Caring for Our Heroes
On Guns, War, Depression, and Pain

My dad was a Vietnam Veteran, proud of his military history. Growing up, he used his shotgun to manage a persistent groundhog problem and put several animals down when necessary. I remember watching him tear up after he had to put down a rabbit, his great love of animals evident as he did what he saw as merciful. He taught us to be respectful of the guns he kept, unloaded, in his clothing closet, just behind his leather belts with the big belt buckles.

In the early 1990s, I remember how my dad reacted when I wanted to wear a peace symbol. To me, it was a trendy, flower-power symbol that represented my worldview that peace was to be valued above violence. Unlike this worldview, one day my father angrily explained to me what the peace symbol meant to him. It represented hippies with urine-filled squirt guns who dishonored and disrespected our Vietnam Veterans returning from the field. I imagined my dad in his crisp white naval uniform, soiled and violated. I never wore a peace symbol again.

The day I graduated from high school my dad had a horrible car accident. Within 2 years, he was hit by another car, which led to chronic back and neck pain, years of surgeries, and chronic pain specialty management. This was in the era of a new value in health care, “pain is what the patient says it is” (Merskey & Bogduk, 1994). His chronic opiates were up titrated over the years. His opiate-induced narcolepsy was a joke for a little while but became increasingly concerning over time. He could no longer do his job or fill his role as husband and father. He tried to stop taking pain medications a few times, but each time returned to pain management due to pain that was out of control. His concurrent depression only exacerbated his opiate addiction.

Two scary moments happened later when his thoughts became more paranoid and confused. In the scariest moment, he was delusional under our dining room table, aiming his shotgun out the window, believing our home was under attack. We decided to remove his guns from his home. In another instance, he woke up in a neighborhood he did not know, in someone’s car, in their driveway. The family called the police, who called my 18-year-old sister to pick him up.

It was in this season that I recognized my sister and I had transitioned from being parented by him to caregiving for him. He would always be our amazing father, but he could no longer be the dad we knew. Later that year he died in his home. I remember thinking it was merciful that he did not continue living as he was. But we often think of him and wish he had met his grandchildren or could know us as adults.

As nurses, we have to lead the conversation. We bring a focus of holistic, family-centered care. I know that one small step is to support families of persons living with mental illness. Politicians will continue to debate gun control laws and health care leaders still struggle to understand the right balance of opiate use. In the meantime, nurses will be at the bedside, in the clinic, and in the community. We will listen and provide expert care. But we cannot remain in the background. We must also engage politicians and be health care leaders.

Now as a nurse and scientist, I am challenged by how to engage in conversations around gun control, mental illness, and the opiate crisis. I want to honor the way my dad taught us to be safe with guns. But he could have so easily hurt himself or someone else in that season when he was not himself and his pain medication use was out of control. My dad never knew me as a nurse or that I got my PhD. He might not agree with me, but I hope that my work honors him. He will always be an American hero, my hero.

REFERENCE

Martha Abshire, PhD, RN
Assistant Professor
Johns Hopkins School of Nursing
Baltimore, Maryland

The author has disclosed no potential conflicts of interest, financial or otherwise.

doi:10.3928/02793695-20200616-01