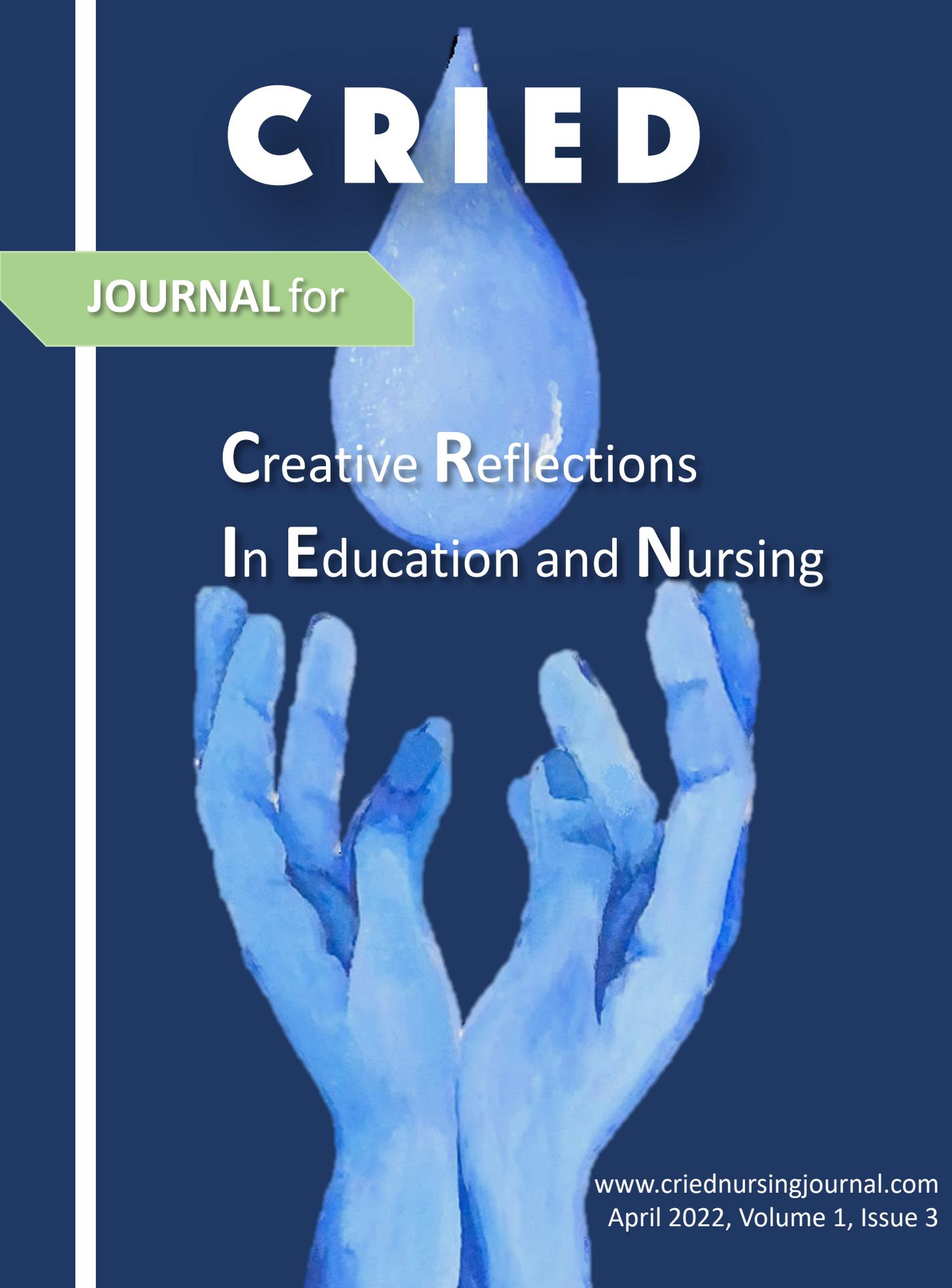


# CRIED



JOURNAL for

Creative Reflections  
In Education and Nursing

[www.criednursingjournal.com](http://www.criednursingjournal.com)  
April 2022, Volume 1, Issue 3

- 3 Editor's Note
- 4 Editorial Board
- 5 Journal Aims and Scopes
- 6 Submission Guidelines

## Articles

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- |    |  |    |  |
|----|--|----|--|
| 7  | <b>Maleficent Mentoring:<br/>Prisoners Do Not Deserve<br/>Compassion</b><br>Kristina Leyden, PhD | 18 | <b>Hurt</b><br>Isabel Arana, SN              |
| 9  | <b>Guided Reflections</b><br>Sydney Parchman, RN   | 20 | <b>Only They Know</b><br>Letso Okoroafor, SN |
| 12 | <b>TICU</b><br>Abigail Pennington, RN  | 23 | <b>Hope</b><br>Austin Tomy, SN               |
| 14 | <b>Chance</b><br>Maria Squier, RN  | 25 | <b>Stigma</b><br>Isaabella Peckham, SN       |
| 16 | <b>Digging a Grave</b><br>Sophia Weedman, RN   |    |  |

## EDITOR'S NOTE

*Dear Readers,*

*Welcome to issue 3 of our Creative Reflections Journal. Enjoy the selections for this issue. Our future issues will include expanding our capacity to higher levels of understanding. We have invited our graduate nursing students to share their scholarly work. We hope you enjoy this issue and the ones to come! We promise to enlighten you soul!*

*Drs. Kristina Leyden  
and  
Lucindra Campbell-Law*

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CRIED NURSING JOURNAL

  
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## AIMS AND SCOPES

CRIED NURSING JOURNAL is a peer reviewed and open access journal. This journal is aimed at providing a platform for sharing meaningful experiences. This is the first journal of this kind that covers all aspects of personal reflections. It seeks to be one of most innovative open access outlets.

This journal does not limit content due to page budgets or thematic significance. Submissions are subjected to rigorous peer review and are selected based on meeting the submission criteria as a reflective piece.

### Target Audience

Educators, therapists, nurses, nurse practitioners, and students in those disciplines, nurse practitioners, nurse managers and executives, as well as related disciplines such as healthcare administrators, nutritionists, psychologists, physician assistants, etc.

### Article Types

Original creative works, creative scholarship, reflective experiences, letters to editor, and commentaries.



# SUBMISSION GUIDELINES

## **For CRIED Nursing Journal Authors:**

CRIED Nursing Journal publishes peer-reviewed original creative works, creative scholarship, reflective experiences, letters to editor, and commentaries.

All work are accepted for consideration with the understanding the work is original and that any work has not been published previously. All work will be reviewed for originality. Any work found to plagiarize will be prohibited from publication.

If a work has multiple authors, the work is reviewed on the assumption all authors have granted approval for submission and any correspondence will occur with primary author. All works are subject to peer review. All work will be judged on quality of the work and audience suitability. Questions should be sent directly to:

[Editor@CRIEDNursingJournal.com](mailto:Editor@CRIEDNursingJournal.com)

## **Manuscript Preparation**

Written work should be submitted in a word document. If work includes references, manuscript should be in standard form according to the Publication Manual of the American Psychological Association (APA), 7th edition (2019). There is no minimal length required. Any written work should not exceed 15 pages.

All work should include author names, credentials, titles, and any affiliations for all authors. Any acknowledgements should be included.

Written creative submissions should include a separate summary explaining the creative piece and the impetus for the creative work.

Visual work should be submitted in a high-resolution jpeg or png format. Visual work should be submitted with written work explaining the submitted piece and the impetus for the creative work.

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## Creative Reflections In Education and Nursing Journal

### Maleficent Mentoring: Prisoners Do Not Deserve Compassion

**Kristina L. Leyden**

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#### Article Details

Article Type: Editorial

Published Date: 30 April 2022

Corresponding Author: Dr. Kristina Leyden, Carol and Odis Peavy School of Nursing, University of St. Thomas, 3800 Montrose Blvd, Houston, TX, 77006-4626, United States.

Email: [leydenk@stthom.edu](mailto:leydenk@stthom.edu) Citation: leyden K, (2022). Maleficent Mentoring: Prisoners Do Not Deserve Compassion. *CRIED Nursing Journal*. 1(3).

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#### Abstract

*Maleficent Mentoring* is a series of satirical letters from a master professor to a novice professor taking on the reins of educating nursing students. The series was inspired by C.S. Lewis' *The Screwtape Letters*. Like *The Screwtape Letters*, *Maleficent Mentoring* is written in an apologetic and epistolary style. It is entirely satirical in nature. The letters are a correspondence between the two characters with the senior nursing professor mentoring this new professor. The characters and mentorship are used to address the notion of "eating our young" and address morals and ethics in educating nurses and patient care. Like C.S. Lewis' initial release of his letters, this too is released in each journal volume. All contents are fictional. All illustrations are original.

*Keywords:* education, nursing, coaching, mentoring, satire, ethics, morals, creative reflection

Dear Professor Persephone,

I am writing to discuss your upcoming clinical rotation in the prison. This is the perfect place to be drowned with such an evil essence of humanity. Harness that essence and project it onto the student. You must be covert! Be quiet in your demeanor so the student does not know your intent. All the while you will project your disdain for such persons. After all, they are a humanity who deserves no mercy or forgiveness. Remember, these are the lowest of the low-life and you must do your best to covertly share this view to the unsuspecting student.



This is the most wonderful opportunity to express to the students how those incarcerated do not deserve good health-care, much less, healthcare at all! After all, they did it to themselves and they must be punished in all aspects. When the student needs to give an injection, hand the student the large bore needle. The student will not dare to go against the wise-professor. This will be the beginning of a beautiful decline in the student who will now begin to judge all of humanity for their actions. This will help harden their fragile hearts and put them on the road to complete detachment of patients, man-kind, and themselves.

Let me know how it goes!

Affectionately,  
Master Mavolia



## Creative Reflections In Education and Nursing Journal

### Guided Reflections

Sydney Parchman, RN

#### Article Details

Article Type: Creative Work

Published Date: 30 April 2022

Corresponding Author: Sydney Parchman, RN

Citation: Parchman, S. (2022). Guided Reflections. *CRIED Nursing Journal*. 1(3).

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During my time at Texas Children's Hospital I was able to do my rotation on the pediatric oncology floor. One of the patients that really stood out to me was an adolescent female who had recently been diagnosed with acute myeloid leukemia (AML). AML is characterized by the overgrowth of abnormal white blood cells in the bone marrow that overcrowd the normal, healthy white blood cells typically produced in the bone marrow (Acute Myeloid Leukemia (AML), n.d.). The result of AML is difficulty fighting off infections. She was admitted only days before I arrived for my rotation and during my 12 hours on the unit, had been told about her definitive diagnosis of acute myeloid leukemia. I was shocked at the resilience and calmness she was demonstrating after hearing the news about her diagnosis, but most notably, was her reaction of maturity to the situation.

I chose to use symbols in my collage/drawing that created a contrast of what life for a 13 year old is like cancer-free, and what her life is about to

become. I wanted to show the loss of innocence and the presence of her “new normal”, which will include chemotherapy and other cancer interventions. The background of my piece includes two photos side by side of histology. The histologic image on the right is a slide demonstrating leukemic cells. The histologic image on the left is a slide of normal cells from the bone marrow that would negate a diagnosis of AML. On the right side of the image is an orange daisy, which represents the color of the leukemia awareness ribbon. The daisy represents innocence and purity, which also represents childhood. I combined the color orange and the daisy to represent childhood leukemia, which is a major part of the patients “new normal”. On the left side is a purple lilac. The lilac also represents innocence and purity, which I believe are additionally symbolic of childhood and the life she is going to have to put on hold for the time being due to her cancer. I chose a purple lilac because the color purple is the patient's favorite color, and also

represents the words cheerful, whimsical, and playful. These words make up certain aspects of childhood that seem to have been robbed from this patient. In the middle of this piece I have two bald heads overlapping each other.

The bigger head is dark purple and vibrant, which represents the patient prior to her cancer diagnosis, encompassing the words “the old me”. The smaller head is the patient post cancer diagnosis and is a less vibrant purple, which represents the dimming of her internal vibrance due to her aggressive treatments for cancer. Within the smaller, lighter head are several things; the first is an IV line that represents her chemotherapy. The second image in the smaller head is a pair of holding hands, which symbolize the patient and her support system - her family. The hand with the orange ribbon bracelet is the patient, and the hand with the heart bracelet is her support system. The third is a pill bottle with pills inside of it. Each pill has a word on it, including: “fear”, “pain”, and “anxiety”. These words represent the feelings I would assume may be felt throughout the course of this drastic life change for the patient, especially at this age. Overall, the symbolism in my piece was meant to demonstrate the stark change in what the patient's old life was and what her new life is now. I believe that a lot of the emotions outlined in the pill bottle are likely going through her head, or will be experienced at some point during her battle with this disease, but many adolescents have a difficult time expressing their emotions in a healthy way because of a sense of invincibility and wanting to avoid feelings of being vulnerable. Instead, they often bottle up their emotions and keep them inside their head - hence the emotion-pills being bottled up and placed within the space of the head on my piece.

This project was very meaningful for me, as I dealt with a life-changing health issue when I was the same age as this patient. I didn't have cancer, but I was hospitalized and then further put into a treatment program for anorexia at age 12. I remember feeling like my childhood was being put on hold and like I was forced to grow up too

quickly; I can imagine this is how this patient feels as well. I feel like because of my past experiences, I understand that although someone looks like they are handling the shift in their life well, they might not feel that way in their head. Bottling things up inside is not a good coping mechanism, especially as an adolescent, because this can ultimately lead to a negative outcome. Processing the emotions of fear, anxiety, sadness, and loss of normalcy, are crucial in managing a chronic health condition and maintaining hope throughout treatment. This project was reflective of my experience at Texas Children's, but it was also therapeutic for myself. I have always wanted to forget about the time I lost a year of my childhood because of treatment, but that is not something that I can just move on from, largely because it helped shape me into who I am today. By facing my fears and thinking back to the time I was in treatment away from my normal adolescent life, I was able to better connect with this patient and empathize with her process. I really enjoyed this project and feel like I was able to gain more than I expected.







## Creative Reflections In Education and Nursing Journal

### A Knitted Life

Daniela Flores, SN

#### Article Details

Article Type: Creative Work

Published Date: 30 April 2022

Corresponding Author: Abigail Pennington, RN

Citation: Pennington, A. (2022). TICU. *CRIED Nursing Journal*. 1(3).

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In the didactic portion of this course, we learned about how to take care of children in all settings, whether it's a well child check-up or acute care. We learned techniques to better communicate with children, and their families, and how pediatric care differs from adult care. We learned about the different disease processes, and how standard things like vitals are different in pediatrics. We learned about the most common childhood illnesses, infant care, toddler care, school age care, and adolescent care. We were versed in childhood growth and development, and the standards/milestones for each of them. In the hospital setting, all of these concepts are intertwined in the care that each child receives, and it helps tailor the care to individual children.

Working in a children's hospital versus a standard hospital is a whole new world. Not only are you likely going to work with tiny humans, but you are also going to have to work side by side with their parents.

Working with parents can be a challenge of its own sometimes, but it can also be helpful, because they know their child best and spend the most time with them. Just like the tiny humans who don't understand what is going on around them, parents also don't understand sometimes, and emotions can get the best of them in stressful situations — sometimes it just makes the job harder. Both of the children I worked with were on contact precautions for different reasons. The little girl was from foster care, and the little boy was there with his twin brother — though they were in separate rooms. The foster mom for the little girl hadn't got to spend any time with her outside of the hospital, and the little girl had been in there for 72 days. It was hard to hear how long the girl had been in the hospital, and it was evident that there were some developmental delays due of it. She had gone through multiple surgeries, including a liver transplant, and was unable to be discharged due to a severe opportunistic upper respiratory infection from the immunosuppressants she was taking. The little boy

and his twin both had hydrocephalus, and also caught an upper respiratory infection that resulted in a tracheostomy and ventilator support. Most of the time the children were happy and playful, but you could also tell how tired their little bodies were

from the constant battle. I would be lying if I said that seeing these children surrounded in tubes, and wires, fighting for their lives didn't emotionally affect me.

### TICU

Little gowns covered in dinosaurs, droplet precautions on the doors  
Smiling faces and welcoming vibes, little children equipped with pic lines  
Transitional intensive care unit, little children fighting to get through it  
Breakfast, the most important meal of the day, IV tubing and wires get in the way  
Monitors beep and children scream, parents hoping it's all a bad dream  
G and J tubes in every belly, medications that are thick as jelly  
Two children per nurse, a little girl with her pink pony purse  
A little boy and his twin brother, amazing how they look just like one another  
Little fingers and little toes, and upon their face a perfect little nose  
Diapers here and diapers there, goodness there are diapers everywhere  
Little hands reach out for mine, good thing I remembered my gloves this time  
Stacking blocks and plastic toys, overflow the rooms of little girls and boys  
Lunch is near I can feel it in the air, given through the kangaroo for added flair  
Hair pulling and face slapping, man kids can give a good whacking  
"Time for naps" they say, but the children just want to play  
Some will cry and some will sleep, some don't even make a peep  
The end of my shift is coming up, room 11 just threw up  
Paper towels and sani-spray, just to keep the germs at bay  
The time has come, my shift is over, out through the doors painted green like a clover



## Creative Reflections In Education and Nursing Journal

### Chance

Maria Squier, RN

#### Article Details

Article Type: Creative Work

Published Date: 30 April 2022

Corresponding Author: Maria Squier, RN

Citation: Squier, M. (2022). Chance. *CRIED Nursing Journal*. 1(3).

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The reflective illustration depicts my emotional processing of witnessing a young first-time parent dealing and adjusting to his new reality of the medical complications and interventions of his young daughter.

The drawing contains a dialysis red vine-like web coming out from the patient. The vine illustrates fragments of their challenges and gentle swirls, demonstrating the child's tenderness and parenthood. The profile of Mexico symbolizes the parent's necessity to leave a life they once knew in Mexico to provide a fighting chance to their daughter. After suddenly falling sick, the patient came to the Texas Children's Hospital to determine what is going on.

In their stay, they discovered a myriad of issues that needed to be addressed to improve the patient's health. The young patient required a liver transplant, growth hormone deficiency therapy, was diagnosed with chronic kidney failure and

atrioventricular septal defect. The red liver outline in the drawing represents how swiftly the daughter was able to obtain a liver transplant. After the transplant surgery, the daughter acquired pneumonia while at the hospital and needed to be intubated. She was finally able to recover and be discharged. The red calendar created by the red vine represents the slow road to recovery and a new normal of dialysis appointments, medications, and constantly suctioning the tracheostomy.

In the drawing, the weary father is accompanied by a medical staff member of the Texas Children's hospital, expressing compassion for the father. The team's kindness and expertise provide a chance and hope in a rather emotionally stressful situation.

It is not easy to express and represents my thoughts of that day. Did I feel sorry for the young child who has gone through so much? Yes. However, I felt sincere sorrow for the young parent. For I can only fruitlessly imagine in what emotional and financial

situation, they are going through. One can imagine their happiness and promises of starting a family and slowly being twisted and corrupted by the never-ending hospital stays, medications, and treatments. For their circumstance might be grim and gray, there is always hope.

The patient's story reminded me of my family and the purpose why we came to Texas. For that reason, my illustration and emotional reflection have been focused on the parents rather than on the patient.

That day I was an outsider looking in through a small window to view the battles my parents had to encounter and push through to help my brother. It is not an easy journey to leave a whole life behind, learn a new language, financially struggle to provide healthcare opportunities to one's child while attempting to quickly understand the cultural and social norms of a new country. My heart goes to them, and I genuinely hope that in this time of uncertainty and volatility they find a way through it.





## Creative Reflections In Education and Nursing Journal

### Digging a Grave

Sophia Weedman, RN

#### Article Details

Article Type: Creative Work

Published Date: 30 April 2022

Corresponding Author: Sophia Weedman, RN

Citation: Weedman, S. (2022). Digging a Grave. *CRIED Nursing Journal*. 1(3).

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During my clinical day at Texas Children's Hospital I had the pleasure of following a nurse preceptor in the Pediatric Intensive Care Unit. My nurse preceptor only had two patients because each had extensive needs. One of the patient's situations has resonated with me since that day. The patient was 6 months old and was brought into the emergency room after an "accident" claimed by the parents. The baby presented with trouble breathing and an altered level of consciousness. After further investigation the doctors concluded that the baby is a victim of shaken baby syndrome. This broke my heart to hear that the baby's condition was completely preventable and due to the parent's inability to control their anger their baby will likely never wake up. The baby was then put in a coma and on a ventilator because they can no longer function on their own. When I was asking my nurse what the patient's path to discharge is, she told me that essentially they are just waiting for this baby to pass away.

The clinical problem presented in this situation is the interactions between the parents of the patient and the healthcare team. The parents had no interest in their baby's condition and rarely came to visit. Due to a court date coming up soon, the parents would call every once and a while just to put it on the record that they called. The nurse explained to me that it is hard to interact politely with parents who have hurt their own child but it is not our job as nurses to accuse or shame parents for their actions. At the same time, nurses are patient advocates so we do need to act in the best interest of our patient. This balancing act is difficult and I can easily see how it requires a well trained nurse to be able to navigate these types of situations.

My painting served to display the relationship between the baby and his/her parents. In the painting, the baby ripped out flowers from the garden to please his/her parents. The parents then come out to the garden and see their child has

“destroyed” their garden and go to punish the child. It is not right to punish the child because they didn’t do anything wrong nor intentionally tried to upset their parents. This represents the situational abuse the baby endured for the harmless act of being a baby and having needs.

In the painting, the parents are not holding hands but instead their hands connect only to hold the shovel to show the lack of family and connection. The shovel in the painting is used to show the parents were going to the garden but the deeper meaning is that the parents are “digging” the child’s grave through their abuse. The parents' bodies are painted in black because of their lack of compassion and love while in contrast the child is full of color to represent love and life that they were

full of. This piece of art is used to represent the pure intentions and life of the baby and how the parents have taken that from their child.

Doing this project really made me reflect on this patient’s situation as well as victims of abuse everywhere. Unfortunately, as nurses it is likely that we will come across victims of abuse. It is hard to know that we cannot protect everyone from harm, but we can promote healing. This is done not only through physiological needs but psychologically as well. As nurses we must work to heal the mind, body, and soul of our patients. Through holistic nursing we can provide support and love that some of the patients have never had the opportunity to experience.





## Creative Reflections In Education and Nursing Journal

### Hurt

Isabel Arana, SN

#### Article Details

Article Type: Creative Work

Published Date: 30 April 2022

Corresponding Author: Isabel Arana, SN

Citation: Arana, I. (2022). Hurt. *CRIED Nursing Journal*. 1(3).

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This clinical experience was unlike the others I have been through so far. There is a distinct difference between the focus of care on a behavioral health unit versus a med surg floor, for example. The focus was on something that cannot be seen physically, but only witnessed and observed. This is a challenge because careful attention has to be placed on the individual behavior and what is “normal” for them, what is an improvement for them, or what could be a sign of their condition worsening. It takes an adjustment because your approach varies from person to person in the way that they are spoken to, cared for, redirected, and so on. The nurses on these units seemed to be experienced with how to switch tones and interventions depending on the reaction of the patient. They seemed to be mindful of any subtle change within their patient and they would know how to intervene before the patient could further deviate. I noticed during my rotations that many of the patients that were in the hospital had co-occurring conditions like a bipolar disorder along

with substance use disorder as well as a prevalent occurrence of having endured a form of trauma. This in itself is a barrier to care, because if the patient is getting care for one issue and not the other, it seems that they will not be able to function as well as they could. For example, we learned that many of those with mental health issues struggle with substances. Therefore, to control the substance use, they would also have to get help with their mental health issue. However, there is a stigma surrounding mental health as well as substance use. From an outsider’s perspective, or one that doesn’t fully understand mental illness, it might seem like the patient can just “get over it”. As if it is only “mental” and the patient should be able to simply “not think like that”. At closer observation, possibly by spending time with these individuals during clinical, there is no denying that their problems are real. The hallucinations they may hear, their feelings, their experiences that led them there are real and should be dealt with accordingly. This was my biggest take-away from this clinical experience.

To understand what the individuals are going through, to look through their lens and not discredit what they are feeling or going through. They are people and not just a diagnosis. This is valuable not just in a behavioral health setting, but in all clinical settings as well as something I will use in my personal life.

In this clinical setting, I was finally put to the test to see if I would be able to set aside my own feelings regarding something that came up in clinical. I have experienced loved ones struggle with substance use and it is something that still affects my life every day. Therefore, when learning about it in lectures

and being confronted with it during clinical, I had to come to terms with my own feelings about it. I feel that I was successful in that it didn't impact how I looked at the patients or how I spoke with them. I didn't look at them as if they were my loved ones with all the baggage that comes with that. On top of it all, I have improved my use of therapeutic communication and I practiced using different techniques to get the patients to talk to me about their experiences. Again, this is a valuable tool to have, not just in a clinical setting but in personal life as well. As a whole, this class added to my nursing repertoire a new set of skills and newfound perspective on mental issues and mental health.

#### Hurt

This class stirred up a sea of emotions

I feel the shame and the sorrow, but the guilt is the most potent

I took it as a chance to learn from my mistakes

We all lived our lives, unaware of your heartache

You see, before that night, I thought that you had a choice

I would say, "Just be strong, stop buying, you don't need it" in that dismissive tone of voice

Without knowing that your actions

Were sparked by a pain

And that you need to use just to feel okay

Since there is nothing else to gain

I will never forget your words when you called me that night

You said "Sometimes you end up breaking what you set out to fix."

Right before you let me know, I would be the one that did this

To you.

You wanted me to remember, you said they were your last words

I couldn't stand the idea of you sitting there alone

With that needle in one hand, the other holding the phone

I never drove so fast, I had to stop you from this tragedy

I was going 90 in a 45, no I wasn't thinking rationally

I thanked God when I finally made it to you

As grateful as I was, it was short-lived

Because the next thing that you asked, I couldn't comprehend

You asked me to watch as you got high, and not judge you

You were right on the verge of telling me your story

But I interrupted, I couldn't do it, and I'm sorry

I said just tell me like this, you don't need that, I'll listen

But that was the last bit, you were done; dismissive

Although I didn't get to hear you all the way through,

I understood that night that there was something more, I just knew

I learned my biggest lesson that day

That it was never a choice

You never had the tools to say, you just couldn't find your voice

And although we came from the same loving home

After what you went through, you must've felt all alone

Just know that now I'm ready to sit and to listen. I know that it'll be hard.

But I won't judge you.

I'll be ready brother, whenever you are.



## Creative Reflections In Education and Nursing Journal

### Only They Know

Letso Okoroafor, SN

#### Article Details

Article Type: Creative Work

Published Date: 30 April 2022

Corresponding Author: Letso Okoroafor, SN

Citation: Okoroafor, L. (2022). Only They Know. *CRIED Nursing Journal*. 1(3).

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As a psychology minor, this isn't my first course on mental health, but it is the very first time I've learned about the nursing side of mental health. One of the most valuable topics that I learned in this course is the importance of therapeutic communication and building trust. I also gained more insight on the intricate elements of different disorders and how treatment modalities differ from other areas. Learning about the differences in psychiatric nursing reminded me of the fact that there continues to be stigma and discrimination surrounding mental health and individuals with mental disorders. For example, there seems to be more negative opinions on mental disorders than medical conditions. This mindset may stem from the misconception that the disorder doesn't exist if it cannot be objectively observed or seen. In other words, there are many internal characteristics that we gather from the patient's feelings and personal experience that are just as important as other findings. This is why I chose to create my reflective

project on the idea that the only people who truly understand what they're experiencing are the patients themselves. The first verse of my song attempts to paint a picture of what an individual with schizophrenia may experience and the thoughts that they may have. For example, visual and auditory hallucinations represent signs of schizophrenia that patients may experience. Some patients may also express a strong desire to remove these hallucinations, hence "wishing it would leave from both my hands." The second verse of my song attempts to replicate the thoughts of a patient with depression and suicidal thoughts.

Overall, the goal of my project was to reiterate what I learned throughout the course by going back and forth between a patient's perspective and my own. The idea of recording the song in one take without any background vocals was also important to me because I wanted to emphasize the fact that mental disorders can be unpredictable and treatment plans aren't always nailed on the first try.

Music is one of the things I'm passionate about so I enjoyed incorporating my favorite hobby into this reflective piece. I hope you enjoy the song!

From the  
perspective of a  
patient living with  
schizophrenia

A million different ways to feel  
Visions, sounds, they're all too real  
But no one seems to really understand

Unexpected days on end  
It's real to me and not pretend  
Wishing it would leave from both my hands

I don't know why they seem to care  
It's frustrating to see them stare  
I can't help but wish I never came here

From my  
perspective

Before I never understood how  
But I can see it much more clear now

Only they know  
Only they know

Even though I cannot see it  
I never should doubt its existence

Only they know  
Only they know

From the  
perspective of a  
patient with  
depression and  
suicidal thoughts

This empty feeling consumes me  
Sometimes it feels too hard to breathe  
I want to scream but nothing will come out

And now they never leave my side  
I try to run, but I can't hide  
When will the voices stop being so loud?

I don't know why they seem to care  
Can someone free me of despair?  
I can't help but wish I could end it now

From my  
perspective

Before I never understood how  
But I can see it much more clear now

Only they know  
Only they know

Even though I cannot see it  
I never should doubt its existence

Only they know  
Only they know



## Creative Reflections In Education and Nursing Journal

### Hope

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#### Article Details

Article Type: Creative Work

Published Date: 30 April 2022

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Citation: Tomy, A. (2022). Hope. *CRIED Nursing Journal*. 1(3).

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Visual representation of my experience at the behavioral health clinical is seen well in a painting. This painting depicts a scene of a horizon with mountains in the background, a river flowing through the land, and powerlines traveling across the piece. These aspects of the painting remind me of how certain things during my clinical experience made me feel in the moment. Overall, this behavioral health clinical experience has opened my eyes to the different aspect of nursing and how the act of nursing is so much more than medical treatment and interventions.

Days building up to the start of behavioral health clinical, I was very anxious on how things were going to go. Not knowing the nature of mental problems, and not really having any real experience in my life about mental issues, this made me feel very unprepared to really engage in my clinical experience. However, from the start, the nurses we were following really made a point to take us students under their wing and teach us how things

are ran. They really tried to relate with our position and that helped take a lot of the tension off this new and intimidating experience. They would share their experiences and thoughts when they first started and also talk about things they do outside of nursing to really connect and not make the clinical experience feel like one big test.

I was assigned to the professional's unit at Menninger. Walking onto the unit was somewhat intimidating but as we got settled and I took a good look around, it felt as if the space was one big living room. In a way, I guess the staff is trying to make the unit feel like home for the patients. I appreciated that about Menninger because they are trying to make the patients feel the most comfortable to be able to talk about their issues and problems in their lives. Just like any medical treatment in trauma hospital. One of the first things you do is to address the pain so the patient can focus more on the problem at hand.

The art piece has three main aspects that really reminded me of my time at Menninger. First is the horizon part of the piece. The horizon gives me a sense of hope and forwardness for the patients at Menninger. The patients on the professional's unit all mainly came voluntarily and sought help because they saw a problem in their lives and wanted to change it. The attitude of the staff and doctors at Menninger always expressed a feeling of hope and comfort for the patients. They always had a positive attitude and wanted to see their patients thrive weather in one-on-one sessions or in group sessions.

The second piece of the artwork that I want to focus on is the powerlines that run across the canvas. This, to me, represents the working relationship between the nurse and the patients. I never really understood the importance of the nurse-patient working relationship in behavioral health. However, when seeing it in action at Menninger, I realized how important it is to develop that relationship with any type of patient in a mental institution. The topics these patients need to talk about are the most sensitive topics people can talk

about. These topics put the patient in a very vulnerable position. Developing that relationship and keeping confidentiality is of most importance in this environment. Watching the nurse-patient relationship grow and flourish throughout my weeks at Menninger is something that will stick with me throughout my nursing career and something I can implement in my own practice.

The last aspect of the painting I want to focus on is the water and grass. This reminded me of the organic nature of psychology in nursing. Everything in nursing is related and connected to each other. One thing stems from the next thing. The way this connects to behavioral health experience is how the problems the patient would talk about (flow/water) would develop into the consequences on their mental health (grass) that brought them into Menninger.

Overall, my experience is something I will never forget. I am truly grateful for this experience and will carry it with me for the rest of my nursing career.





## Creative Reflections In Education and Nursing Journal

### Stigma

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#### Article Details

Article Type: Creative Work

Published Date: 30 April 2022

Corresponding Author: Isabella Peckham

Citation: Peckham, I. (2022). Stigma. *CRIED Nursing Journal*. 1(3).

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I completed my clinical rotation for Behavioral Health in an acute psychiatric floors over a six week period. Going into it, I felt the most unprepared for this rotation in comparison to previous ones, mostly because I've had the least amount of experience working with psychiatric patients. I have encountered some patients with mental health issues, but I had never worked in or even visited a designated psychiatric unit and hospital building. Honestly I was a little weary of what I might encounter, and worried that I might not know how to properly handle the situations I could find myself in. However, I must say that I thoroughly enjoyed all of the staff and patients that I met at St. Joseph's, as well as the overall experience.

During the start of a typical day of clinical, we start by getting the vital signs of the patients and then giving them their breakfast. During this time the patients have the opportunity to sit in the open area

to eat and interact with one another. It was like as if the unit was a home away from home and they were a family. Next they had group therapy with a therapist. These sessions allow the patients to talk openly about how they are feeling and bring up any concerns they may be having about their personal lives. The therapist provided advice, coping strategies, and lessons on issues such as addiction, toxic relationships, and common mental disorders. I think that this time is extremely important for the patients to have in that it is an opportunity in which they are encouraged to communicate their thoughts and emotions, without fear of judgement. It was very interesting to me how open the patients were with us, the nursing students. I learned that patients inherently place a lot of trust in nurses in general. I was glad to be able to be that person they felt comfortable enough to talk to, and to be able to provide some therapeutic conversation. It reminded me of one of the reasons why I love the nursing profession so much.

After group therapy the group gets to go outside in the courtyard for activity play. We played badminton and other various games with the patients, which was very fun. It was amazing to see how a little bit of physical activity with others immediately lifted their moods. The rest of the clinical day included lunch and another group therapy session. Over the weeks I really got to see how each person had their own unique personality, story, and feelings about being in the unit. However one thing that they all had in common was undeniable strength. They are all pushing forward

to overcome, despite the difficulties and struggles that come with mental illness, for a better life and self. The overall experience was great, as well as eye-opening. I was able to look inward and examine my own feelings and misconceived notions I had going into the experience, and by doing this I learned so much about myself and the psychiatric world as a whole. I think that this experience, which I feel so grateful to have had, has changed me as a person and has changed the type of nurse I will be in the future.

