

Imagery at the End of Life

Esther Johnson, RN, CHP

In this issue we are introducing an ongoing column called “Imagery at the End of Life” by Esther Johnson, RN, CHP. Esther works as a hospice nurse case manager for Pathways Hospice in the San Francisco Bay area. Esther is a BON graduate and has used Imagery in her hospice practice with patients, families, and hospice staff members. She often introduces basic Imagery techniques early in her visits to patients. She role models ways in which families can use Imagery to help patients reduce pain & anxiety and also to become more comfortable with being a hospice patient. According to Dr. Ira Byock, Palliative Care Physician, the end of life is a time for growth, change and meeting certain developmental tasks. Esther has found that by using Imagery, many of these tasks can be undertaken in ways that are safe and comfortable for patients, as well as caregivers. Here is the first of her informative stories about using Imagery at the end of life.

As a hospice nurse, there are many challenges I encounter with my patients and families. Many times patients come to hospice in the 11th hour of their lives and there is insufficient time to prepare them for all they may experience. Many patients enter hospice in pain and with a great deal of fear. As a nurse, my job is to assess the problems and help manage pain and symptoms as quickly and completely as possible. As a holistic practitioner, I know there are ways to provide pain and symptom management that are non-pharmacological in nature. In optimal situations, patients come into hospice early enough to benefit from building relationships and learning how to readjust to this part of their life’s journey. What I hope to share with you over the next few issues are stories and case studies of how I

have used Imagery with my patients, their caregivers and even the staff with whom I work. Here is this issue’s feature.

Teddi’s Story

Teddi was an elderly married female of Greek descent who was diagnosed with a very rare form of cancer - hidradenocarcinoma (cancer of the sweat glands). The cancer had metastasized to her lungs and bones, and pain was a big factor. Teddi had a variety of other health complications including diabetes, heart problems, hypothyroidism, and most problematic, anxiety related to her diagnosis and prognosis.

From her first day on hospice Teddi was resistant to the idea that this disease would take her life, and she was not eager to be a hospice patient. Both she and her husband were uncomfortable discussing her prognosis, insisted she would be getting better and stressed that there was no need to discuss issues related to death and dying. She had a great deal of pain, for which she took a multitude of medications, however, she insisted she would NEVER take morphine.

As the weeks progressed and Teddi declined, she slowly opened to some discussions about her symptoms, but rarely would she talk more than a few moments without changing the subject to “something more pleasant”. Teddi led a very privileged and full life: she traveled extensively, enjoyed being the center of attention, and collected many beautiful artifacts—jewelry among her favorite items from her travels. She especially enjoyed cruise vacations and would spend lots of time discussing her travels and jewelry collections. It became clear that she was struggling with releasing all that she held dear.

I used her interest in traveling to covertly assist her to review her life and to process meaning in her life’s achievements. During our visits, I often used integrative Imagery in helping her to re-create the memories of her travels to the islands, Europe, Hong Kong, or South America. In essence, we were doing open eyes Imagery.

As I began engaging her in sensory recruitment, the change in her body was striking. She would relax down into the bed pillows, breathe easier and demonstrate less evidence of pain. In time, I mentioned my observations to her and taught her to use these techniques for herself so she could relax and feel better when her pain increased or when she became anxious. This was an excellent strategy to use with her for she was very resistant to using any stronger pain medication or anti-anxiety agents.

Despite the availability of oxygen in the home, she did not use it for shortness of breath. Teddi and her family were very unwilling to use the medications for pain and anxiety that hospice recommended. Because her husband refused to allow the hospice staff to discuss what he termed “anything negative” (anything related to death or dying), using Imagery, relaxation skills and aromatherapy provided Teddi with the comfort she required in the least invasive manner. I was able to help Teddi connect with her past, her present and her future, while still respecting her husband’s wishes that we not directly refer to what was so obviously occurring—her decline and eventual death.

About 2 months before her death, she came to the full realization that she was, in fact, dying. This was a monumental moment and a huge crack in her armor of denial. As we sat discussing it one morning, she

broke down and sobbed that she just could not do it. She believed that she was unable and ill equipped to handle the magnitude of her illness and everything that would entail. In that very moment, I, too, knew this was true for her. So I suggested that we use some of the Imagery techniques we had been doing all along to help her escape the immense emotional and spiritual pain in which she was immersed. I assured her that she would feel much better just by getting away from the reality of her situation for a short while.

That morning Teddi took a wonderful trip to Hong Kong to buy jewelry and she brought me along with her. She described the narrow winding streets and the ornate shops lining the alley ways. She re-created the shopkeeper, with his bald head and his big Buddha-like belly. She described the many small boxes of emeralds, rubies, sapphires and diamonds that the shopkeeper pulled down onto the counter, as we set about to create our one of a kind bracelets. As she spoke, her anxiety diminished, her demeanor relaxed, she had a smile on her face and her breathing became regular and easy.

At the conclusion of our session she felt so much better. She was able to talk about the truly wonderful life she'd had and all the advantages she was given in life. Then she thanked me for helping her remember and feel good about it. She was able to acknowledge that her life was changing and how much she wanted to be able to accept what was happening and acknowledge all the gifts she had received in life.

During the next two months, Teddi continued to decline. Some days she struggled with letting go, still anxious and still fighting the inevitable. In time, she had less energy and was losing the ability to describe her images verbally, so we usually sat quietly. I would tell her stories about places I had traveled and would ask her to imagine what the breeze felt



like, or the smell of the wildflowers. Often, we sat just outside her bedroom on her second story deck which overlooked the grounds of her property.

In time I came to understand that Teddi's use of denial was a strong coping skill for her. I realized that I believed Teddi would probably not process many of the developmental tasks we so often know are important in end of life care.

In addition, Teddi was a woman who was very opinionated, had burned many bridges and had a lot of unfinished business with a close family member. While her husband had confided much of this to me, he did not want it discussed with Teddi. However, on another level, he did want Teddi and the other family member to mend their fences before she died.

This was a very challenging case for me. It was during one of our last

visits that Teddi was able to share with me her deepest fears and regrets. While we sat looking out over the flower garden one day she was able to come to terms with the reality that she was in fact, "going to have to make some changes and do some things I have never had to do, because it is time to go somewhere else soon. And I am ready to do that." This was her way of acknowledging that she knew she was dying, and she had work to do.

Over the next 4 days she resolved the issue with her family member, mended the past, and gave her husband the gift he most desired in the present. Most important of all was that she was able to move into her own future quickly, quietly and free from pain or anxiety. I was blessed to have had these experiences with Teddi and I believe that the use of Integrative Imagery was a huge part of her healing and ability to move forward so graciously.