

100 Days One Year Later

Remarks to current residents at Grand Traverse Pavilions

Good afternoon, my name is Peter King. I'm known to my friends as PK. I share that not because this is all about me—it isn't; it's about you—but because if you tell the staff here at Grand Traverse Pavilions that you listened to Peter King yesterday afternoon talk his bald head off for several months, they are likely to look at you blankly, but if you say "I heard PK talk his bald head off for six hours yesterday afternoon," they will say, "oh you poor thing; that must've been dreadful; here, let me get you a cup of tea; you'll feel better." See this really is about you

I am not a doctor, and I am not a Pollyanna who is going to tell you that having had a stroke was the greatest thing that ever happened to me because it wasn't; it was the worst thing that ever happened to me, but I'm not here to grouse; I'm here to talk about problem solving. I spent my working years as a college professor and administrator and I also spent those years developing residential real estate in my home city of Philadelphia. What those two seemingly different activities have in common is the need to be able to solve problems, not all of which were of my own making. In order to solve any problem, you first have to do two things: you have to name the problem and you have to name the person who owns it. Let me give you an example from my teaching career: from time to time a student would come in all upset because she had been dropped from the class for excessive absence. She would start by saying "Uncle PK you dropped me," which was hardly accurate as I hadn't even picked her up. "Why are you coming to me?" I would ask. "Because I need this class," she would say, to which I would reply, "apparently not badly enough to attend it." "But uncle PK," she would say, "I was sick." "If you are sick, you need to be in a doctor's office not my office, but what do you want me to do?" In spite of this catechism, I knew perfectly well what she wanted me to do, but I wanted her to say it, and depending on my patience and my schedule, I would sometimes play this conversation out for quite a while, but usually I was the one who had to say "You have over cut the class, and you have not availed yourself of the college's medical withdrawal policy, and now you're here in my office where it appears you expect me to disregard the college's attendance policy, which is unprofessional, or give you a grade that you haven't earned, which is illegal." The point is that she had neither identified the problem nor its ownership and she was trying to force whatever she perceived as the problem on to me, and I didn't want it. If in fact her absence was due to illness and not the distraction of some overripe boyfriend, then she needed to go to a doctor and she needed to have invoked the college's medical leave policy in a timely manner, which she had not done. Her problem was either her health or her failure to take action on her own behalf in a timely manner, neither of which I could do anything about. These were not problems I owned.

In October, 2016, I suffered a hemorrhagic stroke while in my second-floor bedroom alone at my vacation house here in northern Michigan. I knew I was having a stroke as it occurred, and I never lost consciousness during the two days that I spent on the floor alone after it occurred. I could not get to the phones, the light switches, the doors, and the likelihood of someone's coming by was pretty slim so I expected to die there on the floor before anyone got to me. At that point I had two problems: I had had a stroke and therefore needed medical attention, and I needed to be sure that

if anyone came by the house, I would know and could call for help. I solved the second problem first by very, very carefully getting myself down the stairs on my back with the help of a blanket and over to the front door where I could see if a car pulled in. I then spent those two days breathing as deeply as I could as long as I could in order to get as much air as possible into my system, talking out loud in order to try not to lose my speech faculty, and going through the alphabet naming countries, cities, people, cars, artists, anything I could think of to try to keep cognition somewhat intact, and puffing my cheeks and grimacing to try to keep my face symmetrical. I was aware that I was living a nightmare, but rather than dwelling on my fear, I resigned myself to dying and then did what I could to keep myself going. When help came two days later and I was loaded into the ambulance, I let down my guard, and I don't remember much of what happened for the next couple of weeks. Eventually, I was brought into the Grand Traverse Pavilions with oxygen and feeding tubes in my nose. I was marginally conscious, and I was profoundly depressed. I was told I would need to be here in Grand Traverse Pavilions for 100 days. I could not go back to Philadelphia as I was much too sick to travel and I needed intensive rehabilitation therapy as quickly as possible. In addition to my rather total impairment, I was depressed about the idea of spending Thanksgiving, Christmas, New Year's and my January birthday far away from what I thought of as home in Philadelphia. I did not want to be here in Grand Traverse Pavilions.. I realized pretty quickly though that my problem was not missing the holidays with my friends; my problem was that I'd had a god damn stroke and that I needed to get immediate medical treatment. I owned this problem. So I had done the first of three steps in problem solving: I had named the problem and its owner. The two other steps in solving a problem are what the literature calls goal orientation and goal involvement, or what I call attitude and commitment, and it is attitude and commitment that I want to talk about today.

Having realized that my problem was not being confined in a rehab institution-- in my case a very fine rehab institution so that was really my fortune-- my problem was that I had had a stroke and I wanted and needed to get better. So the first thing I had to do was to change my goal from getting out of the Grand Traverse Pavilions to making the most of my time at the Grand Traverse Pavilions, and that in turn changed everything. Shakespeare's Hamlet in the play that carries his name says "there is nothing good nor bad but thinking makes it so," and Milton wrote in Paradise Lost "The mind is its own place and can make a hell out of heaven and a heaven out of hell." Almost overnight, as I embraced my reality and the help available to me, the professional staff as well as the administrators and supervisors who came to know me became my friends, my allies, my confidants and caretakers as well as my rescuers. I in turn was no longer resentful or angry about being confined to a rehabilitation hospital but deeply grateful for the loving and professional attention I got from just about everyone here. This change was entirely the result of my act of will to embrace my situation and to make the most of every possible opportunity to get better as quickly as possible. Even before I could do anything for myself such as getting dressed or going to the toilet, I began to make a point of cultivating the goodwill of the staff. As I later said to a friend in the area, "I am working the room trying to make sure that the nursing aides and the other people who are helping me all know how much I appreciate their kindness and that I do not take them for granted." My friend said "that's very wise, PK. I've worked in places like where you are for decades and maybe it shouldn't be this way, but I will tell you that if you are a piss-ant patient, you will get lousy care." The reality was that I was entirely at the mercy of these people who are essentially kind and caring but who are not saints; their feet are on the ground, and they have lives and problems of their own. I knew that it was in my best interest to acknowledge their kindness

and their caring, which I made every effort to do, and that became easy and almost automatic as I made the attitudinal choice to embrace my being at the Grand Traverse Pavilions rather than wanting just to get out. The 20 most useful words that you can use in rehab are "thank you very much for coming; I know you're very busy; when you get a chance would you....." The result of these efforts on my part to adjust my attitude from one of resentment and depression to one of gratitude and appreciation was a dramatic increase in the positive results of everything that happened in the rehabilitation clinic. My progress fed on itself, and as I progressed, I experienced more and more encouragement, which only prompted me to work harder at my therapy with the result that my progress continued to accelerate. I was still acutely impaired and knew that my recovery was only just beginning, but I chose to focus on my progress not my depression. This act of cognitive volition is an ongoing challenge for depression-prone Capricorn, who always sees the glass as half empty, and if it's a cocktail glass, sees it is not big enough. I read books from the library about stroke and about brain function restoration. One of the things they all stressed was the need for sleep and for quiet and the avoidance of chaotic, distracting noise. Armed with that information, I was appalled at the number of patients' rooms that I passed where TVs were blaring mindless violence or game shows. When I was in my room, I was either doing exercises or I was sleeping. In 100 days I never turned on the television because I wasn't at Grand Traverse Pavilions to watch TV, I was here to get better. And my positive attitude brought many people into my corner who would otherwise have been at best indifferent to my progress; instead it seemed as if the whole clinic was behind me, rooting for me, encouraging me at a personal, physical, and, yes, emotional level. The kindness and love that I experienced from the staff at the Grand Traverse Pavilions was as unexpected as it was restorative, and it would be disingenuous for me not to acknowledge that my efforts to express both patience and gratitude played a role in my experience as a patient. As a member of the professional staff here at Grand Traverse Pavilions is fond of pointing out "the only real handicap is a bad attitude."

The third part of the problem-solving process is what the literature calls goal involvement, what I like to call commitment. After you have named the problem accurately and acknowledged ownership of it and have accepted responsibility for reaching the goal of its solution, the third requisite of success is commitment. One of the things that the literature on success is unanimous about is the importance of expectation. I used to say this to my students all the time: "if you approach this class thinking that you will fail, there is a very good chance that you will fail no matter what I do, but if you approach the class as if you will succeed and you're willing to work as hard as I am, there is a very good chance that you will succeed." As I became more and more conscious during my 100 days at Grand Traverse Pavilions, I became more and more disturbed by observing the number of patients who appeared to be making no effort on their own behalf. Rehabilitation is not like a broken bone: you can't just lie still for three months and think of new ways to trim a hat and expect to get better. As in any medical environment, it is important to be your own advocate, so when I saw opportunities to advance or increase my therapy, I sought them out, and because I was so conspicuously self-motivated, the people around me were inclined to be more helpful than they might have been otherwise. When I was told that the only way I could get a particular therapy was at 7 o'clock in the morning, all I asked was that someone come to my room at 630 and make sure that I was up and getting dressed. I could sleep in the afternoon. I sought every opportunity to get therapeutic help; that included asking for and getting equipment installed in my room so that I could exercise on my own time, and at the beginning, this was not easy because I was a fall risk, so a certain amount of negotiation was required, but as my

commitment to recovery became more and more widely recognized, all sorts of wonderful things materialized to my benefit, and the result was that my recovery accelerated.

In the course of my 100 days at Grand Traverse Pavilions, I became emotionally and personally close to many of the staff, and toward the end of my 100 days, many of the staff went out of their way to come into my room and talk to me about their experience of my recovery. These conversations were extremely personal and often very emotional, and during these conversations that occurred in the last few weeks of my 100 days at Grand Traverse Pavilions, I kept hearing two words over and over, “inspiration” and “miracle.” I had no understanding of these words in the context of my situation at Grand Traverse Pavilions, and when I pushed for an explanation, the nursing assistants, the therapists the administrators all declined to give one. Finally, one night about two weeks before I was slated to leave the clinic, one of the certified nursing assistants who had been extraordinarily kind and nurturing said, when I again asked about the use of the word “miracle,” “PK, I shouldn’t tell you this; do you really want to know.” “Yes of course” I said. “Are you sure?” “Yes,” I said. The nursing assistant looked down at me. “There were many of us who saw you come in that afternoon on the gurney; you had tubes in your nose for oxygen and for feeding; you couldn’t talk; you weren’t pale; you were grey. We all shook our heads and looked away because the hospital had already told us you only had a day or two to live, and we knew they were right. We had seen other people come into the clinic in your condition, and we knew that the best we could do would be to keep you comfortable for a day or two until you died. It was always sad for us because we knew we couldn’t be of any help, no matter how much we wanted to be.” “I didn’t know that,” I said. The nursing assistant took my hand, “and three months later, here you are, and in less than two weeks you’re going to walk out of here without a cane.” I wasn’t so sure about that so I let it pass. “You’re a miracle,” he said, “and an inspiration.” “But I haven’t done anything,” I said, “I just tried to be a good boy and play by the rules.” “You have inspired everyone in this clinic, the staff and the patients. We all love you; we’re all going to miss you. And we know you’ll keep getting better and better because you’re going to keep right on working” Recalling that conversation affects me deeply now; at the time, I couldn’t embrace its significance. In the following days, I learned that there had been no expectation that I would live let alone ever regain any use of either my right leg or my right arm and hand because they had been flaccid for so long. Fortunately, I did not know those things, so I approached my PT and OT with the full expectation that I would regain function, which is in part why I didn’t understand the electric excitement in the therapy gyms when first my leg and weeks later my hand showed signs of movement. But the therapists knew that the statistical odds were millions to one against me; nevertheless they worked as hard as I did in therapy every day, acting as if they believed that I would get better, and to their amazement and delight, I did. And so I came to realize that a miracle had occurred, but I also realized that I myself was not the miracle. Miracles are made not born. If there was a miracle at the Grand Traverse Pavilions during those hundred days, it was created in large part by the incredibly caring and professional staff; in fairness I did my part and they did theirs, so together we all made a miracle, and while they could not have made it without me, I could not have made it without them.

From what I have said, it should be apparent that with the competent and caring staff at Grand Traverse Pavilions, each of you can make your own miracle, but you have to do your part. You have to want and expect recovery and participate to the fullest extent possible in the therapeutic and clinical experience of being here. I have been out of the clinic for nine months, and I still have

a long way to go, and I know that I will never again have so large and devoted a group of people around me working on my behalf as I had here at Grand Traverse Pavilions. I urge you to wholeheartedly embrace the staff's efforts to help you create your own miracle. Thank you very much

-----Peter King 10/14/17

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