Because I’m So Well Adjusted (?): Part I

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Preface

Psychologists’ and psychiatrists’ wives will feel empathy while reading this book. College professors’ wives will see a little of themselves scattered throughout the pages. Nurses will relive their student days. And I sincerely hope that all who read my first attempt at writing, will feel just a little happier inside—will perhaps have a better outlook on life—and will have received a few laughs along the way.

Chapter 1: Have You Started That Book?

I sat down, propped my feet up, sipped my coffee and started reading the morning paper. A sort of cozy warm feeling went all over me, tinged with just a touch of smugness. Those women’s lib gals just didn’t know what they were missing. Maybe I had dragged myself around the kitchen for the last hour in my usual early morning stupor—standing in front of the refrigerator wondering what I meant to get out of there. Maybe it was a little chilly to have to put the dog outside, clad in my old shocking pink bathrobe. So what if my husband was yelling for some clean socks and my daughter couldn’t find her special pair of blue jeans—the ones that were so thread-bare that if she bent over, she’d pull a Gypsy Rose Lee strip act. Now the day was all mine! No boss rushing me to get something done immediately; no special time schedule unless it was of my own making. And on MY time schedule each morning, job number one was to sit here and try to wake myself up.

The phone rings. Who could be calling at this ungodly hour? Trying to make my voice sound more alert than my brain was, I picked up the phone. My caller was a friend—who was also

1 Editor’s Note: The author completed this previously unpublished manuscript in 1974 when she was 50 years old. She is now 90 and resides in Blacksburg, VA. The second half of the work will appear in the next issue of the journal.

All artwork is by the author.
a writer. It seems at the last New Year’s Dance I must have informed him that I was going to write a book! Now he wanted to know if I’d started it. If he knew me better, he’d know I’m fast on talk, but lazy when it comes to taking action. He wanted to bring me a book on “How to Write Your First Book.” Great! That’s just what my groggy brain needed right that moment. But you can’t be rude to someone who is only trying to be helpful (I kept telling myself). There goes my leisurely morning! Get out of shocking pink bathrobe with bacon grease on sleeve and dog mud down front. Pick up husband’s shoes from yesterday’s work. Pick up husband’s bedroom slippers from this morning’s trek into the family room. Pick up husband’s dirty socks that the dog had dragged into the living room and hide his (the dog’s) two favorite bones that he insists on leaving on the living room couch. By the time the “Book Deliverer” arrived, I am the picture of the composed housewife who carefully dresses BEFORE breakfast and who had neatly picked up the house last night before she went to bed. He came—we discussed writing (with me pretending I knew something about it and not fooling him for one minute) and I solemnly promised to start reading the book on how to write—immediately. Back to my now lukewarm coffee and newspaper. Somehow though, I’m not in the mood for this. My conscience is nagging at me a little. Maybe I ought to just glance through it in case he ever asks me if I read it. Two hours later, I find myself at the typewriter! Sort of felt an obligation to him to at least type one page. But I’m no writer! I’m a housewife and a part-time psychiatric nurse. Well, I can always throw it in the trash can. I stared at that great big piece of blank white paper, fingers poised above the typewriter keys. I sat. And sat. And thought a few thoughts. NO GOOD! Now relax, Jean. Just pretend you are writing your life history. Think back over the past. Why did you ever make the comment you were going to write a book in the first place? Was it because in your work with psychiatric patients you had seen how unhappy some people were because of their outlook on life and when you looked back over your own life, either you had been very lucky, or something in your background enabled you to take life’s problems as they were thrown at you? Sure, there might be bigger problems ahead that you won’t be able to cope with, but if you can hang onto your present philosophy, maybe it will carry you through whatever life hands out.

But would this make interesting reading to some else? Maybe it would, if you threw in some of the crazy things that you blundered into along the way. After all, your life hasn’t been that common place; some pretty unusual things have happened to turn you into the person you now are. What ARE you at this moment? I’m a middle-aged (I never thought I’d be calling myself that!) woman who INSIDE still feels young (except every morning when I get up and drag around the kitchen or when I’m at a dance and find my pulse at one-hundred and twenty and respirations near the danger point, after dancing a jitterbug number with a partner who still thinks HE’S young and whose respirations are running mine a close race.) I am the wife of a psychologist who is also a college professor (and who can’t carry a tune in a bucket and when we get up to dance he asks me if it is a fast number or a slow number and I have to beat the time in his hand!) I am the mother of three children (not children any more! My BABY will soon be going off to college.) And I certainly have changed—for the better I hope—from the person I was at eighteen. Compared to that girl of years ago and don’t dare ask me how many years ago, I’ve come a long way, baby! I might even be considered at least fairly well-adjusted—IN SPITE OF BEING MARRIED TO A PSYCHOLOGIST! Alright—let that be your title: “Because I’m so Well-Adjusted.” But to be on the safe side, guess I’d better put a question-mark at the end of the title. My husband might read this book and he’d be the first to question the honesty of my title! After all, you don’t want to appear conceited. You’ve just barely outgrown all of your inferiority complexes. Maybe this title would make people curious — make them wonder why you picked those words. Maybe you can come up with something that will make them laugh. Laugh? That’s been an important factor in my life. As I was growing (I didn’t say ‘growing up’ because I’m still working on that!) my father had a favorite ‘saying’ that helped me through many a rough spot: “Learn to laugh at yourself and then others will laugh with you—not at you.” I had to learn this lesson well, because it seems my whole life has been a series of putting my foot in my mouth or pulling some horrible “boo-boo.” It all started when I entered nursing school at Duke University back in the olden days (as my children call it) of the 1940’s. Life became just one big blunder after another.

I’ll bet I’m the only nurse in this whole world who entered nursing because she wanted to live in a dormitory! None of this playing nurse with dolls. None of this deep desire to help other people. At
eighteen, all I was interested in was having fun. I had read all of those books for teenagers about college life, and that was the life for me! But I had this small problem—my parents were practical—even if I wasn’t. We lived just two blocks from the campus and they expected me to live at home and attend college as a day student! Not being “even fairly well-adjusted” at that point, I refused to do this, and stubbornly announced that I would take a business course instead. I’d show them a thing or two!

Fate has a funny way of working in our lives. After completing the business course, I accepted a job as secretary for a doctor at Duke Hospital. It was great earning my own money. I opened up gobs of charge accounts, bought lots of clothes that I really didn’t need, and even had weekly facials! Facials at age eighteen? NOW is when I could use them. And I can’t afford them because my own teenager has to have the latest lipstick or eye shadow or what-have-you and this professor husband of mine stays so pre-occupied that he hasn’t even noticed I’ve developed those horrible lines around my eyes.

I plugged along as a secretary, still inwardly dreaming of the fun I had missed by not living in a dorm. I soon learned that the nursing students at Duke HAD to reside in the dormitories. Maybe that was my answer – be a nurse! My father had always said that you can do ANYTHING you want to do – as long as you’re willing to work at it. So—why not work at being a nurse?

I couldn’t wait to get home and tell my parents my latest decision. Since they had put up with my impulsive nature for these many years, this latest announcement was taken in stride. The greatest adventure of my life was about to begin—along with the first of many hilarious blunders. Hilarious now, but sort of nerve wracking when they happened.

Chapter 2: Nobody Should Be That Stupid

The big day arrived, and my parents drove me—along with my suitcases, a big black trunk that my sister had used when SHE went AWAY to college, boxes of linens, and lots of last minute instructions to behave myself—to the imposing gray stone building that would be my home for the next several years. My “dream” was becoming true at last. I look back on this now as a very childish reason for entering nursing school. But at age eighteen, and I was a very immature eighteen year old, this seemed reason enough.

Those first few days consisted of meeting other students, finding class rooms, and trying not to get lost wandering around the winding halls of Duke Hospital. We were fitted with our student uniforms—a blue chambray dress and white apron. I looked like a long-legged skinny maid! It would be some time before I outwardly resembled a nurse—with bib attached to the apron and a cap on my head. And if I didn’t improve in the nursing arts class—it took me forty-five minutes to make up a bed that met the instructor’s strict specifications—I would be kicked out before I even got a taste of dormitory life!

My first day on actual duty was on the male public ward. This consisted of a very large room, containing approximately thirty beds, separated by curtains. And this is where I had the opportunity to use my father’s favorite saying about learning to laugh at yourself. Well, I really didn’t USE it that day, but perhaps I should have.

I pranced out on the ward, establishing an extremely efficient, intelligent look on my face, as if I was capable of handling any problem that might come my way. Little did I know that some of these male patients had been there for weeks; had seen new student nurses come and go; and knew more about this hospital than I would know for many weeks to come. O.K.—here I am—Miss Know It All.

I was told by the instructor to help a new patient unpack his suitcase. (At that point in my brilliant career, all I was allowed to do was arrange flowers and help unpack suitcases!) The new patient was a little old man of about seventy, with a handle-bar moustache and twinkling blue eyes. I placed his clothes
in the drawer of his bedside table, and then I saw what I thought to be a gun in a holster, in the bottom of his suitcase!

“Mister,” I announced in my most efficient voice, “I will have to take this and lock it up. You may have it when you're discharged.”

“But, little lady, I need this right here with me.”

“No, Sir. You are not allowed to keep this. I will lock it in a safe place,” I announced as firmly as I could.

I should have realized that something was wrong, because I noticed thirty pairs of eyes on me and my little old patient. The whole ward was as quiet as the cemetery.

The old gentleman pleaded once more, and then muttered, “This sure is a crazy place.”

I reached into the suitcase, picked up the “gun and holster” and as I did so, it unraveled, and I found myself holding in mid-air, in front of thirty laughing men, a TRUSS, brown and stiff with age!

What would you have done if you had been eighteen years old; it was your first day of duty on a male ward; and this happened to you? Run? That’s exactly what I did. How was I supposed to know what that thing was? I’d never seen one except in Sears Roebuck catalogues. Laugh at myself, Daddy? Not yet. Not when you’re just eighteen. That comes after you’ve lived a little.

Weeks passed, and the freshman nursing students received the top of the apron, called a bib. I began to feel just a little bit like a nurse, and had advanced past the stage of just arranging flowers or unpacking suitcases. I was assigned one day to the private medical floor and on this floor were quite a few patients blessed (?) with wealth.

As I walked down the long corridor, I heard a haughty female voice call out, “Maid! Come here right this minute!”

I hesitated a second, thinking to myself that surely this woman could not be referring to me.

Again she commanded, “You! Yes, I’m speaking to you. Come here.”

I walked into the room, with a questioning look on my face, which was soon replaced with one of hurt pride, as she demanded that I dust her room! With as much dignity as I could muster, I informed her that I was a NURSE, not a MAID; that I would have the housekeeping department attend to it, and pranced out. Oh! When would I ever get that nurses’ cap on my head? Then I most certainly would not be mistaken for a maid.

I went down to lunch shortly after that. Eating in a hospital cafeteria is like nothing else in this world. Everyone is in a hurry; everyone is eager to talk about the interesting experiences they have had that day, and sometimes this conversation can be most nauseating. During those first months of nursing school, I
almost lost my appetite. In fact, I almost lost more than that! The upperclassmen had advanced to obstetrics or the operating room. Can you imagine eating spaghetti for lunch, while the girl sitting next to you is discussing an intestinal operation? Or can you imagine getting ready to put catsup on your hamburger, and someone discusses the latest blood transfusion? Believe me—it gets to you—especially if you are a “green” (in more ways than one) student nurse.

Many years later, at a dinner party, I was seated next to a doctor. We became engrossed in some medical talk, not paying any attention to the other guests near us, when the lady across from me, who knew us both well, interrupted our conversation by announcing that we were making her sick to her stomach with such talk! Which proves, I guess, that one can get used to anything, if exposed to it enough. I used to pull this type of conversation on my sister—but with a definite goal in mind! She was a finicky eater with a delicate stomach. Whenever we had an extra good dessert, I’d talk about the most nauseating thing I could think of to make her leave the table. Then I’d eat her share of the dessert! And I wonder where my daughter gets some of her “mean” traits.

Finally the big day in the life of every student nurse arrived—The Capping Ceremony. After many weeks of hard studying, hiding in the shower with a flashlight and a text book after “lights out”, advancing slowly but steadily in learning different hospital procedures, (I could now make up a bed in four minutes!) we were to receive those coveted nurses’ caps. It was a candle light ceremony with each student holding a candle, and having the director of nurses place the cap on your head. As I stood there, waiting my turn, I began to have deep emotional feelings about the profession I had chosen just on a childish whim. Yes—I had had fun living in the dormitory. It was just like the books I had read, but something was happening inside me that I couldn’t understand. I felt choked up, I felt tearful, but in a happy way, and most of all, I felt pride. I decided right that moment that I was going to try to be the best nurse possible.

Nurses’ cap finally on my head, I progressed through more and more classes and more hospital procedures. Christmas came and, for the first time in my life, I was to be separated from my parents and sisters during this holiday. They had moved to another state. The “little girl” in me almost caused me to quit nursing school at this point, as home sickness began to take over. My mother mailed me a huge box of presents, along with large amounts of her special home-made candy. At this time, I was again working on the male public ward; most of the patients were very poor. They were away from their families at Christmas also, and my heart went out to them. My roommate and I decided that we should do something to cheer them up, but what? Neither of us had any extra money with which to buy presents. I thought of that homemade candy, which I dearly loved. Did I want to part with it? I decided that for once in my life, I could make a sacrifice.

Up to this point, I believe I had been a very self-centered young lady. Never before had I really put someone else first. But the urge to give was too strong. We took small brown paper bags and filled them with the candy, walked to each patient, handed him one, and wished him a Merry Christmas. Money could not buy the feeling that came over me. Such a nice, warm feeling inside. In later years, I have had this same warm experience, as in some small way, I have been able to help others. I discovered that whenever you are feeling a little low yourself—pitying yourself, bored—that the secret of getting over these feelings is to do something for someone else.

Life was not all work and no play at Duke. Many romances came and went among student nurses. And like all teenagers, there was one that seemed very special to me. He was a medical student and whenever time permitted, he would slip by to see me, whenever I was working. Many times he helped me out of ticklish situations, for which I was very thankful. I will never forget the time that I was told to “take care of” a woman patient who had just expired. This was the first time for me, and I hesitatingly walked into the room. The woman looked just like my mother! I simply could not do it. At this young age, I had not formulated any ideas on death, nor had I ever seen anyone dead. Fortunately for me, “my” medical student came by at that moment, and without anyone being the wiser, he did what had to be done.
Along a more humorous line, he came to my rescue again. I was on night duty on a male ward. That particular night we were short of help as far as male orderlies was concerned. Some of the temperatures that had to be taken were definitely not to be taken by MOUTH. I still had too much modesty for my own good, and could not bring myself to perform this procedure on a male patient. The victim of my modesty was a little old man who had a bandaged, amputated leg but to me seemed perfectly capable of taking his own rectal temperature. I handed him the thermometer and instructed him. I returned some minutes later and asked him for it. He stated that he couldn’t find it! I searched the bed linens and under the bed, but no thermometer. At that moment, along comes my med student. I told him my problem and between the two of us, we decided that perhaps the med student should do a rectal examination—which he proceeded to do. But still no thermometer! In the first place, I shouldn’t have asked the patient to take his own temperature. And in the second place, my friend shouldn’t have done the rectal examination—as we were both beginning students. If we had to call a doctor for help in locating the thermometer, we would end up in serious trouble. At that moment, I happened to glance down at the man’s bandaged leg, and there—stuck under the bandage was our missing piece of glass! I learned a lesson that night that I have never forgotten.

On the Duke University campus is a very beautiful chapel with an extremely high tower. One afternoon my med student and I decided to visit the tower “to look at the view.” We took the elevator to the top, becoming so engrossed with each other’s company that we did not notice the time. When we pushed the elevator button, getting no response by the elevator operator, we realized that he had gone off duty, forgetting that he had left two people up in the tower! I almost panicked. How were we to get down from a height of about one hundred feet? Luckily the medical student had been around the campus ever since childhood—his father was a professor at Duke—and he was quite familiar with most of the buildings. He knew that there were some steps down to a broom closet on the first floor. Thinking the problem was solved, we started down these steps—one hundred feet of them! It seemed like thousands of steps, as they circled around and around the tower. It was dark, damp, spooky, dusty, and spidery! It reminded me of an old English castle in a horror movie. Finally we reached the bottom—only to find that the broom closet door was locked! After banging on the door and yelling for help, with no results, we realized our best bet was to return to the top of the tower and call for help. I was so tired by this time that my date had to literally push me as I crawled back up those steep steps on my hands and knees, squealing every time I thought my hand touched a spider. After reaching the top, we leaned over the side of the tower as far as we could, yelling for help, hoping someone below would hear us. I could just imagine being trapped up there all night. I could see myself being called into the Dean’s office and being kicked out of nursing school for improper behavior. No one would believe in my innocence! However, someone heard our screams, located the elevator operator, and two very tired, dirty, and somewhat shamefaced students descended into a crowd of laughing spectators.²

Not only did this romance bring me “so-called adventure” it also caused me to lie! I was returning to school from Christmas vacation—via bus. During the war years, it was extremely difficult to obtain a seat because of the many servicemen traveling around the country. They had first priority and civilians took what was left. Having not seen my med student for two long lonely weeks, I was ready to lie, steal, or cheat in order to get a seat on the only bus headed for Durham, N.C. Many students from Duke were standing around the bus station with the same purpose in mind. Only their little minds weren’t as devious as my little mind! I went up to the bus driver, quietly took him aside, and informed him that I was a nurse at Duke and simply HAD to get back in time to help with an important operation! (At this point, I had

² Editor’s note: If viewing this document as a .pdf file, click the box to the right to hear a short audio recording of the author telling the story of her Duke Chapel adventure. If the file does not play after downloading it using one web browser, it may help to try a different browser.
never even SEEN an operation, much less help with one.) The driver placed me in the seat right behind
him. I received some mighty icy glares from some of my upperclassmen nursing students, as I victor-
iously drove off—leaving them standing there hoping to catch the next bus. About ten miles away from
the station, that dumb bus had a flat tire! However, all was not lost. My driver hailed down the bus that
had been sent as a replacement, informed the other driver that a very important operating room nurse just
HAD to get to Duke Hospital and I was the ONLY passenger allowed to travel on to Durham who had
started out on the first bus. Victorious—but conscience hurting just a teeny bit.

Throughout the next several years, this romance went on—and off—and then on again. Life seemed a
series of ups and downs. Extreme ups and extreme downs. I do not think I could live through that age
over again. But my father comes through with some of his philosophy. I would write long letters to my
parents, spilling out my feelings, one minute wanting them to come take me home for good, and by the
time they received my letter, I was over that particular problem and really couldn’t understand why
THEY were so upset! But pertaining to the “on again—off again” courtship, the deciding factor was a
statement letter from my father, concerning romance in general. He wrote: “love is like going for a swim
in the ocean. A real he-man dives in, but a sissy sticks one toe in to test it out first. I feel your young man
is doing the latter.” And I agreed with him.

Nursing sometimes has its dangerous side. I discovered this one night while working on night duty.
The student nurse who was supposed to have worked with me was sick and did not come to work that
night. I was all alone. Earlier in the evening I walked into the big ward, to take some cough medicine to a
patient. His bed was just inside the door of the ward. He refused to take it, in a very empathic way.
Remember, I am still new at this nursing business, and at that time if a doctor had ordered something for a
patient, then he was going to take it, come hell or high water! So, I practically commanded him to take his
medicine (with more years of experience behind me now, I would handle it a completely different way).

Four hours passed, and it was time for medicine again. I walked down the hall, started to walk into
the big ward, but something (fate?) made me change my mind, and I turned left into the utility room to
check on another matter. As I did, a hand with a very large knife in it, slashed through the air—right
where I would have been standing should I not have turned aside. It was the patient whom I had forced to
take the cough medicine. Without any thought to the safety of the other patients or anybody else for that
matter but myself, I ran off the ward, looking for the hospital policeman. After finding him, we returned
to the ward, but could not locate the patient. We searched the hospital and finally found him wandering
the many, many halls at Duke, still with the knife in his hand. The policeman told me to stay back a safe
distance; that we would simply follow the man until he realized that he could not find his way out. Keep
my distance? I wasn’t about to get close to him. I was already closer than I cared to be. It happened just as
the policeman predicted—the man handed over his knife and returned peaceably to the ward. Needless to
say, I learned another lesson that night. Don’t FORCE someone to take medicine in the manner that I had.

Time flies by and soon I am in my senior year. How have I made it this far? Out of the one-hundred
and twenty students that started out in my class, only sixty of us are left. Will this girl who entered
nursing because she wanted to live in a dormitory make it to the end? I know she had “grown up” a lot
during the past several years, but the hardest was yet to come. THE OPERATING ROOM! The most
dramatic, nerve-wracking, tension-ridden place in the whole hospital. Everything had to go just right. The
usual procedure in indoctrinating new students to the operating room was for them to observe an
operation from a small glass-enclosed room above the operating room. We also had had many classes and
read many books, but now the time had come for us to actually put into practice the things we had
learned. I was assigned a partner, a student from Mexico, and somehow or other, one of the “powers that
be” made a mistake. A big mistake! Instead of telling us to go to the observation room, we were told to go
to the Neurosurgical Operating Room and check the doctors’ scrub room to see if everything was in order
there. This seemed simple enough to do, so we did not question the assignment.
As we opened the door to this particular operating room, we noticed that an operation was already in progress—brain surgery, with several important looking doctors standing around the operating table. In our textbooks we had read about sterile technique, and one thing that stood out in both our minds was that there was a “sterile field” between the operating table and the instrument table. Under no circumstances were you allowed to walk between the two, unless you were clothed in “sterile gowns.” The doctors’ scrub room was located on the other side of the operating room. We did not see any way at all that we could get to that room without going through the operating room itself. For some reason, this particular operation had the operating table in the middle of the room and against each wall was an instrument table! In our little tense minds, we wondered how in the world could we get back to the scrub room without walking between the operating table and an instrument table? We could almost visualize “sterile rays” shooting between all those tables, and knew we would contaminate something if we walked across the room. Please bear in mind that we were two young student nurses who had never seen an operating room. Remember also that we were under extreme tension, and that someone had made a mistake in assigning us to this task in the first place. As we stood there pondering our situation, one of us (and I won’t admit who) got the bright idea that if we got down LOW enough, say like on our hands and knees, we could cross the room without walking through that imaginary sterile field. Brilliant idea! And so we started crawling.

Suddenly a loud, angry voice bellowed, “You damn dirty nurses! Get off your knees and stand in that corner until this operation is over!” How insulted and humiliated we felt! We did not know that “dirty nurse” was a term used to describe those working in the operating room clothed in unsterile gowns. We thought this was just a nasty tempered old man calling us dirty names. And to make matters worse—we DID have to stand in the corner—for three whole hours!

As the days passed, I began to feel a little more at ease and advanced to the stage of “circuiting nurse.” One of the duties of this nurse is to help the surgeon put on his sterile operating gown. You hold it out for him, he places his arms into the sleeves, and you tie the little strings at the neck and down the back. Then you are supposed to touch just the bottom of the hem of the gown and give it a slight tug, which pulls it comfortably down over the doctor’s shoulders.

This particular day, I was working in the Obstetrical and Gynecological Operating Room. The operating doctor happened to possess a very large pot belly. As I was stooping down, pulling the hem of his gown, I was glancing to left and right, frantically wondering if I had done everything I was supposed to do to help prepare for the operation. Fortunately, I had a mask covering my face, with only my eyes showing, because I heard this very indignant voice say to me, “Young lady! You are pulling off my pants!” In my desire to be sure I had completed all my duties, and looking around the room instead of at the hem of his gown, I actually had been pulling on his operating room trousers—which I must add, are held up like pajama pants—with a draw string. Luckily for him, his little fat tummy kept those pants from being pulled completely off. And luckily for me, I had that mask covering my face. I don’t suppose—unless he reads this book—that he ever knew who practically stripped him in the operating room.
In order for you to not get the impression that I was a complete dummy during my operating room training, I am proud to announce that I did finally advance to the stage of assistant surgical nurse—actually standing at the operating table. But, Daddy, your saying of learning to laugh at yourself was really having to be put to frequent use.

I was assigned again to the Neurosurgical Operating Room, but this time as a surgical or scrub nurse. I was standing at the foot of the patient, the doctors near the head of the patient. This particular operation was being performed by a doctor from Norway, who spoke with a very thick accent, and was hard to understand. There was a bowl of sponges soaking in warm saline near me. The Norwegian doctor called for what I thought was a “Hartman.” Instruments used in operations have different names for each one. I thought perhaps a “Hartmen” was an instrument. He was looking at me to follow through on his order, but I did not have any idea what he meant. Luckily a graduate nurse standing next to me informed me he meant a “hot sponge” (he was saying a “hot one!”). I glanced down at the bowl of sponges. I looked at the many people—doctors and few nurses—standing around the table. How was I supposed to get that sponge down to the doctor standing at the head of the patient? Only those who have lived through the tension of the operation and what a student new at her job feels, can understand how I could have been so stupid to do what I did next. I used a pair of forceps, carefully picked up the sponge, aimed it at the sterile cloth draped across the patient’s chest, and threw it! This in itself was bad enough and certainly not the proper way to hand the doctor the sponge. But as luck would have it, the sponge did not land where I aimed. It hit the doctor smack in the face! I hasten to add that I could not laugh at myself at that moment. However, as time passed, I could see the funny side of it.

One last episode of stupidity on my part was to occur before I finished my training in the operating room. I had now advanced to actually standing beside the surgeon, handing him the needed instruments. Back in the 1940’s, needles used during an operation were boiled in little round metal cases, in oil. They were very slippery to handle, I might add. I was in the process of picking up one of these little round cases, while an operation was in progress, when I looked up towards the glass-enclosed observation room. Who should be standing there but the afore-mentioned medical student. He had been in Mexico all summer, and I had not expected him back so soon. Can you guess what happened to Miss Well-Adjusted at this point? Right! I dropped the container of needles on the floor. It was the last pack they had in the operating room. Needles flew all over the place! Fortunately none fell “into” the patient! The doctor performing the operation knew of my romantic inclinations towards this medical student. He looked up, and saw what had caused me to drop the needles. I am happy to inform the world that there ARE some good-natured doctors in an operating room, because this one proceeded to console me over my blunder, and took the necessary steps to obtain more needles. To this day, that particular doctor holds a special place in my heart.

And so the days of the operating room were behind me. I eventually ended up being a pretty good operating room nurse, and it was also true that psychiatry and what I did not know at the time—my future husband—awaited me.

Chapter 3: Losing a Slip, but Gaining a Husband

Ah! Psychiatry! One of the most interesting aspects of nursing. One part I particularly enjoyed was called “Psycho-drama.” The patients are asked to play-act. Certain situations are set up and acted out, usually in such a way that it applies to a part of the patient’s life with which he is having difficulties. The staff also participates in the acting to help the patient along. One day I was asked to play the part of a serviceman’s wife, along with a female patient who was the wife of a serviceman. The young man who was picked to play the part of my husband was a psychology student, who worked part time as an attendant on the Psychiatric ward. Frankly, I wasn’t particularly interested in him. I still had that medical student on my mind! But he had gone out of town for several months, and I was getting bored sitting in that dorm each evening (who would have ever guessed that I would eventually get tired of dormitory life?). One day at lunch in the hospital cafeteria, the psychiatric attendant, whose name was Frank, was
seated at the same table. He began to talk about golf. I heard myself saying, “I just love to play golf!” (I had played once in high school, with six of us using one bag of golf clubs, and I had played the whole course with a number five iron.)

Frank looked at me and commented that we would have to play a game sometime. I thought to myself, “Why not? I don’t have anything to lose.” Nothing to lose? Little did I know what I would lose on that first game of golf with him!

We decided to play golf the next day. Being clothes conscious, I wanted to wear just the right outfit for a lady golfer. I chose a tailored sleeveless dress, but it made me look like an undernourished string bean. This was before the days of the padded bra. I solved my deficiency by stuffing Kleenex into the necessary spots. We proceeded to play golf, and occasionally I would manage to hit the ball. During one mighty swing of my golf club, I felt something sticking me in the side. I had worn a half-slip and being the kind of person who never found time to sew on snaps and buttons, I had pinned it together with a tiny safety pin. In my eagerness to give that golf ball all I could muster, the pin broke. I quickly grabbed my side, holding my slip up. Frank turned to me and said, “Go ahead—it’s your turn.”

Not knowing him very well, I frankly couldn’t bring myself to explain what had happened—that I was about to lose my slip! I stood there, clutching my side, and simply stated, “I can’t!”

“What’s the matter with you? Are you sick?”

I stammered around, trying to think what was the best way to handle this situation, and finally decided that the truth would be the simplest solution. “I think I’m about to lose my slip,” I said in a rather meek voice.

This did not ruffle Frank’s feathers at all, because he calmly told me to go behind a big tree, step out of my slip, and stuff it into my golf bag. If I could have looked into the future, I would have seen that this young man would be telling me many times how to get out of situations that I had somehow blundered into—and that I would learn many things from him that would help me develop a better philosophy of life.

But on with the game—it is by no means finished. We played a few more minutes, and again I gave a mighty swing of that golf club. Out of the sleeve of my dress falls my bra strap—Kleenex spilling all over the ground! Oh Daddy! Am I supposed to be able to laugh at myself at a time like this? I wanted to crawl into a hole.

Again Frank quite calmly took care of the situation. He asked, “What in the world has happened now?”

How do you answer a question like that? How do you explain all of that Kleenex on the ground? “Well, I think something else has—uh—broken,” I muttered under my breath.

He decided—quite wisely—that before I developed more clothing difficulties, he should take me back to my dormitory. I thought that would be the last
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I would ever see of him. For a first date, it had been a dismal flop. Fortunately, he did not discourage easily, because he asked for more dates, and I am happy to add that within a short time, I completely forgot about the “on again—off again” medical student, and soon found myself engaged to Frank.

Graduation was the next big experience. But somehow, this was a let-down. Here I had completed a very hard course at a very good university—something to feel really proud of. But it could not quite reach the type of feeling that I had experienced that night several years earlier, when a nurses’ cap was placed on my head for the very first time. Or perhaps it was because I really had nothing on my mind at that point but marriage.

We were to be married in the Duke University Chapel, which has a tremendously long aisle. It seemed about ten miles long as I walked down it! My family had arrived for the wedding. I was dressed in the traditional wedding gown and waiting in a small room with my father for our turn to walk into the chapel. My younger sister was one of my bridesmaids. As I walked past her, she spoke in a whisper, “Goodbye, Miss Bundy!”

I had been doing fine up to this point—completely in charge of the situation. But when she spoke those words, it suddenly dawned on me that I would not be “Miss Bundy” anymore. I would not be my parents’ little girl anymore. I was starting on a whole new experience as someone’s wife! The tears started falling down my cheeks, and I was unable to stop them. It was O.K. if the mother of the bride shed a few tears, but the bride? Fortunately my mother believed in every bride carrying a bridal handkerchief. Mine had been made by one of my aunts—mostly lace and not very practical (the handkerchief, not the aunt!). As the wedding ceremony progressed, I sniffed and gulped my way through the whole thing—but ever so quietly. When it was over, we turned to walk back down that long, long aisle. Suddenly I could no longer control the tears. With Frank holding my arm and a look of bewilderment on his face, I sobbed, not so quietly this time, to our waiting car. Frank and I drove away on our honeymoon trip, and I cried for about forty-five miles. He turned to me and said, “If you feel that badly about getting married, perhaps we better go back!” this flat statement helped me to quickly get control of myself.

Frank did not know it at the time (or maybe he did, and thought I would be a good candidate to practice his psychological training on!), but he really picked a “loo-loo” for a bride. She was a cry baby, immature, and had a very quick temper. He discovered this even before we arrived at our destination.

I had purchased a new hat to wear on my honeymoon trip. As we were driving along, he gave the impression he didn’t like it. No—he didn’t just give the impression—he came right out and SAID he didn’t like it! Either the strain of the wedding had been too much or I was simply a spoiled brat, but I snatched the hat off my head, threw it on the floor of the car, and stomped on it! Then how ashamed of myself I felt. It was going to take me many years and many moments of feeling ashamed before I gained some control over my quick temper.

On our way back to North Carolina, where we were to live while Frank worked on his Master’s degree, we stopped by my parents’ home in South Carolina. During our visit there, we played bridge one night. My father had the irritating habit of slamming a card down hard on the table when he was sure he was going to win the trick. During one of his times of slamming a card down, taking MY trick, sudden, uncontrollable anger came over me. I picked up a pencil, and threw it at him! Threw a pencil at my very own father right in front of my brand new husband! What do you suppose Frank thought of me at this time? He has never told me and I don’t think I want to know. Here I was—a twenty-three year old woman—still acting like a child in many respects.

I was to show my new groom one more burst of temper before I decided within myself that this was a bad personality flaw that I simply must work on. We played chess almost every evening. If you have ever played chess, you know that several moves before you lose the game, you are well aware of what is coming. I am the first to admit that at this stage in my life I was a very poor loser. We would play the
game; I would lose, and then angrily lift the chess board, pieces and all, and throw it to the floor! Why am I admitting the bad side of myself to the world? Because I hope to point out to those of you who feel you have a similar disposition that there IS something you can do about it. It might take many years before you conquer your temper flashes, but bit by bit, it can be done. Here again, it is a matter of being able to do ANYTHING as long as you are willing to work at it. I’m no angel, at the time of this writing, but I think I’ve improved at least 75%. Well, maybe 50%? Alright, Frank, I’ll settle for 25%.

One thing that helped me make the decision to work on my temper was a comment my new husband made to me. “Jean. It is very easy to lose your temper. You get angry quickly, you get over it quickly, and you are quick to apologize. Then you have made YOUR own conscience feel better by your apology. But the person you might have hurt with your temper outbursts might be the type of person who does not recover from hurt as quickly as you do. They could go for days, weeks, or months still feeling this hurt inside.” I had really never thought of it this way, but how true it is!

Back to the chess games. Each time that I threw the chess pieces to the floor, Frank would pick them up and put them away, usually without a word (wonder if this thing he has about throwing his dirty socks on the floor is subconsciously connected with my throwing the chess board?). After quite a few evenings of bad behavior on my part, I looked at this man I had married and said, “Frank, perhaps if you would leave them on the floor, and I had to pick them up, I wouldn’t do this again.” What would a psychiatrist say about this statement, I wonder?

When we played the following evening, he proceeded to do just that—left them on the floor. They stayed there several days (I was also stubborn!) but finally I picked them up. Never again did I have a temper tantrum over chess. I solved it by giving up the game!

**Chapter 4: Will I Ever Learn How to Cook?**

In the section of country where I grew up, everyone had household help. Even though we were living on a superintendent of school’s salary, my mother had full time help. I hate to admit it, but I grew up not knowing how to cook; not knowing how to iron (I ironed my first article of clothing on my honeymoon—Frank’s white shirt—and scorched the whole front of it!) and was in the habit of throwing my clothes on the floor for the maid to pick up. And now I was the mistress of my own household (even though it was just an efficiency apartment with a bed that came out of the wall and the couple across the hall warned us when we moved in that it—the bed—had horrible squeaks in it, which certainly didn’t help adjusting to married life, I must say!). I was now the cook, ironer, and general picker-upper!

The first time that I walked into the kitchen to make a pot of coffee for breakfast, I got out the brand new percolator that we had received as a wedding gift. In another pan, I started water boiling. My new husband came into the kitchen saw the coffee pot; saw the pan of boiling water and asked, “What in the world are you doing?”

“I’m making coffee,” I replied, wondering why he had asked such a stupid question.

With a look of complete amazement on his face he said, “Dummy, you don’t boil water to put into a percolator!”

It seems that my own mother had a gadget called a drip-o-later, into which one poured boiling water, and it seeped through, and ended up making coffee. How was I expected to know the difference in those two methods? So, Frank proceeded to give me my first cooking lesson.

Poor thing—he must have been awfully hungry during those early days of marriage. However, I did try—honestly I did. I had received a new cook book as a wedding gift. Each evening as I would prepare the meal, I would cook whatever happened to appear on the next page of the book! It was usually a
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complete flop. One time I thought I would be original and create my own menu. I bought a can of tongue. I had read stories in the past, and had remembered that tongue was considered a delicacy. However, the can did not have any directions on it, so I simply opened the can, and even though I had managed to live through a course in anatomy, I almost felt nauseated when I saw the long, rough thing curled around the inside of that can! It was just that—a great big pink tongue! I placed it on Frank’s plate, and tried to make it look more appetizing by surrounding it with a few carrot strips and some lettuce. He sat down to eat. But even Frank couldn’t manage this latest of my culinary attempts. Not wanting to waste good meat (?) I passed it over to another new bride who lived across the hall. I found out later, she had passed that old tongue on to still another new bride in another apartment. It finally ended up in the garbage can. None of us knew what to do with it.

Grocery shopping was a challenge to me. We were living on a very limited income and I had to count the pennies. I felt so proud of myself one day when I found a brand of coffee that was about half what all of the other brands cost. It was called Postum. Have any of you ever had a drink of that stuff? It isn’t even coffee! It is made out of some kind of grain or something, and is the most gosh-awful tasting drink I’ve ever had. And do you know that Frank wouldn’t let me buy any REAL coffee until we used up all that Postum! Speaking of challenges—being married to this man was going to be a challenge unto itself!

As time passed, I became a little more adept at the art of becoming a housewife. Perfect? Not even to this day. (If Frank ever CONSENTS to reading this book, I can hear him saying “Amen” to that!) Recently I mentioned to a friend that I never could bake a cake without it falling into a sticky flat mess. She gave me a recipe for a cake that rises real high while cooking, and then is SUPPOSED to fall. That was just the recipe for me. I carefully followed the instructions, placed it in the oven, watched it rise, waited for it to fall. It never did fall! Another friend, knowing of my difficulties as a cook, gave me her recipe for an EASY coconut pie—hers was lovely, golden brown such as you would see in Good Housekeeping (don’t you just hate people who can cook like that?) I placed the one I had made in the same oven that had created so many other failures, waited for it to turn a lovely, golden brown. I waited and waited and waited some more. I cooked it three times as long as I should have but it still remained a nauseating, sickly tannish white. When we tasted it, I found my mistake—I had left out all the sugar! So maybe I’m one of those women who should have had a great career in science or something. But then I wouldn’t be having these early morning cups of coffee with feet propped up and reading the newspaper, except when people come around delivering books on how to write your first book and find yourself so involved with writing that you haven’t had that coffee for weeks and weeks!

Back to those early years of marriage—Frank completed his master’s degree and I became a MOTHER TO BE. At this point in my life, I began to feel what it was going to be like married to a psychologist! Here I was—about to be a mother. I felt like the star of a Broadway show. I wanted attention that a star deserved. I wanted a little sympathy when I felt bad. But when I expressed how I felt—nauseated, or tired, or blue—this psychologist husband of mine proceeded to get out his textbooks, read a few lines, and then would look over at me to inform me that that was the way I was SUPPOSED to feel! When all I wanted was for him to take me on
his lap, give me a little hug, and sympathize with me. What was in those stupid books anyway? What was it going to be like, married to a psychologist?

I had been a voluntary guinea pig during Frank’s years of study. Whenever he needed to practice giving some kind of psychological test, I was always available. Actually, this was kind of fun. One time he gave me an intelligence test. I will be immodest to announce that I scored very, very high (in spite of my stupid blunders during nursing school, I actually knew I was no “dumb bunny.”). I did not know that my IQ was as high as the test indicated, however. For several days, I went around feeling extremely brilliant—even managing to insert into conversations with other people what the results of Frank’s test were. Patiently he watched me make a fool of myself, and then one day announced that he would like to explain to me exactly what an IQ test showed—your CAPACITY to learn.

“Jean, let’s just say that you have a very large cup—your capacity to learn is great. But over the years, you have put very little into that cup. Someone else might have a much smaller cup—that is to say, a lower IQ. But they could have filled their cup—they have used their intelligence to the fullest capacity, and you have not used yours.” Period. Finis. I felt like a large balloon that someone had just stuck with a pin. Needless to say, I did not go around bragging about my IQ after that. Knowing my score on the test however, came in rather handy when my two oldest reached their teen and college years. You know that age when they think their parents are so stupid? I would squelch them (and make myself not feel so inferior to them!) by announcing that I knew what their IQ was and that I’d like for them to know that mine was 3 points higher! I didn’t repeat to them Frank’s little clever explanation of the empty cup, however. It’s best to keep SOME things secret. My mind, empty as my cup may be, soon became occupied with our first child, a lovely little blond named Linda—the first of the three children who were to bring us much joy through the years. And the first one that “left the nest” twenty-two years later. During those twenty-two years, I was able to learn a lot—develop attitudes about life that would enable me to “turn lose the apron strings” when the time came, and be able to live through this difficult period in a woman’s life.

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