Hands on healing: Understanding the Transformative Learning Experience of a Patient / Therapist Consultation

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"Mastery in the healing arts takes longer than beginners can comfortably contemplate. But it means we can continue to grow in our chosen field throughout our career." (Milne 1995, p. 160)

The focus of this research is to answer the question, "How are hands linked to healing?" The vehicle for exploring this will be an expressive research methodology, grounded in phenomenology as described and utilised by Peter Willis (1998), and in turn drawn on the work of Reason (1981, 1988), Eisner (1991, 1993) and Garman (1996). The expressive research methodology is a way of helping the researcher to return to past experiences, to engage with them and communicate the images which arise from reflecting on these experiences. One merges into the experience and absorbs the sensory perceptions which arise. The findings are expressed via artistic modes. Diamond (1997), in presenting the Art's based style of research writes that Science states meanings and art expresses meanings. I was interested in exploring the underdeveloped, unknown, unstated, underrated, underestimated elements of hands on therapy. An artistic expression of experience appeared to be the way of entry into this research. Diamond says that "the intersubjective sense of self and others (interaction) is one of the chief effects that arts' based research can achieve".

The research is essentially autobiographical. Heilbrun (1988) says, "autobiography is not the story of a life, it is the recreation or the discovery of one. In writing of experience we discover what it was, and in the writing create the pattern we seem to have lived. ..... it is the revelation, to the reader and the writer, of the writer's conception of life he or she has lived. Simply put, autobiography is a reckoning." ... It is my intent that by writing the story of some healing episodes from my own practice... it is more likely that my own biases and assumptions be unfolded. The point being that this clears the way to more ably persue research into healing in a broader context, i.e. with other practitioners.

Hands are the physiotherapist's key tool for assisting with health improvement, restoration or maintenance. The term "Healing" is used to describe the processes and outcomes in health care. The root word for healing is "haelen" which means "to make whole." (MacCormak,1990). Currently, the concept of healing is used to describe the processes occurring at a variety of levels, micro to macro, from the cellular/physiological level to the "whole" person, societal and global environment. Milne (1995), states that "real healing addresses one or all causative levels... (of dysfunction) ... until they are resolved." This research is based on a concept that healing is "a natural physiological process of assisting a person to mobilise his or her own recuperative and regenerative resources" (Pelletier and Herzing, 1988).

The concept that mind and body exist as a unified system, is the key to my understanding of healing. In this research, "Hands on Healing" involves touch and is understood as "The conscious act of laying one's hands on or near another's body with the intent to help or
promote the process of healing" (MacCormick, 1990). Max van Manen (1995), suggests that the "Phenomenology of touch is quite subtle and complex... and that patients still expect a caring hand which does not only touch the physical body, it also touches the self, the whole embodied person”.

The experiences will be represented by using the 4 textual genres as described by Willis (1996, 220-221):

...Backgrounding: describing the context and circumstances in which the patient and physiotherapist were located.

...Sketching: illustrating in narrative form a critical incident of physiotherapy practice as the author experienced it.

...Poetising: portraying in metaphorical forms the “healing process”.

...Distilling: highlighting key elements and themes emerging from the above representations which give meaning to lived experiences of hands on healing.

...Visual Imaging: the author will add this 5th form of representation, drawn from the context, critical incident or healing process.

The following is an expression of one episode of healing using the 4 textual genres:

... 1. Backgrounding ...

The events in this episode began in 1980 in a world renown spinal rehabilitation centre at Stoke-Mandeville Hospital, situated in the county of Buckinghamshire in England, to be found an hour's train journey north of London. The hospital was an unimposing single storeyed, lengthy corridored building and a series of charcoal grey huts to one side, left over from the war days, in the 1940’s. This was where pilots and soldiers were carried in in all manner of physical and emotional disarray and recipients of plastics, burns and spinal injury treatments. This was still talked about during the time that I worked there in an 18 month period from 1980 to 1981. The patients who were accepted for rehabilitation in this spinal unit were well aware of the privilege that had been bestowed to them.

Context

Health is in crisis.. Stoke-Mandeville Hospital is threatened with closure
.. A major fund raising project is launched to raise 10 million pounds. This is overseen by well known media personality, Jimmy Saville. the money is raised within 2 years.

The Physiotherapy Department employs 26-30 physios.. from varied international origins, and the Manager, ex-Navy, the sole male physiotherapist, runs a lightly regimented department, but the team is rich in enthusiasm and goodwill. Australian physiotherapists are perceived as being more autonomous in their approach and prove to be somewhat outspoken, even though it is usual practise for the medical specialists to prescribe treatment.

Physio programs are reputedly state of the art and intensive. A large gymnasium which holds up to 30 patients on a rehabilitation program at a time is busy with activity all day. Patients participate in a full day's program including matwork, plinthwork, walking, gym, hydrotherapy and recreational [including archery] training. It is considered appropriate to join the patients in outside pursuits such as weekend recreation or evenings at the local English pub, a place of major social occasion.

Newly arriving patients are assigned to physiotherapists on a rotational basis, and this is how I came to be Mick's Physio.................

Mick, a 20 year old apprentice had broken his neck in a rugby scrum. A severely deformed 4th level cervical spinal cord lesion required surgically correction within 48 hours and he was transferred to SMH 10 days later from a county 10 hours away by road. He required 5 turns along the way, taking 1/2 hour to complete each turn. He felt every bump on the road, through the gritty pressure area at the back of his head and through the clamps bolted into the side of his skull.

On arrival, Mick found himself a long way from home facing an unknown future. But he refused from the start that he would be paralysed for life. His girlfriend, Sally followed and she had already determined that whatever happened she would stick with him.

Mick refused TV or reading screens as he said they detracted from exercise, mental and physical. He soon began light, relaxing, repetitive limb movements, many times a day, heavy limbs comforted by reassuring hand support. His spirit won him friends and so small extra things were done for him. He wanted to "get up and get out, he was too young to just lie here."

On the 11th day the medical specialist stated that it was extremely unlikely that there would be any recovery below the wrists, ie that he would be paralysed for life, with little chance of a partial recovery, and advised Mick to concentrate on what he could do, not what he could not do. At times like this, humour came to the fore, and new ways of exercising and learning movements were invented between him and his Physio. Mick and Sally had up and down days, but mostly they stuck to a commitment of being tough, dedicated and fun-loving; their relationship strengthened. Sally learnt to move his limbs like the physio did, and her hands learnt to flex.

Mick sat up on the 14th week with full support, realising then how little muscle activity he really had, and how severe the disability was. It took "every ounce of effort and concentration to hold up his jelly-like body." He was as helpless as a small baby, but Sally
praises every small effort he makes. He goes outside for the first time and it's like drinking champagne.. the sounds of the birds and sights are marvellous. He has his 21st birthday at SMH. Physio hands now gently challenge his delicate balance mechanisms, push and pull stretch and retrieve.

Mick is getting slight movements back in his toes and legs, but at 3 months he is still paralysed. The medical staff do not want to build up his hopes too much, but we think otherwise. Every slightest new movement and there is a call to get others to run around and notice. He is pounded, pummelled, encouraged and cajoled through his daily exercise program. The day sometimes begins, "OK Mick, we're trying something new today", and he groans in mock style. He IS a trier, does not give up and he and Sally practise in their own time, and in return, show and tell in physio time.. this cycle is richly productive in Mick's spiral of progress.

By the 5th month, Mick begins to stand for longer periods, strapped tightly onto a standing frame, and is relentlessly challenged with strong hands, ball work and weights. By the 7th month he begins to painfully and slowly walk in water where his body is experienced as one sixth of his weight. He subsequently stands between parallel bars, strapped tightly in plaster backslabs, learning about the complexes of shifting his weight so he can take that first heavily assisted step forwards. The days are tough, the demands exhausting, and still he inches forwards one leaded step at a time, with weighted supports as frustrating as the weaknesses it goads to overcome. Hands lift, prod, shape, press, comfort, cheer and compel. He has worked hard, and he deserves a break, this time he sees out and around the countryside on that long journey back home.

... 2. Sketching the scene ..... 

Mick is home with his parents and fiance Sally. There's a party to celebrate his first week's leave from the Rehab. Centre after 7 months of grinding rehabilitation. I am invited to stay several days in the country before flying to Australia, experiencing the pleasure of informal time before the departure ... Mick's sister and brother-in-law, rowdy mates and girlfriends have come to celebrate his return. I sense an awkwardness in their introductions. Mick's different ... you bend your head to talk to him now, but relief invades ... he has the same sense of humour, sharp wit and dogged stability about him ... but he's different. His eyes go deeper and they see to be in many presences simultaneously. He knows of worlds they cannot comprehend and he knows it stays inside. His friends cross the doorway ... what do they say? So they jolly around, anxious not to disrupt him ... wanting all to be the same, but one can hear the discordant edge to his banter, half carefully considered, not knowing how far to invade. But Mick is home and this place is his balm. The chatter thickens and spreads, along with the dark ale they imbibe ... cheeks flush, muscles pec, fluid flows, voices lift and for a while all is well. I am part of this weaving until I find a time to stand aloft ... and ... within my soul an idea springs to life ... an idea to fuel his hopes for the next stage of his rehabilitation. He has one desire which lights his way ... He WILL walk unaided ...

...The idea rolls over into rapid words of collusion

with his brother-in-law and
bursts through into motion ...

2 winged helpers appear at Mick's side

and with quick command,

Mick starts to steal the scene ..... 

...... 3. Poetising ..... 

the suction of gravity is newly revealed

e feels..... 

the effort 

the unwinding of joints up into the space

..... as a rocket grumbling on earth realising that it's leaving its base 

supporting arms locked underarms

strong hands under weak hands
..... and gravity is stressed

a tremor humms spreading and sparking in quadriceps and hamstrings

a subtle tone weaving upwards through muscle and joint

..... connecting energy centre to the bellows of life

expanding in its cacoon of ripple on ripple

e shudders

e wheezes

and a pure new sound from a place no longer clamped by

..... bandage, plaster, straps and rails

..... coaching repetitive voices

..... stiffboards and mechanical whirrs

e exhales

..... to a tune of joyful laughter

a song of shock surprise, pleasure, disbelief, relief

..... now conducting the place

and the exhaled is joined by the inhaled

as the ripple transforms into function

..... and laughter becomes the balanced moment of new life


e laughs

we laugh

..... becoming weaker as e becomes stronger ..... 

e stands .....
The healing experience for me is like:

... an event which can come in unexpected ways
... trusting that hands can help
... stretching the imagination and giving a hand
... an offer of new opportunities
... an acceptance of new challenges
... helping to break through routine forms of practice
... an offer of strength to the healee, until their own strength is found
... an interactive dynamic
... a trigger for surprising outcomes if one knows the healees' wish
... fun when the environment is comfortable and enjoyable
Postscript:

Mick continued his rehabilitation and progressed to walking independently around home, and with the aid of elbow crutches outside his home; and he relied on wheelchair transportation for lengthy mobility needs.
References:


HANDS ON HEALING

UNDERSTANDING THE TRANSFORMATIVE LEARNING EXPERIENCE OF A PATIENT- THERAPIST CONSULTATION

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