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Ghosts of the ICU

BY LIBBY TUCKER

One Friday last October, I sat in my office talking with a student about a draft of his paper. Sunshine streamed through the window. Students laughed as they escaped from their last afternoon classes, ready to start their weekends. Although I sat dutifully at my desk, I felt just as eager to leave the campus as the students did. It was First Friday: the day when all of our local art galleries open their doors to visitors. Time to go out to dinner, see friends, and enjoy the annual Rude and Bold Women show.

But the shape of my weekend was about to change. “Call the hospital,” my department chair told me. “Your husband’s had an accident.” With shaking hands, I dialed the hospital’s number and learned that my husband had arrived at the emergency room with a head injury. By the time I reached the ER, he was unconscious, breathing on a ventilator. Beneath his bed lay pieces of the shirt the EMTs had cut off after his accident. After hours of tests, the head trauma surgeon sent him up to the intensive care unit, otherwise known as the ICU.

It was late at night, and the ICU’s waiting room looked dark and shadowy. On cots, chairs, and couches slept other patients’ family members. One kind nurse handed me two sheets; another gave me a list of nearby restaurants. Someone who had been resting in one of the chairs helped me transform a small couch into a bed. I fell asleep next to the blinking lights and rumbles of the coffee machine, a strangely reassuring source of light and sound.

The next morning I met the other family members. Two of them had arrived a week ago, after their son’s car flew off the road and up into a tree. “Police said it was the worst accident in years,” they told me. Members of another family had come to the ICU the previous night after a domestic violence tragedy. Their daughter was fighting for her life in one of the ICU’s cubicles; her husband had shot her, then shot himself and died. Shocked and grief-

stricken, these family members sat quietly in one corner of the waiting room. The coffee machine rumbled and blinked as we waited for news from the nurses.

After a couple of days in the ICU, I felt very tired, like all the other family members who had been staying there. It was Sunday morning. A few of the patients, including my husband, were starting to improve, but others were not. Trying to stay alert, I talked with a cousin of the young man who had survived the terrible car accident. Suddenly I noticed that the waiting room’s open door was starting to detach itself from its hook on the wall. The door moved slowly, very slowly, then closed with a loud THUNK.

“A ghost!” cried the young man’s cousin. Her aunt smiled, and so did I. Some of the other family members in the room looked excited. “A ghost, huh?” asked the son of an elderly woman who was struggling to recover from pneumonia. As far as I could tell, this ghost was a welcome guest.

Fortunately, my husband came home from the hospital after six days and began the long process of recovery from a head injury. As I got back to work, I wondered about the door that had closed so mysteriously. Deaths happen pretty often in ICUs—all of us staying overnight in the waiting room were acutely aware of that fact. Why hadn’t anyone in the waiting room worried that the ghost of a dying family member had come into the waiting room? I decided to do some research to find an answer to that question.

After asking a number of people about ICU ghosts and checking some reliable web sites, I understood that ICU ghosts tend to be helpful, kind figures. Many of these ghosts are deceased nurses who once stood by the bedsides of ICU patients. They are dedicated, highly professional nurses; the only indications that they are not alive come from their clothing and slightly unusual behavior.

One of my students told me that her grandmother would have died late at night

in the ICU of a New York City hospital if it hadn’t been for a saintly night nurse wearing a starched white cap who took excellent care of her. In the morning, the grandmother told her granddaughter that she wanted to find the night nurse with the white cap to thank her. “Oh, that’s not one of our nurses,” said a member of the hospital staff. “Nurses haven’t worn starched white caps for years. Maybe it was the ghost of one of our earlier nurses who helped you.”

A web site for nurses and nurse educators, allnurses.com, describes a nun named Rocking Mary who appears at ICU patients’ bedsides wearing a white habit. Back in the 1950s, Sister Mary died in a car accident outside the hospital. Since then she has rocked back and forth next to critically ill patients, staring out the window at the place where she died. It is not clear whether Rocking Mary helps patients recover, but her presence in the ICU certainly seems to make their sojourn there more memorable.

Although I’m glad not to have seen a ghostly figure like Rocking Mary, I’m grateful to everyone in our ICU who gave my husband such excellent care. The ghost who closed our waiting room door seemed to be part of that wonderful staff, offering families a little break from anxious waiting. At times of stress, we need good spirits. ▼

Libby Tucker teaches folklore at Binghamton University. Her book *Haunted Halls: Ghostlore of American College Campuses* (Jackson: University Press of Mississippi, 2007) investigates college ghost stories. Her most recent book is *Children’s Folklore: A Handbook* (Westport: Greenwood, 2008).



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