

The Shot That

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The Shot That Nearly Destroyed a World

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Her baby was upstairs sleeping soundly in the new apartment. Their belongings were still in boxes because the record-breaking August heat wave made the top floor apartment unbearably hot during the day. But living out of boxes was better than the past few months of living at home again with mom. It was cool outside now as she sat on the dimly lit front steps with a young man who lived in the 12-flat next door. She had met him that evening while sitting outside with other building residents.

It was 1 a.m. and only the two of them remained outside idly talking. (tr) She was just going to say good night when her estranged husband drove up in his car and called her to the curb. After a brief exchange of words over a pending divorce, he yelled he was going to kill her. She remembers starting to laugh.

On August 25, 1983, Tina was shot at close range three times in the chest and once in the left forearm. Her neighbor was shot once in each leg as he ran to help a woman he had just met. Tina did not even know his name. She was rushed by fire ambulance to the local hospital. The bones in her lower arm were literally blown away and her wrist hung askew. The emergency room physician, realizing that Tina needed immediate expert micro-surgery, arranged transfer to Presbyterian-St. Luke's Emergency Room. Our staff was notified to prepare for a major orthopedic trauma patient with probable vascular and nerve involvement.

However, minutes before Tina left the local hospital, its staff heeded her pleas to look at her chest; she had terrible pain in her chest. What they saw were three bullet entry sites and no exit sites. The skin

edges were black and necrotic from the powder flash of the gun barrel. The transfer proceeded, but as an oversight we were not notified of Tina's chest wounds.

On arrival at our emergency room, Tina was tachypnic and the growing hemothorax was threatening total collapse of her left lung. Chest tubes were inserted, blood transfused and Tina was stabilized and rushed to the surgical intensive therapy unit.

Three weeks, two operations, and one near nervous breakdown later Tina returned to her apartment, against the advice of her civil attorney and health care providers, to finish unpacking. Her husband was free on bail after spending one day in jail.

During the first week of Tina's hospitalization, she would cry for hours and would adamantly refuse to see her mother and three year old daughter. The nurses were concerned and called social service. Their patient was "beginning to hallucinate and act crazy. What 'normal' mother would refuse to see her daughter?"

Tina's world, as she knew and functioned within it, was literally blown away by a man she once loved and still cared about. At 21 years of age, she now faced life with incision scars, three bullet holes, and two chest tube holes scattered over her chest. Her left hand was still there, held together by plates and screws, however, the nerves were somewhere among the blood on the pavement in front of her apartment. The pain in her right hip at the bone donor site was the absolute worst.

After each pain shot, she would feel "crazy" and see things that she knew were not real. While her room and her life spun crazily in her head,

the nurses kept after her: "You have to turn and cough; sit up now. Good, now walk. Why don't you want to see your baby?"

The control over Tina's life was so complete she could not even urinate on her own. For days they refused to take the catheter out of her bladder. So Tina did what she could still do well; she cried and cried and could not stop crying.

Without question, Tina was experiencing an acute situational crisis. Her sense of biological, psychological, and social integrity was shattered. While the loss of any one of the above senses may precipitate a crisis, Tina was experiencing disequilibrium in all three areas.

To use Aguilera and Messick's (1982) model, Tina was experiencing deficiencies in the following balancing factors:

1. adequate perception - Tina believed that her being shot was her fault. She never should have ^{gone} ~~went~~ to talk with her husband.
2. adequate network - Tina was reluctant to utilize her mother because she feared her husband might harm her.
3. adequate coping mechanisms - Being shot, especially by her husband, was an event she had never conceptualized. Nowhere in her repertoire of coping mechanisms could she initially find one that even remotely applied.

Resolution of her crisis began with the support of social service and increased awareness by the nursing staff of Tina's crisis. While I briefly met Tina the night she was triaged to our emergency room, my in-depth intervention began during her second week of hospitalization. The acute crisis phase was tenuously resolved and Tina was utilizing some very pronounced coping mechanisms.

She was able to accurately and unemotionally describe to me the details of the shooting. She described the crime as if it happened to someone else. The coping mechanism of denial was used in other ways as well. Tina was told about the severe nerve damage to her left hand, but she still verbalized high optimism that her hand would be normal. While I did not feed into that optimism, I also did not try to force her to face a reality that could be addressed at a future time. Tina was able to talk about the dangers of going back to her apartment while her husband was free on bond, however, she rationalized her decision by insisting that she would "not be stupid a second time."

Although Tina's decision to return to her apartment was unwise from my perspective, it was her decision, one I had to accept and respect. Tina's need to regain control of her life was paramount. Therefore, my intervention consisted mainly of referrals to Tina and her civil attorney. In an effort to avoid future crisis, Tina and I spent considerable time creating scenarios of her seeing or meeting her husband. Together, we identified survival tactics, police involvement techniques, family supports and community resources.

*nic job - also
very creative ways
of writing this up.
I'm impressed -
the ~~expectations~~ coordination
of efforts focused
on intervention.*

Reference

Aguilera, D. C., & Messick, J. M. (1982). Crisis intervention: Theory and methodology (4th ed.). St. Louis: C. V. Mosby.