

Book Reviews

Celebrate Life: New Attitudes for Living with Chronic Illness

Kathleen Lewis

Atlanta: Arthritis Foundation, 1999, 232 pp.

ISBN 0-912423-24-2

Reviewed by Lynne E. Young

Sitting over a cup of coffee discussing life is a ritual for many white, middle-class women born in the 1940s. Lewis takes this tradition to print in her book *Celebrate Life: New Attitudes for Living with Chronic Illness*. Lewis, a fiftysomething nurse, mother, community volunteer, counsellor, and woman living with lupus, sits the reader down for a cosy conversation about living with a chronic illness. In the Dedication she declares, "I'd like our conversation as writer and reader to be as intimate as possible." Then, using stories and innovative writing techniques, she sets the idea in motion. Those of us who have lived the tradition of coffee chats know that there are orchids and onions¹ in all such conversations. So too in Lewis's book.

First, the orchids. The power of this book lies in its sometimes lyrical and always engaging stories, stories that give heart and soul to the lived experience of chronic illness. The book begins with "My Story," an overview of the author's life from birth to present. Here, we are invited to understand Lewis not as a "woman with lupus," but rather as a woman whose life is transformed by living with lupus. In the chapters that follow, Lewis presents theoretical frameworks to discuss issues arising from living with a chronic illness. She details numerous and diverse challenges facing those with chronic illnesses, and she offers innovative, creative strategies for meeting such challenges. In an inspiring final section, Lewis elucidates what this special life journey means to her.

Each of the 33 chapters — organized into five sections — is short and snappy (from two to eight pages), a strategy that ensures that the book is accessible to those whose attention span may be compromised by their chronic condition. The book is a paperback and therefore light-

¹ "Orchids" is a metaphor for beautiful offerings, while "onions" is a metaphor for displeasing ones.

weight, the right price (under \$20), and compact enough to fit in a large handbag.

Part 1, *Integrating the Illness into Your Life* (nine chapters), addresses issues related to the diagnosis itself, the challenges of both "getting" a correct diagnosis and making sense of the impact of the diagnosis on everyday life. In chapters 2 to 9 the author assumes the voice of counsellor, drawing heavily on loss and grief theory as an explanatory framework.

Part 2, *Relating to Yourself and Others* (10 chapters), marks the beginning of the conversation between author and reader about the experience of living with a chronic illness. These chapters are filled with numerous strategies for managing a chronic condition and the relationships it engenders.

Part 3, *Learning the Medical Ropes* (four chapters), covers the essentials of dealing effectively with physicians and hospitalization. The final chapter of this section is devoted to a brief discussion of chronic pain and strategies for managing it.

Part 4, *Making Changes* (11 chapters), is based on the assumption that learning about stress response and learning how to reduce stress in one's life are central to living healthfully with a chronic illness. Drawing on the work of Selye and Lazarus, Lewis provides the reader with information about stress. She offers practical and creative strategies for reducing stress. This section in my view is rich with tools for coping with the stress of a chronic illness.

Part 5, *Celebrating Life* (three chapters), is an exotic orchid, one that inspires and soothes. In this section, the author speaks directly to the transformative experience of living with a chronic illness. Lewis's tenacious and fun-seeking spirit leaps off the page, inspiring readers to imagine and pursue new horizons.

Now, the onions. For me, this book is at its best when Lewis's voice is that of a woman living with lupus. However, in part 1 the predominant voice is that of expert. Here, Lewis uses loss and grief theory (frequently citing Kubler-Ross) as a primary framework for making sense of life with a chronic illness. She embraces the concepts of loss and grief as truths, and is prescriptive in her assertions about how readers should cope with the losses and grief associated with facing a diagnosis of chronic illness. While this may be useful for some readers, those who do not share her theoretical assumptions may find her assertions and related prescriptions confining, off-putting, or disempowering. Such

readers may be less likely to read past part 1 to find the nuggets in subsequent sections.

Celebrate Life could be used by nurses to catalyze conversations with clients and between clients. How are the experiences of readers similar to or different from those of the author? How relevant/useful are the strategies proposed by the author? What additional strategies have clients used when dealing with a chronic illness? Are male readers engaged by what is offered, or is this a "woman's" book? Thus the conversation initiated by the author extends to the practice context to enrich our collective understanding of the experience of living with a chronic illness.

Lynne Young, RN, PhD, is Assistant Professor, University of Victoria School of Nursing, Lower Mainland Campus, British Columbia, Canada. She is currently on leave as a Heart and Stroke Foundation of Canada Post-Doctoral Fellow at the University of Washington School of Nursing in Seattle, USA. Her research addresses health promotion with a focus on family health promotion and women's heart health.

***From Silence to Voice: What Nurses Know
and Must Communicate to the Public***

Bernice Buresh and Suzanne Gordon

Ottawa: Canadian Nurses Association, 2000, 286 pp.

ISBN 1-55119-974-2

Reviewed by Gail J. Donner

Bonnie Buresh and Suzanne Gordon have spent most of their careers as journalists advocating on behalf of vulnerable groups in American society. For the last decade they have focused on helping nurses bring nursing issues to the attention of the media and the public. This book, published by the Canadian Nurses Association, explains why nursing has been silent for so long and what nurses can do to create a "voice of agency," in order to bring nursing's contribution to health to public attention.

In the first section, Buresh and Gordon point out that nursing's reluctance to communicate with its many publics is the result of systematic conditioning within the profession. Without effective communication and action, the authors say, nursing will not make itself known to the public, its work will not be understood, and its goal of contributing to improved public health will not be met.

The second section of the book might best be described as a manual of public and media relations for nurses. It describes the workings of the media and provides extensive details on the "how tos" of media relations, such as how to develop a media and public relations campaign, how to write a letter to the editor, how to have an "op-ed" piece published, and how to appear on radio or television. Although many of the examples are specific to nursing in the United States, there are more than enough Canadian examples to make the book useful for nurses practising in Canada. This section also includes a chapter on promoting nursing research. Although somewhat brief, it contains several helpful hints that researchers and academics will be able to use in bringing their work to the attention of the public through the media. The book concludes with a passionate call for publicity and a brief but powerful description of the authors' experiences over the last 10 years in helping nurses to get media attention for their important work.

This is a very helpful book. Although much of it will not be new to many readers, Buresh's and Gordon's "on the ground" experience as journalists and friends of nursing makes their call for action especially

powerful. Its strengths lie in its use of examples, its detailed "how to" advice, and its argument for the importance of moving from "silence to voice." There are perhaps more anecdotes and examples than are necessary, and the book assumes more naiveté and inexperience on the part of the reader than is perhaps the case, but that may be because it wants to engage *all* nurses — individuals and collectives, experts and novices, senior nurses and students. That being said, *From Silence to Voice* should be required reading for faculty and students in schools of nursing and for all nurses who want to exercise their leadership skills individually or as part of a group.

Bonnie Buresh and Suzanne Gordon, two well-informed and influential friends of nursing, have provided a useful and practical guide to bringing nursing into the 21st century through the creation of a voice for agency. It is most appropriate that they end their book with a quote from Florence Nightingale, one of nursing's loudest voices:

If we were perfect, no doubt an absolute hierarchy would be the best kind of government for all institutions. But, in our imperfect state of conscience and enlightenment, publicity, and the collision resulting from publicity are the best guardians of the interests of the sick.

Gail J. Donner, RN, PhD, is Professor and Dean, Faculty of Nursing, University of Toronto, Ontario, Canada.

*Moments in Time:
Images of Exemplary Nursing Care*

Beth Perry

Ottawa: Canadian Nurses Association, 1998, 164 pp.

ISBN 1-55119-045-1

Reviewed by Madeleine Buck

In undertaking this project, Beth Perry set herself the goal of "making the elusive and hard to explain understandable and vivid." She has succeeded with this marvellous compilation of touching stories, poetry, and theoretical review, leaving the reader with a true picture of exemplary nursing care. The challenges of caring for people with cancer are outlined at the beginning of the book, and oncology nurses are the exemplars, their field notes and interviews providing rich images throughout. The book, notwithstanding its focus on oncology-based practice, would be of great value to all readers regardless of specialty.

Moments in Time is about what nursing is. It is the subtle moments that stand out, such as when the nurse "applies the tourniquet over the patient's pajama sleeve so as not to pinch the skin," or when the nurse knows that the patient really means no when he replies yes to the question "Are you feeling well?"

The bulk of the book is taken up with an outline of the trilogy of exemplary nursing care: the "dialogue" of silence, mutual touch, and sharing the lighter side of life. The chapter on silence is a very emotional read. On the one hand the reader is touched by the lived experience of the patient; on the other hand the reader is awed by the exemplary skill of the nurse in touching the patient. The author addresses the two-way quality of silent moments, pointing out that these gaps in speech are rich in non-verbal communication from nurse to patient and patient to nurse. The exemplar nurses describe how they learned to use silence and the many situations in which silence is the perfect approach, such as when communicating across cultures; when a patient is dying; when the news is bad; and when words are unnecessary, there are no right words, or "all has been said." The many moving commentaries demonstrate that silence is a great transmitter of feelings and emotions.

While the mutuality of touch — it affects "both the person initiating the touch and the person being touched" — might seem obvious, it is rarely presented in this way in the literature. Perry provides a thorough review of theoretical ideas on touch, the meaning of touch in con-

temporary society, touch and culture, the qualities of touch, and the language of touch. As with the chapter on silence, the notes and interviews in this chapter vividly describe theory in action. A section on procedural touch, for instance, describes situations in which "touch is more than a touch."

A chapter entitled "Sharing the Lighter Side of Life" provides some relief from the heart-rending anecdotes of the preceding chapters, with a thought-provoking overview of the value of sharing lightness and the many forms of humour (surprise, word-play, black, divergent). Once again, examples are used to demonstrate the skill required in using this strategy.

Perry pulls it all together in the last two chapters. Instances of exemplary nursing range from making the patient feel important, to instilling hope where little exists, to making a difference, to finding meaning in an experience. Quotes are used to illustrate the theory. In the final chapter, "Lessons Learned," the author points out that competent care and exemplary care are two very different concepts: "I bathe my patient in water. You bathe your patient in warmth. I feed my patient toast and porridge. You feed your patient hope."

Moments in Time: Images of Exemplary Nursing Care validates nursing knowledge and skills, providing clear examples of theory in practice. The book should be of interest to all nurses. It reminds us of the real impact we can have on the lives of patients and their families. For researchers, it offers a thorough review of the literature; for those who enjoy narrative, it offers a good read. For seasoned nurses, it serves as a reminder of their value and their skills; for nurses who are still learning and developing, it provides concrete, graphic examples of what nursing can be; for sceptics who wonder exactly what nursing is, it offers rich stories. The book should be a useful complementary text for nursing-education courses on communication, critical thinking, or professionalism.

Finally, any nurse who has been at a loss for words when confronted with a patient or family dealing with a very difficult situation will find solace and guidance in this book. It affirms what nursing is.

Madeleine Buck, N., MSc(A), is a faculty lecturer in the School of Nursing, McGill University, Montreal, Quebec, Canada.

