse for this man's injury may have stood out to Lynn, since she associated this point with an experience she had when a patient claimed that he had been "bitten by a shark." After the interruption, Mary resumed the storytelling by depicting the antics of one of the doctors, which stimulated the telling of similar stories by Lynn. Thus, one may see how the perceptions of an individual may influence the narration of stories in a "storytelling session."

Another possible use for the stories told in the emergency room may be to transmit important information about the bizarre things that could occur to the less experienced members of the hospital team. Don stated that

> ...there were some situations that I can remember hearing about and I was in a similar situation, reacted to it in a certain way. After you've heard stories about people coming in with stuff up their rectums, because a new nurse in ER, she's not so freaked out when something like that happens.

Thus, these stories may be used as a way of preparing an inexperienced worker for the eventuality of a bizarre situation.

The situation in which most of the stories which I recorded occurred was a common one: it was a "slow shift," there was very little to do, and everyone was waiting for either a patient to demand something or for an emergency to occur. According to Don, stories are told at these times to relieve the "tension of waiting [for emergencies to occur...If it's busy] just all the tension is put into action. If you're really that busy you're just in constant action," he says. Thus, the slow days and the coffee breaks are the situations in which storytelling is most likely to occur. Karen, a cardiac technician at another hospital, also agreed that storytelling "...keeps the night from dragging...you have something to talk about." I asked her if, when an emergency occurred, the employees talked about it for the rest of the night. Karen replied, "We talk about it for <u>days</u>," and she laughed. The formation of stories about emergencies in the hospital is similar to a situation described by Shibutani in his analysis of rumor:

> Any unusual event--anything uncommon, irregular, or unfamiliar--breaks the routine of life and often leads to the formation of rumors.[2]

Thus the stories that hospital employees tell about unusual or tense personal experiences may be a way of breaking the monotony of a quiet evening.

In the stories discussed, one may conclude that the narrators were primarily trying to communicate two types of information: 1) information about his or her own self (emotions, behavior which may be expected, and so forth) and 2) information about the social situation or the relationships in which he or she was participating. The first type of information can be illustrated by Karen's story about the man who would not take his medication. She communicated to the listener that she was frustrated and also gave the listener information about how she might be expected to react in similar situations. Don's story about the urine cups might illustrate the second type of information in which the narrator is making a comment about the social relationships in which he or she is involved. Finally, one can see how the perceptions of the listeners of a story may affect the information transmitted.

In the emergency room stories, one can see how each narrator related his or her story to a perceptible feature in the previous story, thus changing the kind of information transmitted. Whereas the first stories were used to transmit information about bizarre situations, possibly for the benefit of listeners unfamiliar with the hospital environment, the latter stories described situations in which a doctor manipulated the social relationship between himself and his patient by acting in a totally unexpected manner. Thus, one may observe from this discussion of storytelling in the hospital that the interpretation of storytelling cannot be based upon one singular function or usage; stories are used in hospital situations to communicate diverse messages depending upon the intentions of the narrators, the situation in which he or she is participating, and the perceptions of the listeners.

Notes

1. Barbara Kirshenblatt-Gimblett. "A Parable in Context: A Social Interactional Analysis of Storytelling Performance," in Folklore: Performance and Communication, ed. Dan Ben-Amos and Kenneth S. Goldstein. (The Hague: Mouton, 1975), p. 130.

2. Tamostu Shibutani, Improvised News, A Sociological Study of Rumor (Indianapolis: Bobbs-Merrill, 1966), p. 35.