

Dr. Martha Norkunas

Hospice Work and Oral History

A good friend of mine who is involved with hospice asked me to do an oral history interview with one of their patients. The woman felt that she had to tell her story before she could die. I agreed to do it as a favor to my friend and did not receive any payment. I later realized it was a great gift; I did it because of our shared humanity.

I have been with a number of close family relatives as they died, so I was not afraid to sit with a dying person. She was in her bed at home, and her family members were in and out of the room; there was also a hospice nurse in the other room.

I had expected that she had a burning story to tell, and that is why she requested an interview. I came prepared to record the story I assumed she had in her mind. When I arrived I realized she was heavily medicated (morphine and many other drugs), and she drifted in and out of alert consciousness and memory. I also soon realized that she did not have a prepared story to tell. She simply couldn't talk about her life experiences as ordinarily happens in an interview.

Her mother and former husband were there, so in addition to asking her about life events, I talked about the dying process with her, and with them, on tape. She asked me to return the next day when her 21 year old son was there. Again, she did not have organized things she wanted to say, and waited for me to ask questions. I've done a lot of oral histories, so I brought up what was clearly uppermost on everyone's mind. It didn't only seem the logical thing to do--it seemed the only thing to do. I had also just finished interviewing women whose mother's died of cancer, so I was thinking about difficult questions relating to death.

On the second day, now knowing what the nature of the interview setting was like, I asked she and her son to share memories of moments that were important to them both. They told of travels they'd taken, family events, etc. Then I asked them each to talk about her dying process, what he would miss, what she would miss, where they thought she was going, if they thought they could communicate when she died, what her hopes for her son were, what kind of person she wanted him to be. I was exhausted after the two days of interviews (each day I was there for about 3 hours, and actively interviewing for about three quarters of that time). Both days were stunningly beautiful but the second day was particularly moving.

I am very clear that I am not a therapist, but it was also clear that it was only because I was there, with a tape recorder, asking questions, that they could talk, really talk, to each other. A friend who is a psychotherapist and an oral historian recently told me that in the end it is all about being able to tell one's story, and make meaning out of it. The hospice nurses aren't therapists either, and I daresay we oral historians have heard more stunning life history revelations than they have, or certainly as many. There is a novel by Pat Barker called *Another World*. In it the oral historian knows things about an old man that no one else knows (he's told her in an interview, but he hasn't told anyone else). When he

dies, it is she that he wants to see in the last moments. I believe we can play a profoundly moving role in a person's life by listening and asking important questions.

My advice: realize the person may be heavily medicated so that the rhythm of talking will be dictated by morphine; realize that it is death and dying, as well as the life they led, that they may want to talk about; know that this may be an opportunity for the family to share in the stories of the person's past AND that it may be their chance to say things they need to say to the dying person; realize that every person who enters the room is emotionally raw. I have not received formal hospice training, although I worked closely with hospice nurses when they took care of my beloved family members when they died, so I am familiar with the hospice approach to death and dying. It may be wise to go through the hospice training program in preparation for doing interviews. There is also a wonderful book by a hospice nurse called Final Exits, which describes the coded language many dying people use to communicate.

Martha Norkunas, Ph.D.
Head of the Project in Interpreting the Texas Past
Department of Anthropology and
Office of the Vice President and Dean of Graduate Studies

The University of Texas
Austin, Texas 78712
m.norkunas@mail.utexas.edu

© Martha Norkunas

www.oralhistory-productions.org