

chapter 3

THE DIALOGUE OF SILENCE

Silence: pure, precise, and — in a sense — perfect. There is little written about it. Silence is seldom a direct focus of research or conversation because silence is difficult to observe, record, and write about. A 2008 search of the literature on silence as a nursing intervention turned up only five scholarly publications on the topic.

Silence emerged repeatedly as an approach used by the exemplary nurses in my study. It is clear that the nurses often used silence during emotional or difficult patient interactions. Beyond these more extraordinary times, silence also played an important part in everyday nurse-patient encounters.

Silent moments were a part of most nurse-patient exchanges. In few day-to-day human interactions is there constant, relentless verbal-silences that were part of these nurse-patient encounters were different from our average customary pauses. Most times these silences, or gaps in speech, were rich in non-verbal communication. Messages that were difficult or even impossible to say out loud, were sent from nurse to patient and from patient to nurse in silence. When everything that needed to be said had been said, when cultural or



interactions is there constant, relentless verbal-silences that were part of these nurse-patient encounters were different from our average customary pauses. Most times these silences, or gaps in speech, were rich in non-verbal communication. Messages that were difficult or even impossible to say out loud, were sent from nurse to patient and from patient to nurse in silence. When everything that needed to be said had been said, when cultural or

language barriers inhibited spoken communication, when the patient was confused, when the news was bad, when there were no “right” words, and when no words were necessary, silence was used.

There were many benefits or gifts that resulted from silence. Specifically, patients received the gift of the nurse’s presence and the gift of being listened to with openness. Through providing these silent gifts, the nurses also received, making this silent dialogue beneficial to both the patient and the nurse.

It is apparent that the silence came in varying forms. For example, non-verbal messages framed in silence, silent messages encoded in words, and silent messages encoded in actions are forms of silent interplay recorded and consequently reported in this chapter. The commonality of many of the silent moments was the two-way quality. Therefore, I have called this theme the dialogue of silence.

In this chapter, I combine some of the stories written by the nurses I studied, excerpts from conversations I had with them, and my field notes. These narratives illustrate the uses, gifts, and forms of silence as well as how the nurses came to learn to use silence in patient interactions.

To provide an enhanced understanding of some of these examples, a poem that I believe exposes the nucleus or heart of the narrative is presented. I consider poetry an appropriate medium of analysis because it is a bridge between non-verbal and verbal expression and it allows for communication in a succinct and creative way. Poems potentially expose the tacit, that which is difficult to express otherwise. Together, the narratives, poems, and literature provide an understanding of how silence is used in exceptional nursing practice.

LEARNING TO USE SILENCE

Among the exemplary nurses, there was agreement that, “you grow into the use of silence,” and that it is “a very powerful and advanced skill.” These nurses confirmed that they do consciously use silence in their nursing care, but this had not always been so. Many talked

about trying hard to “say the right thing” to patients and their family members early in their nursing careers. Jane, an exemplary nurse, phrased it this way: “I found that I used to worry a lot about saying the right thing. I have discovered that the ‘right thing’ often means saying nothing at all.”

Although these exemplary nurses agreed that silence is useful and effective in conveying concern for patients and in allowing them an opportunity to express themselves, they acknowledge that silence is difficult to use. Lana, another of the exceptional nurses, said,

We are a very verbal society. We talk, talk, talk. We hardly ever stop to really listen. We generally don't like silence. It is very uncomfortable, and it was for me, too — especially in the beginning. It's not that you don't want to be quiet; it's just that you can't. It's not natural, at least not for me anyway.

How did these nurses learn to practice silence effectively? They talked about observing other nurses using it with their patients. “It was just so amazing,” commented Jane as she described a particular moment when a nurse she considered very capable calmed an agitated patient without a word by placing a quiet hand on his shoulder. Other nurses described how they discovered the power of silence on their own, often quite by accident. Jane told me of this experience.

I was with this patient I didn't know very well. His doctor just came in his room on rounds one day and said, “Your cancer has spread. There is very little else we can do for you. It doesn't look good,” and left. I was blown away. Because I didn't know what to say, I just sat down on the edge of the bed and the patient and I sat there looking out the window together. I just couldn't think of a thing to say that would counter the intensity

of what had been said, or make the patient feel any better. Finally, I just left.

A few days later that patient said, “Thanks for being there when I needed you.” I learned something really important from that experience.

A LESSON LEARNED

There is a time to be silent,
and a time to speak.

The key is,
learning to tell the difference,
and having the temperance
to do what’s right.

Part of learning to use silence is learning to hear differences in silences. Sometimes silence means that a great deal of suffering is present. Embarrassing circumstances may cause silence. Exhaustion may bring a peaceful kind of silence. Moria, one of the exceptionally competent nurses, talked of these differences when she commented, “I try to be tuned in to the variance in silent human sounds.” Gauthier wrote about the variety of messages that can be communicated in silence — ranging from empathy and concern to resentment and hostility.²⁴ Silence becomes less threatening when this range is understood.²⁵ Armstrong also notes that silence has a range and, in his words, “silence can cut both ways and can leave disaster and unhappiness in its wake.”²⁶ For example, remaining silent on errors made or failure to express a simple thank you are examples of negative silence. Silence can also be positive for the nurse-patient relationship. Armstrong gives the example of “pregnant pauses” and suggests that, when they are left to naturally unfold between patients and caregivers, these silent moments are a vehicle for facilitating rich, nonverbal communication.²⁷

TIMES WHEN SILENCE IS USEFUL

It appeared that the exceptional nurses used silence in a variety of situations. In particular, when there was nothing more to be said, when communicating with patients across cultures, when their patients were dying, when their patients received bad news, when their patients were psychologically or cognitively impaired, when words were unnecessary, and when there were no right words. The following sections provide examples of each of these applications.

When it has all been said

Some relationships with patients and their families last for an extended time. In these situations the nurse may know the patient very well after journeying together through the stages in the disease trajectory. In some relationships, nothing more needs to be said, as the title of this poem suggests.

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THE DAY THE WORDS RAN OUT

They have poured so freely
over the years,
like sand flowing through an hourglass.

Then one day,
like the sand,
the words just all ran out.

But don't be tempted
to turn the hourglass over,
to fill the void with endless chatter,
because no matter what you do,
the sand will never flow as smoothly again,
and we'll both just be disappointed.

—

Another exemplary nurse, Marie, told me the following story that illustrates this particular use of silence.

Joan was my patient, but more than that we had become friends over the six years. She had come to the hospital for treatments, pain control, and now for palliative care. We had shared so much: laughter, pain, and true accomplishments. I remember how excited I felt when she was rehabilitated from major back surgery. She was able to walk again. Sure she had to use a cane, but she was travelling.... It was a miracle, and we celebrated!

Now those moments were only memories as she was admitted for palliative care. I enjoyed being her nurse as we shared a lot about one another's lives. She knew of my hopes, dreams, and plans. I knew of her favorite things, her tears, and her troubles. It was Christmas, and she was assigned to me. She struggled to speak as it now required a great deal of effort. So now, I also spoke very little. She slept and dozed off frequently as the narcotics were being increased daily. When she would open her eyes, we'd smile. I remember clutching her hand just before I left my shift and holding that grip. I wished her a beautiful Christmas; peace was my greatest hope for her.

I left the room. I remember wanting to go back to her and hesitating. Should I say "goodbye?" I didn't return. Over the years we had said a lot. The last day we said little and I still feel that was all that was needed. Silence speaks in gentler ways than words at times.

Sometimes everything that needed to be said has already been said. If it has already been done, you have to recognize that. I had been with Joan for six years. When it

came to the end, there was nothing left to say. We had said it all. The words had just run out.

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THE SILENT PARTING

We have been together for a season,
and our time has been so good.
When it's time for me to go,
just place a finger to your lips
and step away.
There are no words—no adieu,
no farewell, no goodbye,
that can say anything
that we haven't already said;
that can mean any more
than you already mean to me.

—

When communicating across cultures

In some cultures silence is a more accepted, and therefore a more appropriate, means of communication. During one of our conversations, Marie recalled this memory of a young boy she had cared for.

He was a young guy, a native Indian from Northern Alberta. He just didn't use many words. It wasn't his way. I knew that talking would be too much for him. It wasn't needed. When I watched his family around him, especially his Mom whom he loved very much, they just were very quiet. They just sat with him. So when I was his nurse, I tried to mirror my behaviour to theirs—although I was still me. I thought that would show respect for the ground he stood on, for his culture, his ways.... You have to be able to do that and not detract from your personality and become someone you are not. It's a real art.

Jane's story tells of a man from a different subculture of society and his silent approach to communication.

I will always remember one elderly fellow. He was a hermit; he lived in the mountains. Every day he would get up at 4:30 a.m. I would find him up in the lounge just sitting and smiling. The first time I saw him there I said, "You're up — why can't you sleep? Do you have pain? Would you like some warm milk? Shall I have the doctor order you a sleeping pill?" He just said politely, "No, no, no, no — I always get up early at home. You know the birds sing their best songs in the morning."

I just let him go with his agenda. What was I going to do — put him back to bed? He was 88 years old, and he had seen many early mornings.

I remember him because he wasn't a man of many words. I just sat with him. We both knew darn well there weren't any birds to hear, but we just sat there listening. I just sat with him.... We didn't talk much. I thought if I had been living alone all those years, I wouldn't have much to say either.

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REFLECTIVE SILENCE

Meet my silence with silence.
Reflect my ways with your own.
See the me that I am,
not the me that you want me to be.
Sit with me
and let the silent notes of the birds' songs
sing to us.

—

When the patient is dying

Patients in the final stages of their disease are often most comfortable in an environment that provides limited stimulation, including a reduced noise level. Cindy, an exemplary nurse, confirmed this when she stated,

In the end, their cognition and ability to perceive things around them is limited, or they may become hypersensitive to the softest sound. All they need is the sense that someone is there, so just being there and touching them is the best nursing care you can give.

Often, dying patients seem appreciative of silence. Silence gives patients time to evaluate what is happening, and it allows them to focus without disruption. An important part of preparing to die is life review — a reflection, an evaluation of one's life. This may be accomplished best in an environment that is quiet and free of distractions.

When the news is bad

Throughout the course of their disease, cancer patients may receive news that is distressing. Diagnostic test results showing that the tumour has returned or reports that the treatment has not been effective can be emotionally devastating. In these instances, the nurses I studied most often chose silence as the most adequate nursing intervention.

While commenting about such situations, Jane advised, "They wouldn't understand your words, but they do understand your silence." This view was echoed by Moria, who said, "When something is too overwhelming, silence and touch are the only things that make sense." Marie commented, "When my patients get really bad news — something that just shatters them — I just sit with them and hold them. Anything that I can think to say at a time like that won't make it better. It's just too bad to be made better."

SILENT SUPPORT

Your words are lost
in a sea of confusion and pain.
They are not lifeboats for me,
they are like icebergs jamming me, ramming me,
pushing me under again, and again,
until I can't breathe.

Stop! Please stop.
Just stay with me and share my pain.

When patients are psychologically or cognitively impaired

Frequently, patients with cancer have cognitive or psychological barriers that inhibit verbal communication. One field note reads,

Cindy has to be so skilled at alternative forms of communication. Today, none of her three patients could communicate through speech. One is deaf, one only speaks Croatian, and one is heavily sedated and cognitively impaired by medication. Silent exchanges combined with touch were her only means of communicating important and complex messages to each of them.

Patients who are cognitively impaired or psychologically traumatized may take longer to respond to questions or statements from the nurse. Silence invites response and gives patients time to formulate an answer. The nurses I observed were sensitive to this. Julie told me, "With sick people you have to wait long enough to get a response.... If you are willing and able to wait, you just might find out something important, but first you have to be comfortable with silence." This was supported by Jane who commented, "I use silence. It gives patients

psychological space to think — to change their minds.”

For patients in denial, silence is very important. This is a story of a moment I observed, taken from my field notes.

Sitting and staring at the TV was an attractive woman, probably about 30 years old, although it was hard for me to tell because she had lost all of her hair. When we entered her room, her gaze remained fixed on Oprah. The nurse walked up to her and sat down next to her. Without forcing eye contact, the nurse said, “Leigh-Ann, would you like to talk?” As the nurse sat waiting for a response, Leigh-Ann turned to her and in an angry outburst said, “There must be some mistake — it can’t be me. This isn’t happening. You must have the wrong person.” Quickly the anger gave way to waves of sobs as the patient collapsed back into her chair. The nurse said nothing. In staying close and silent, she neither reinforced the denial nor impinged on the patient’s need for it.

Blondis and Jackson explain how silence can be used to respond to a patient in denial. They recommend that, “you let your silence say, ‘I am here, I will help you in any way I can. You are not alone.’”²⁸

When words are unnecessary

The nurses all described incidents in their practice where words were unnecessary. At times like these, they knew what their patients were thinking, or what they needed from them, without being told verbally. This story, written by Marie, is an example of one of these situations.

Mimi was an exotic-looking Egyptian lady in her mid-twenties. A mother of three, she was a mere imprint

of her former self. Mimi was suffering from the “silent killer,” ovarian cancer. A bowel obstruction prevented her from eating and she was being kept alive with intravenous nutrition. No further treatments aimed at curing her disease were planned.

Her youngest child was a year old. The room was dim, as the curtains were drawn. Her children were playing in the room away in a corner. I sat on her bed as she had called and asked me to come to her. The family members brought the baby to her. Mimi turned and looked at me. “Please take her,” she said, pushing the baby towards me.

At first I was puzzled by her request, but soon I knew what was happening. I eagerly took the child and held her close to me. Mimi had begun to draw away from those she loved most. She would soon begin her new journey — the end was near. Yet she wanted to see that her loved ones would still be cared for after she was gone. My accepting her baby reassured her of this in a symbolic way.

I felt very special that she called me and asked me to hold her baby. I will always remember her. I didn’t talk to her about that request. I knew what was happening, if only subconsciously. Silence was all that was needed. It gave her permission to separate, for now she was journeying alone.

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SILENCE IS FOREVER

Words are for now;
silence is for eternity.

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When there are no right words

Sometimes no words are the right words. When this happened to Marie, she relied on silence.

Code one, one, one. My patient. My room. It was 0200 hours and staffing was minimal. My heart was pounding, adrenaline pumping. It was my patient who had arrested.

Fortunately, the cardiac response was strong and the arrest was primarily respiratory. He was in stable condition within 45 minutes of the beginning of CPR. I would give him one-to-one nursing care for the remainder of the night.

The next day I went to see him, as I felt I should share with him some of my thoughts during the code. I told him that I was very frightened that we might have lost him and that I was glad that he responded so well. He revealed that he was very much aware of our presence during the code. He remembered every detail of the experience. Then he pulled out a very carefully folded letter he had written his adult son. It contained instructions that he should not be resuscitated should this happen again. Tears dripped slowly down his cheeks as he read it to me. I listened intently for this was a very precious “sharing” gift to me. When he finished, we enjoyed a few moments of quiet togetherness. No verbal response was needed.

UNSpoken Words

The most powerful words
in the human language
may be those that are never said.

THE GIFTS OF SILENCE

When a nurse is able to use silence effectively, patients benefit in several ways. These ways I called the gifts of silence: the gift of being present and the gift of listening with openness.

Being present

Silence allows the nurse to be more fully present in the encounter. This is a gift to the patient, but it is often equally positive for the nurse.

THE GIFTS OF SILENCE

With my silence I give you everything,
permission to cry,
to laugh,
to be silent too.

What does it mean to be present — to really be there for the patient? The literature promotes “presencing,” or “being with” as one means by which nurses can assure patients they care about them. Bottorff states, “There is something in the ‘being with’ that reveals the nurse’s feeling with the other, regard for the other as a person, and desire for the other’s well-being.”²⁹ Clayton, Murray, Horner, and Grene claim that presencing is a part of establishing a connection between nurse and patient.³⁰ To Watson, being present is an expression of the nurse’s participation in the patient’s experience.³¹ Watson states that, “Human presence may in some ways directly and or indirectly

restore the human-centered subjectivity and dignity of both the care provider and care receiver.”³²

Presenting is more than just being physically present. Marcel, in a classic article, distinguishes between physical presence and being truly present.

There are some people who reveal themselves as “present,” that is to say at our disposal, when we are in pain or need to confide in someone, while there are other people who do not give this feeling, however great is their good will.... The most attentive and the most conscientious listener may give me the impression of not being present; he gives me nothing, he cannot make room for me in himself.... The truth is that there is a way of listening which is a way of giving, and another way of listening which is a way of refusing.... Presence is something which reveals itself immediately and unmistakably in a look, a smile...or a handshake.³³

For Marcel, being present is communicated in part through silent measures: listening, looking, smiling, and touching.³⁴ As Green-Hernandez states, “Being there does not need to be verbally stated in order to be felt.”³⁵ It is more than sitting or standing beside someone, or saying “I’m here for you.” It involves an overlapping of selves, or as Watson describes it, it is a “human-to-human connectedness” where each is touched by the “human centre” of the other.³⁶ The nurses I interviewed talked about being there for their patients. Jane commented,

The best way you can let your patients know you are there for them is by giving them silence. Staying with them through the silence tells them that you have time for them, that they are important to you — more

important than anything else at that moment. If it's quiet, and there are no more questions and no more answers required and you still stay with them, it tells them a lot. In our culture, a lull in the conversation is a chance to leave — to physically remove yourself. If that break comes and the patient finds you still there, they know you really want to be with them.

Marie simply said, "You can really be present when you are silent."

Being present with a patient is a choice made by the nurse. One must engage in self-discipline to gain skill in quieting and focusing one's self in order to be truly present for others. While the nurse may be concerned with fleeting time and tasks to be accomplished, the patient is focused on the moment. To be effective, the nurse needs to attend to what is important to the patients — their here and now experience.

What does being there do for the patient? It seems that it makes patients feel emotionally and physically safe. The following field note demonstrates this.

Her patient tonight can't talk. Each breath is a struggle. He is so afraid that the next breath just won't be there. In his eyes I see an unmistakable look of panic. A laryngeal cancer and tracheostomy have taken his vocal cords and a tonsillar tumour has impaired his hearing. How can she let him know that she is there, that she cares? She doesn't say a word. As she strokes his hair, her eyes tell him what he so desperately wants to hear: that she is with him, that she will stay, that she will watch over him. Gradually, silently, he drifts off to sleep.

Bottorff agrees with this view. She writes,

When a nurse is with us, in the sense of being present, we feel the security of her protective gaze, we feel valued as a person, the focus of her attention.... We sense the nurse is close enough to feel with us, sharing the loss that accompanies the dis-ease we are experiencing in a sensitive, intimate way.... She understands. When a nurse is truly present, seeing and feeling all these things, we sense a kind of hopefulness.... For a moment, we are not alone.³⁷

A story written by Julie illustrates the power of silent presence.

My first encounter with Paul was on the phone. He had heard about palliative care but wanted to clarify a few things. I could hear young children playing happily in the background. I explained about symptom management, admission criteria, etc. I thought perhaps he had an ill parent. Who knows, maybe he was a reporter, a philanthropist, or maybe he wanted to volunteer? His questions were well prepared and specific. The closest I could get to asking, "Why do you want to know this anyway?" without feeling I had intruded, was saying, "We are here to help. Please feel free to call back if we can be of any further assistance."

Some weeks later a Paul was admitted to room 6. The door was always shut; his wife and his two children visited daily. He was waiting to die. He withdrew from everyone.

I could almost guarantee that, when I was on, he would be part of my assignment, as the other nurses find this kind of patient frustrating. It seems no matter what you give, nothing comes back. Finally, one day in sheer

desperation, I heard myself saying, “Paul, this is Julie, your nurse. Yes, I’m your nurse again today. And I know this isn’t fair, but you’re just going to have to put up with me. You see, I am your nurse and you deserve just as much time as any of my other patients.” As the scenario evolved, I spent time with him. Sometimes I would read to him — mostly, we would just be together.

In one way, he was still waiting for a miracle. One day we did discuss the whole thing of miracles. Yes, there was a miracle there; it wasn’t the one he had hoped for, but it was there nevertheless. We celebrated his daughter’s fourth and son’s first birthdays on the unit. It was clear as the days passed that this little boy was his Dad’s miracle. The spitting physical image of his Dad, he learned to walk in our long hallway. Both kids and Dad would take over our Jacuzzi tub with mountains and mountains of bubbles (Yes, they do plug the jets and you have to call maintenance to fix it!). You see, that little boy was conceived after Paul’s diagnosis and was born with the astrological sign of Cancer. The odds said that Paul should have never seen his child born, never mind walk, say “Daddy,” or demonstrate his Dad’s incredible shyness.

Paul continued to be “my patient.” The door was still closed most of the time and we still spent a lot of our time together without exchanging many words. But one day I will never forget as long as I have the privilege of living. I opened his door — not really knowing what I was going to encounter that day — to see him lying there with a single yellow rose in his hand and a card that said, “For Julie.” We didn’t say anything; we just hugged. I came out

of that room and totally lost it. I don't usually hesitate to share tears with my patients, but for some reason, that day I really lost it. The sheer intensity of that moment, even as I write it down, still makes me cry.

BREAKING THROUGH

Words, words, words,
jackhammers pounding
against my protective wall of isolation.
They do not crack it.

Gentle, silent presence
passes through the wall,
and dismantles it,
without even leaving a mess.

Listening with openness

Silence is important for listening and for hearing the message. You must be silent if you wish to listen to another — to listen with openness. Listening with openness involves silencing not only your mouth, but also your mind. Only if you are silent in these ways, can you receive and give the gift of listening with openness.

An exemplary nurse named Maureen said, “Good listening is an essential ingredient for providing nursing care of good quality.” She went on to say, “Listening — listening is the biggest part of nursing. You need to be an active listener. The best nurses are the best listeners.” Maureen then recalled a specific incident when, she believes, that really listening was all a patient needed from her.

Dani was a 32 year old woman who should have had the rest of her life ahead of her. She was married and had two young children — one four and one six months old. During her most recent pregnancy, she had noticed

a change in a mole above her right eye. The surgical removal of the mole had been unsuccessful and the widespread metastases were diagnosed quickly after that. She developed a cord compression which didn't respond to radiation therapy, so she could no longer walk.

This particular incident occurred during her final admission. I was working nights and I had just finished my 0300 hour round. I entered Dani's room to find her wide awake staring out the window. I walked up to her and asked if she was having trouble sleeping. She said that she had been lying awake thinking about life and what she had accomplished. I asked her if she would like me to stay and sit with her awhile. She accepted, telling me how frightening nights could be. I put down her side rail and pulled up a nearby chair. I laid my hand on top of hers, and for an hour, I sat and listened to her. She told me how she had met her husband, about her university years, her brief career, her adventure in Europe, and finally about her two children. Her biggest regret was that she wouldn't be able to see them grow up. After she shared this with me, she seemed to relax. I started gently stroking her forehead, and she finally slept.

A common way we communicate understanding is by listening — not passively but actively, letting the person know they are being attended to, heard, and understood. Nurses have to be able to let their patients know that both the factual and the emotional content of what was communicated have been heard. This kind of active listening seeks the other's feelings. Succinctly stated, effective listeners are people who use silence with as much eagerness as they use talk.

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LISTENING WITH OPENNESS

As I listen to you speak,
my ears catch the sound,
but my heart absorbs the message,
and I allow myself to be changed by your words.

In this way,
listening is a gift to you,
but it is equally a gift to me.

—

One way to listen effectively is by asking questions that encourage the patient to continue or to elaborate and then remaining quiet while he or she answers fully. The silence indicates compassion, acceptance, and support, as well as a willingness to be part of the patient's experience.

O'Banion and O'Connell provide a sensitive account of listening with openness:

All of me that I am in touch with and can command is directed toward you, what you are saying. All the facets of my being that feel are ready to receive your feelings. I begin to feel the struggle of your wanting to share with me; not being me, not trusting me, not knowing if I understand what it is you want to share. I feel your struggle and offer support. I want to understand. I know this is not easy for you. I lean toward you, I am ready to hear and feel, I am to be trusted. You share more, I do not retreat. I seem to want to understand. I seem to know what you are feeling. The pain grows strong and the tears relieve the pressure inside. I do not run away, I move closer, I touch a tear and say, "What do these mean?" Your pain touches the feeling of my pain and I respond with like pain. We share tears. I care for you.³⁸

THE DIFFERENCE

When I hear—I hear.
When I listen—I feel.
I make room in myself for you.

FORMS OF SILENCE

In observing the nurses, it was possible to identify several different forms of silence. Specifically, non-verbal messages framed in silence, silent messages encoded in words, and silent messages encoded in actions.

Non-verbal messages framed in silence

Non-verbal communication is a “two-way mime performed on the stage of the unconscious, conveying messages that are only partially transmitted verbally.”³⁹ Non-verbal behaviour is a code that is impossible to fully describe, yet it can be understood by all.

Roberts and Bucksey suggest that non-verbal behaviour “includes all behaviors that convey messages without the use of verbal language.”⁴⁰ Further, they note that attempts have been made to quantify the relative importance of verbal and non-verbal behaviours, with estimates of the non-verbal component ranging from 55 percent to 97 percent of the message. Despite the variations in these values, non-verbal aspects of communication are consistently thought to be more influential than verbal behaviours.⁴¹

Non-verbal behaviours can include gestures and movements, facial expressions, proximity, touch, self-touching, gaze, posture, gait, dress, accessories, and emblems. Researchers specify that certain non-verbal responses such as close proximity, prolonged eye contact, touch, and a calm, soothing voice can reassure the patient.⁴²

During my time in the nursing unit, I observed that non-verbal gestures may be accompanied by words, the real message that is being

communicated non-verbally is almost always framed in silence. The nurses seemed aware of this phenomenon and trusted the silent non-verbal messages over their patients' verbal responses.

Julie, the nurse in the case below, was sensitive to the non-verbal message being sent by the patient's mother. Although the message was subtle and could easily have been misinterpreted or ignored, Julie recognized a significant moment and captured the opportunity to help this woman.

The mom of an 18 year old girl with a brain tumour was standing outside her daughter's room, staring at the coffee maker, fumbling with her cup, and apparently about to pour herself one. Julie walked up to her and said, "You need a hug." She gave the mom an extended bear hug and, without further words, guided her to a private corner of the unit where they sat and talked.

The patient had just told her mom that when she died she would go to heaven and be a star shining down on everyone. This image had been too much for the mom to bear. After Julie talked to her, she was able to go back into the room and be with her daughter.

When I asked Julie about this encounter, she said, "Didn't you see the look in her eyes, and the way she was standing. She didn't want any coffee, she just couldn't bring herself to go back in the room. I could just tell she was ready to break." Julie had detected the non-verbal message framed in this family member's silence.

Silent messages encoded in words

There were times during my observations when I saw the nurses seek, find, and decode silent messages, requests, and pleas from the in patients that were encoded in words that, on the surface, carried

a completely different meaning. The delivery of high quality care depends on understanding patients' needs — many of which are expressed indirectly.

On one occasion, a patient rang her bell and, as Julie and I entered the room, the distressed woman said, "The baby won't settle and needs a little pat. Bring the baby here and I will give him a rub." As I looked around the room for a non-existent baby, the nurse, after pausing for a moment, turned the patient onto her side and gave her a back rub. Leaving a very content patient, Julie said to me, "I understood what she meant. She just needed a little attention herself." This same patient had been labeled as "confused" by some other staff members.

Sharp, accurate perception is a necessary ingredient of meaningful patient care. An exceptional nurse is discerning, knows the patients well, and is able to anticipate their needs by reading the silent messages in their words. For example, Julie told me,

What the patients say isn't always what they mean. Yesterday, I offered a patient a back rub. She said, "No, I'm okay." I just knew that she didn't want to say no. She really would have liked to say yes, but she didn't want to bother me or take any of my time. So I said, "Of course you are okay, but how about a treat." A big smile came across her face and I gave her the rub. We both felt good about it.

HOLOGRAM OF LIFE

Hidden in our everyday conversations,
are the things we would like to say
if we only had the courage.

To fulfill nursing responsibilities, many messages need to be communicated between nurse and patient. In an environment that is frequently emotionally laden, some of the messages that should be communicated are difficult to say. As a result, the encoding of messages in safe words occurs. This is an indirect way of saying what needs to be said. It can happen in conversations initiated by either the nurse or the patient. For example, Cindy called the son of a patient whose condition had deteriorated and said, "Your Dad's not able to be up at all today. He can't recognize any of us, and his breathing is poor." Translated this means, "Your Dad's probably dying. Please come quickly." I asked Cindy about this conversation and she explained it this way.

In a situation like this, I usually try the gentle approach at first. If it doesn't work — if they just don't get it — I become as direct as I need to be to get my patient's needs met. I think the more subtle angle is good because it gives the person you are talking to a chance to come to the sad realization on their own. It's not forced on them. It's not so harsh, it's just more human somehow. But it is still honest, not just as directly honest.

Jane had this story about a patient's encoded message for her.

It had been a very long day. I had six patients, all requiring complete care, so I was really tired. Mrs. Marshall was particularly time-consuming. She had cancer of the cervix that had spread throughout her abdomen. The draining fistulas around her groin area necessitated frequent dressing and linen changes. It was close to the end of my shift, and as I changed her bed and tucked her in, I managed a quick "bye" and hurried out of the room, anxious to go home. She called after me, "Thank you,

Jane. Take care of yourself." I replied, "okay, I will," and rushed down the hallway.

After I'd taken about 20 steps, I stopped. Something was wrong. It wasn't what she had said — it was how she said it. Mrs. Marshall was trying to tell me something. I went back to her side, took her hand and said, "You're saying goodbye, aren't you." She said that she knew her death was near and that she wouldn't see me again, but she wanted me to know how much my care had meant to her. I thanked her, too, for all that she had taught me about life and death. Then we said a proper goodbye.

The next morning when I went to her room it was empty. I would have been so sad if I hadn't heard her message.

HIDE-AND-SEEK

Like children in the garden,
we play hide-and-peek with our words.
I hide, you seek.
You seek, I hide.
Back and forth we go.

Why do we play this game?
We really have no choice.
We need a cushion, a cloud around our words.
It keeps them from bumping into our emotions,
and breaking them to bits.

Silent messages encoded in actions

Cindy recounted situations in which she believed her actions transmitted powerful messages to her patients and the family members. In Cindy's estimation, silent messages can be encoded in nursing actions that communicate meaning more adequately than words can:

Sometimes what the nurse does and how she does it communicates so much to the patient and family. When a patient is close to death for example, the family focuses on the small physical things like uncut toenails, uncombed hair, or wax in the ears. I make sure these things are all taken care of. It doesn't do much for the patient, but it reassures the family that all that can be done is being done and that I care about the patient.

In our conversations the nurses often referred to the importance of how they perform their work. They talked about being confident in their actions, meeting the patient's needs quickly, keeping the work environment neat, and keeping "inappropriate" staff behaviour out of the sight of patients. The major reason for this concern about how the care is delivered is summed up in Lana's comment:

The patients and their families are always watching us. They determine how good we are by how we do things. How you do your work tells them a lot. They don't know if you are doing a procedure correctly or not, but they do know if you are working confidently. We want them to have confidence in us. We have to show them by how we meet their needs that they can trust us — that they matter to us.

Another exemplary nurse, Peter, said, "Doing the little things like folding their pajamas and putting them away in the morning,

remembering to warm up their milk if they like it that way, bringing them two different flavors of jam to choose from — it might seem trivial, but it is critical.”

This field note describes an example of Peter and his colleague being mindful of the small details in their care and the message this communicates.

The patient is a very elderly Oriental lady. She is unable to speak or understand English. Today she is dying. They tend to her often, making sure she is comfortable. They select the prettiest nightgown from the hospital collection, a blue flowered one that complements her complexion. They choose one with long sleeves (because she is always cold). Every time they turn her, her hair is combed, her mouth and eyes are moistened. She is too weak to drink from a straw, so a few droplets of water are gently placed on her tongue. All of these actions are done with such gentleness. Their hands don't make a sound as they move from task to task.

During a conversation, Marie commented:

I try to make my patients feel like they are the most important people in the world to me for the moments that I am with them. That has been my goal. It's the little things that make patients feel important — like the way you enter a room is important. I consciously slow down my pace as I go through their doorway. I attend to their needs in short order, not waiting to be reminded. If I can I anticipate their wants, like an extra pillow or a glass of juice, it makes a big difference to them. What I do and how I do it tells them so much.

Julie talked about the importance of another silent action:

I try to always keep promises. If I say I'll be by to make their bed at 1000 hours, then I'm there at 1000 hours, not five minutes after. If I get busy, I stop by and tell them I will be delayed.... It tells them that they are important to me.

In all of these examples, the nurses are transmitting silent messages to the patients, messages that are encoded in their actions. The nurse's actions are observable by the patients, whose interpretation of their actions may affect the nurse-patient relationship in many ways.

Because nursing work involves two-way communication, patients also transmit silent messages in their actions. Cindy told me this story about an elderly Russian gentleman:

He couldn't speak a word of English. I had just finished making him a cup of tea because he loved tea with breakfast, and the kitchen staff always sent him coffee. When I brought him his cup, he didn't say anything — he just reached right up and kissed me.

THE KISS

When you meet my needs
you tell me that you care for me.
That even though I'm old and sick
I still have value,
I still have worth.
I kiss you.
It's the only way I have to say
I treasure what you do for me.
You keep me whole.

Cindy's example, like many of the others in this chapter, illustrates the two-way nature of silent communication. Silence is used by both the patients and the nurses during their encounters. In this way, it is a dialogue of silence.

REFLECTIONS ON THE DIALOGUE OF SILENCE

Each of the qualities of silence suggested at the opening of this chapter — purity, precision, and perfection — are discussed in the following reflective summary.

The purity of silence

Words are often not what they seem and are sometimes used to camouflage what is actually felt. From the observations and interviews, as well as my past experience, it appears that silence provides the purest form of communication.

Wordless messages are not likely to be interpreted in any way by the sender before they are sent. When we use words to communicate, we are in a sense analyzing our own thoughts before sending them. To put a feeling into words, we usually first think of what we are trying to say and then of how it can be phrased. We may decide to couch, or limit, the expression of our true emotions, needs, or thoughts by the words we choose. However, when we send a message in silence, it is uncontaminated by words that are open to misinterpretation by the receiver, or limitation by the sender.

Silence does not have to be used alone. It is often combined with other non-verbal and verbal forms of communication. Doing so does not diminish its purity and may sometimes increase its effectiveness, such as when silence is combined with appropriate touch. At other times silence is best left unadulterated and untreated, just whole and real.

Silence is precise

If we were to depend on words alone to communicate our needs, fears, hopes, and feelings, not only would our communication be susceptible to inaccuracies, it would be slow. Words are often not efficient; they may be imprecise and awkward. It frequently takes many words to convey a single emotion, and then, when one's feelings are put into words, they can be misinterpreted.

Alternatively, a silent moment can convey a myriad of emotions — precisely, quickly, and accurately. Jane, in analyzing a narrative she had written, said, "Silence is more filled with communication than words can ever be."

Not only are words often inadequate and lacking in precision, they can be destructive to the nurse-patient relationship. Phrases like, "It will be okay," "I know how you feel," and "Don't worry," are not only ineffective, they can convey a message that is the antithesis of what the words are meant to say. When we were discussing this notion, Moria commented,

When I'm tempted to say something like, "You'll be fine," an alarm goes off in my head and I just shut up. Saying, "You'll be fine," is like saying, "I really don't care about you or your situation. I'm uncomfortable with you sharing your feelings with me. I don't know how to answer you. Please stop talking." It doesn't do the patient any good at all. You are better off saying nothing.

SHARPENED WORDS

Words between us are few.
 But the words we do share,
 these words are like arrows,
 sharpened by the silence.

Blondis and Jackson provide a succinct summary of how a nurse's actions without words can communicate with great precision.

It does not take a lot of words to tell patients you really care. You tell them best by going directly to them as you enter the room, staying close to them, physically touching them, and asking them with your eyes what their needs are.⁴³

Silence is perfect

Silence is a vessel for carrying messages. It is limitless in capacity, and nearly always free of defects. In silent messages, there is little of the message lost. The silent meaning goes by a direct route, from the mind of the sender to the mind of the receiver. It is not filtered first through a mesh of imprecise words. Although non-verbal gestures can be deliberately performed and are open to misinterpretation, silence is largely exempt from these frailties. Silence takes non-verbal communication to a higher level of interpersonal exchange.

Silence is especially effective for transmitting feelings and emotions, things that we do not have words for. Compassion, acceptance, and support are communicated best by silence. In an emotionally laden environment, these communications are frequently necessary, and often the words we have available are too limited to communicate such subtle and intense meanings and messages.

When silence is used constructively, the nurses can have stronger ties with their patients. Physiologically, psychologically, and spiritually there are times when patients need silence. If the nurses can recognize these times, they can be very effective caregivers. Silence gives patients, their families, and the nurses what they are often lacking in the very public environment of a hospital: privacy and psychological space.

In silent moments, the spirits of both the patient and the nurse can be nurtured. Perhaps perfect silence can be the ultimate encounter

between nurse and patient — as Watson suggests, an opportunity for the restoration of the human dignity of both the care-provider and the care-receiver.⁴⁴

Taylor writes, “Silence is not void, but productive...silence rings.”⁴⁵ Caputo, in like vein, asserts that to “hear what is spoken in silence, all voices and sounds must be put away and a pure stillness must be there, a still silence.”⁴⁶

Such silence is crisp, clear, and pristine. Creating a space where stillness can be found provides an atmosphere where patients are listened to and understood, where messages are sent and received unblemished by the static of the airways. For this to happen, the nurse must have the self-discipline, combined with awareness of self and situation, to remain appropriately silent.

Jane shared this story of her discovery of the impeccability of silence.

It was such a cold February day. My patient had just died. The family hadn't made it in time. I felt so sorry that I did not call them sooner. As they arrived on the elevator, I greeted them without words and took them to the bedside. We stood huddled together in silence. I remember thinking at the time, “My God, it's so quiet. This is so good. This is just what we need.” In the privacy of our own thoughts, we were each able to come to a realization of the meaning of the loss for each of us.

PERFECT SILENCE

Someday,
after we understand
the genetic code of all life forms,
the components of all universes,
the intricacies of all human interactions,
we will understand and use silence.

Then,
for the second time
in the history of the human race,
we will have learned to fly.
