

A MATTER OF THE HEART/THE HEART OF THE MATTER: A SOCIAL WORKER IN CARDIO-REHAB GROUPWORK

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Massive arterial blockages sent the author scrambling to surgery, recovery, and, in the end, to cardio rehab. Years of teaching social group work had only partly prepared the author for the group experience that rehab would provide him. The men and women in his rehab group demanded much more than attention to the physical; they needed to tell their stories about how heart failure and cure had changed their lives. From week to week, the group's nurse facilitators obliged their needs without ever once asking, "How do you feel?" (except in regard to bodies-in-rebuild). The outcome: hearts mend, after all!

It came upon me...no, in fact, it didn't actually come upon me. Nor did it just happen to me. Closer to the truth, it simply *unfolded* page by page as if falling out of some news-script, written by God knows who, that would dictate my own life (or worse) to come. No heart attack; no flopping onto the ground; no flailing at the graveled edge of the road on my walk; no crying-out for God to get those ten men off my caving chest, no "Tell my wife and children I love them"; no sirens, no nine-one-one. Instead a series of medical tests—all rather routine, you see—one test leading to another to yet another to confirm that "There's no-way-you-can-attend-your-daughter's-wedding-in-Hawaii-next-week-because-that-heart-of-yours-might-not-take-the-trip,-not-with-80%-and-90%-blockages-like-this-in-fact-we're-sending-you-to-the-hospital-right-pankin' NOW!" And that, as they say, was that.

With Thanksgiving and the remaining three weeks of the school semester ahead of me, my professorship came to an early halt; colleagues joined ranks to cover my classes, students scrambled to make some sense of the remaining assignments, and a loose-but-vibrant network of friends, family, and colleagues succeeded in raising my spirits and easing me through the surgery and the Holiday Season of recovery to come. My wife Judi stood brave.

College friends urged me to cancel my upcoming sabbatical leave, saving it for next year, so that I could go on sick leave. Take the disability. For someone who in mock toughness and a hint of nervous macho grandiosity had for years told his wife, "I am a man of iron," because of decades of good health. (Hell, I didn't even have a family doctor and, except for a dog bite last summer, had never had anything approximating surgery), such a suggestion sounded practical, sensible, but, in the end, intolerable (or at least unnecessary). Surely, a family history of heart disease takes a backseat to all my exercise, all those smoke-free years, to optimism, hard work, and happy home life (did I mention hard work? Oh, yes!). "Hey, I'm not disabled!" Still, I followed the visiting nurse's prescription to go to cardio rehab because, well, she was right about everything else.

I had wanted to go to rehab. The generous outreach to me by so many people during recovery had filled my mending heart with a bottomless measure of gratitude, not so much toward being alive but rather toward being connected to my fellow humans. A mathematician's roses, a cousin's sick day to sit with Judi during the surgery, a card from the campus coffee shop staff, and visits or phone calls of well wishes represented only a few such generosityes. A senior student arranged a multi-statewide moment of Mormon prayers, while two nuns offered their apartment

to my wife and Scottie dog to ease the long drive from home to hospital. I saw goodness everywhere ... within and without. Moreover, this mending soul of an atheist Catholic/Catholic atheist had had its moment during surgery and without putting too fine a point on it, I found myself walking about in a state of what can only be called "grace" - - a going from grateful to "grace-full" (though not quite yet to Graceland). Or maybe toward self-deception. Besides, the world of the home, spiced-up by visitors and trips to the Grand Union for a "daily exercise walk," was becoming too small even though Judi's caretaking was becoming a tad too comfortable for comfort (I recall a family "babysitting" session masquerading as a fun-filled pizza and movie night so that she could play in the harp choir at the nursing home). There comes a time when a person just wants to see people in the daytime. So, yes, I had wanted to go.

Insurance pays for 36 sessions of cardio rehab so the group experience lasts 36 sessions at two-to-three per week before the member "graduates," as it is called. Each session contains three parts: standing in a circle to do easy warm-up stretches, individual work on three exercise machines, and a relaxation exercise cool-down. Throughout, three nurses take our blood pressure, monitor our hearts from electrodes placed on our chests, and generally look after each of us. Then there are the preliminaries. The official prelim consists of meeting one-on-one with a nurse: getting checked-out, checked-in, weighed, and measured for BP and pulse.

Once each week, we have a brief class on topics such as nutrition, stress, how our heart works, etc. But there are also unofficial prelims, important prelims, at once startling and heartwarming. These occur in the men's locker room where men (and women too, probably) need to talk, do talk, and express wonder, vulnerability, and the need for care and assurance. It seems that women have a parallel group in their locker room because, as the group has evolved through its stages of development, all of us have allowed the topics to spill over into the circle as we await group "to start," as if it hadn't started already! And I

count myself among them and weep with and for each of them.

Three Brief Stories: Big Dramas All

Ben¹ graduated a year ago, yet goes to the building as a wellness member. We see him in the locker room and on the floor before our group sessions. He described his heart attack, followed by his doctor saying, "Right in front of my poor wife: 'You won't last the next two days.'"

Martha, in her thirties battling diabetes, obesity and heart matters, said, "I watched my own mother make funeral arrangements for me."

Mitch said, to no-one in particular: "Well, they saved by brother and my father. I guess I was worth saving, too." Reply: "Yes, you *were* worth saving. We *all* were!"

My own dramas also occurred during the dead-time that rests between diagnosis and surgery. Those operated upon right away with no time to ponder what lies ahead seem the lucky ones. Zoom, you're in, under, and out before you know it. But they miss out on something. Surgeons too busy carving turkeys to carve patients resulted in a postponement of my operation for five days after Thanksgiving. They sent me home on reprieve. Two events changed the scene considerably.

Judi and I sat on our couch in tears during our daughter Joanna's wedding in Oahu, while thousands of miles away they got married without all the parents present to help launch their future. Phone calls immediately before and after the vows, a letter from Mom and Dad (us) read during the ceremony, and pictures streamed in the instant helped a lot. But what helped most was it having been *over*. And with it, dread and regret were over, as well. Behind us now, the pain of the wedding missed ceased being a longed-for fantasy of "if only..." "If only..." is just another phrase for "Give me back control!"...and it wears out with its empty promise.

The second event occurred two days later. Its telling doesn't come easy. It's a "good thing," but rather private. Its unbelievable renders it almost intimate, secret, and sacred, though who knows: perhaps my mind had played tricks on me to conform to some long-

gone article on death and dying. R. Moody's book *Life After Death* sticks in my mind, given its aptly named author and title. A fear of death has stood front and center in my consciousness since childhood. I had never bought that jazz that "death is a part of life." No! It's the *end* of life!

So, there I was, again on the couch, and this time alone in the house. I saw myself from over my left shoulder watching an empty room entered by an imagined Judi with a dust cloth. Judi had no expression of grief even though it was clear I was "gone." Expressionless, she walked across the room, dusted the TV, and moved on. Her "moving on" reassured that life goes on "within you and without you." Never before had there been such quiet; neither a clock-tick nor a footfall punctuated this breathless peace beyond silence. If, after 41 years of marriage (in love five years longer than that) Judi could bear and accept a day-to-day world in which I was absent evermore and could embrace that silent peace, well, then...so could I.

A colleague and priest once said that life offers but three key moments: being hatched, matched, and dispatched. The five-day reprieve meant the last moment might wait. The two-hour drive in the dark to surgery proved strangely peaceful. I, of course, wanted to survive but had no fear of not surviving. Not because of any certainty or faith in outcome, but because I had become ready to let go: letting go of life if that should be in the cards. No doubt these events played a role in that state of grace noted above, but (more important) they enabled me to give myself over to the care and control of others and to the need to suspend the strength and the tyranny of the rugged individualism that has sat so central in my life. Time will tell if I can carry this learning over. So far, so good...in the main.

Each session, before or during rehab, we discuss these life-and-death issues. Seldom if ever are the talks maudlin; often they rest within teasing and humor. Most focus either on the operation itself or on food. Of the former, we are asking, "Why did this happen to me?" and "Why was I *allowed* to keep living?" Of the latter, whose topic usually involves our missing of ice cream and cheeseburgers, we are

asking: "Where went my youth?" "Will we once again know pleasure?" "Can we cheat diet and death?" Most of these topics begin with each member's narrative: "How It Happened."

Each of us seems to need to tell that story. What strikes one about each individual story is the story's *ordinariness*; no high drama. Yet each telling of the tale ("Why me?!") springs from such a sense of the unfathomable, along with the utter horror of it, that people have a profound need to say it and be heard. The two members whose brothers died of heart attacks while they themselves survived surgeries must grapple with additional reverberations of guilt and wonder.

Two Big, Brief Moments in Cardio Class

I asked the nurse-instructor: "Wait a minute. You just said we all '*have*' heart disease. You mean we're not all *better*? We'll never be *cured*?!" Nurse: "No. That's right."

A minister came to deliver a lecture on spirituality. No discussion. He told a wonderful parable about two Buddhist monks who encountered a lone woman at river's edge. One monk offered to carry her on his back across the river. When the three reached the other bank, and the woman had continued on her journey alone, one monk said to the carrier monk, "You should not have done that. We are never allowed such physical contact, especially with the opposite sex. How could you!" Then the carrier monk said this: "After I crossed the river, I put her down on the ground so she would move on. *You are still* carrying that woman."

I wondered: How long can I leave fear of death on the ground?

One Recurring Connection

I know that carrier monk...for I have been carried. During each session, a nurse takes our blood pressure four or five times, usually during a workout on a machine. She wraps the wide band around the upper arm and places our hand in one of two places on her body. She rests our hand on her shoulder or between the inner surface of her own upper arm and the side of her trunk. This supports our arm,

outstretched, while she takes her reading and listens to blood rush through our veins with a stethoscope. I often wonder if I'll ever feel her pulse beating against my own in a rare, brief moment of delusion of fusion.

*Take this pulse.
Listen to its ebbtide throb
rushing toward the borderline
surfing o'er the outerbanks' tidewash
mounting and counting
capillaries to secret places.*

*Take this pulse.
Feel its icy rush
flushing the arterial cave
chasing out the bats,
denying them their hunger.
Not a drop for thee!*

*Take this pulse.
Know its tepid wine
drawn drinkable by roomtemp
heated by the lining and the longing
of the lungs and the loins and
by the fire in the belly,
hotseat of sacrament.*

*Take this pulse.
And keep it!
Claim its cacophony
for your own and
for us all.
Your blood as holy
as that of the seraphim
ginned and thinned as my own
intoxification.
Yours as sweet and red
as the malbec mutterings of a million monks
offering grace at table.*

*Your blood as damned
up as Tennessee Valley backwater
slowed and stowed for a final push
'gainst the tight squeeze at ruby narrows.
Riding Red River
rising toward headwaters of hollowmen,
going downstream to Delta
like heck, like Huck, like heaven
knows what!*

*Your blood as rich
as all blood.
The blood of scorpiontail,
The hint of rose on mosquito breath
And vampire's chin.
On the beards of lions,
chimps, peacocks and popes.
The blood of you and each...
here
in this our restless wrist.
Take this pulse...*

I am always aware of our gender difference and its impact on this interchange, though "interchange" has nothing to do with it, so one-way is its direction, her and her machine to me in my heart, body, and mind. I allow no romance to enter the air. (Oh, we joke about how our foot-long chest scar puts us into the esteemed "zipper club," knowing full well we have been cut, and scarred, defaced, and rendered unattractive under our shirt). No romance; just nurturance; and practice allowing an-other to be in charge: Contact! Closeness!! Care!!! Mother! This exchange mirrors what I think about all the time: How can a mere mortal—even a doctor—hold the human heart—*my* human heart—in the hands, hold it up to the light and fix the damned thing? How can this be done? Does the magic of modern science offer a full enough answer? This is not a religious question. But for us in the group it is THE question. I'm gonna go with the wisdom of the women and men in our group. Even the clichés—"we are the lucky ones," "everything happens for a reason"—reach the soul of the matter. Not all topics drip with such soberness.

Many of our best Eureka moments focus on concrete-but-disturbing elements of daily life. Chronic sniffing in the group gives rise to the knowledge that our daily doses of metoprolol will give us all runny noses for life. We also stumbled upon our common shallow breathing. Laughter over our "zipper" scars led to gallows jokes involving a group visit to a tattooist so that each of us could cover the scar with a tattoo of an open zipper, exposing the tattooed innards.

Members come and go in this open group. Bert left last week, having hit his 36th session.

He got his graduation T-shirt, applause, and well wishes, and then, uncharacteristically, he sped off out of the building, even avoiding the locker room and its post-session session. An educated guess would suggest that the termination was more than he could bear. Real men don't cry; not in the locker room, for cryin' out loud. So he left silently, with us remaining to miss him. In cardio-rehab when someone doesn't attend, we wonder things: Is Mary back in the hospital? Is Fred dead? Will we see them again? So I expect to wonder each Monday and Wednesday about Bert. Is he okay? Maybe I'll see him at the grocery store by accident.

But Bert's spot in the circle has been filled already and by multiple persons. Where did all these people come from? Now at a size of fourteen, we have a problem; and this problem—that size matters—manifests itself in textbook ways. Our first day at 14, the group went *off*. In the opening circle we spoke too loudly; we got up and walked around, we joked; we teased (each other and the nurses). We jokingly criticized the background music and threatened to leave the group before it started in not-so-mock protest that the speaker on stress had failed to show for class. *"Without that lecture on stress, we feel too much stress to go on today!"* The nurses moved among us and, taking all this in stride, merely said what they saw: *"You guys are a little crazy today, aren't ya?"*

Beautiful!! I suppressed my own lecture: "What we are seeing here is a collision of our growing comfort and intimacy smacking against our growing anxiety about the size of the group and its impact on our ability to meet personal and group goals." Instead I took the monk's advice and "let" others do the carrying. My fellow members, through affectionate banter with each other and with the nurses, worried out loud about being able to catch available machines in time to finish the workout. And none of us was happy being put on unfamiliar equipment because the trusty standbys were being used by others. We stood afraid of what we might be losing: calories, but also control and contact.

Everyone wanted, and indeed needed, to connect, even though this motivation rested

outside the formal, extrinsic norms and expectations. Our nurses knew this, too, and modeled good membership via their leadership, which made manifest all manner of good will, humor, and individualized nurturance. All of us responded in kind, but sometimes my own folly gets in the way. Sabbatical leaves do not unpack the junk from work-junkies like me. As a teacher of group work, too many thoughts about *this* group work danced in my head. I was often mentally self-conscious, and thus less spontaneous or genuine in my attempt *not* to be like a leader or to assess those who were the leaders. I found myself yelling within my head to just shut-up already! Give it a rest!! I didn't want to play "Little Professor" to court approval or status, nor to be a jerk; I didn't want the group to know that in real life I actually am a little professor because I feared a change in the interpersonal dynamic...or rejection; and what I like so much about this group is that we *don't* know how each of us makes or made a living because at base what we "do for a living" is stay alive for chrissakes, and ain't that enough to know and to embrace about each other?

(pause)

"Each other" dances to its own sound track provided by the nurses. As a tip of the hat to "age-appropriate" (most of us, especially the males, grew up as teens in the 50's and 60's), they lace our exercise and relaxation with pop songs from Elvis, Little Richard, and "Peppermint Twist." Do the nurses believe we are stuck there, nostalgic for pimples and proms, or do they believe that time travel back gives us succor? Perhaps they think us oldsters lack any sense of the contemporary. Or, that our own private Graceland exists in Memphis or in Paul Simon's heart.

Janice (late 70s, twice widowed, vibrant as a teen, so full of life) has a good idea, one I shall reject. She takes home after each session fresh versions of the four stickers we must stick to our chests so that the four electrode wires can connect to our bodies for the purpose of monitoring our vitals during the session. Janice puts them on at home before driving to rehab to save time in the locker room. The last thing us guys want is *less time* in the locker room. For that is where the stories wait

to jump out. Unbuttoning our shirts, applying the four stickers, attaching the wires, stringing about our necks the harness that holds the transmitter that will announce our vital signs in silence, we suit-up for battle, yet lower our shields so that the story can come out and play out its unanswerable questions.

Epilogue

At her second-to-last session, Janice passed around a photo of her grandchild and then said, "*Today my blood pressure's REALLY high. Do you suppose it's because this Wednesday's my last day?*"

What I Have Learned About Groupwork...So Far

That the key words above are "so far." What I am learning rears a new head each session:

- Human nature will win out! Under duress, members will seek the socio-emotional goodies and will find them in the oddest places, no matter how instrumental the group goals.
- Or is it true? Sometimes it is hard to tell. "Theory" advises that the leaders might formally structure-in discussions on the important topics, such as medical side effects, choice of music, survival. On the other hand, these topics emerged *naturally*, organically, and spontaneously. Perhaps the leaders' faith in the group holds sway over control of the group.
- We want both members and leaders to like us, each and every one.
- Members who give over leading have a better shot at belonging.
- Speaking of "every one," every one of us harbors a heaven inside.
- Inside will spill into the outside; the group exists in the locker room, in our humanity, and in our heads.
- We must pay more attention to the ordinary. I don't know if that's where the Truth resides, but I do know that this is where the Beauty can be found.
- Heads-up: hearts mend.

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(Endnotes)

¹ Names have been changed to protect the author, the innocent, and the guilty.

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