The Body in Illness: A Personal Reflection

Susan Sapsed – Senior Teaching Fellow David Mathew – Learning Technologist E-Leader Berlin, June 2012

My journey began here in Avoca in August 2007



Life on a stick! - 9 months



April 2008 - 2009 Guess what fractured

- Visited GP. X–rays,
- Referral:
 - MRI scan,
 - Arthroscopy
- December knee injected with
- January visit the consultant
- January April referrals to consultants

Meet new consultant at RSM April to December 2009

 April –Review – beginning of life on crutches

 12 weeks to surgery - screw and repair of ligament

Life on Crutches





Post Surgery July – December 2009

July – Physiotherapy commenced

- Nearly two year having not bend my knee!
- Not allowed to walk 100 yards
- October Screw too short
- December New screw

December 2009 – Surgery and failure

- Day 3 Registrar said screw was possibly too long and in the joint. Is that which is causing the pain? Ice packs most nights.
- Day 4 Consultant said it could be re-done if too long ,
 pain due to the possible nerve damage .
- The Registrar saw me on Friday evening (day 4). I knew he was dead against any operation, so I explained what had been said, that was the first time I felt uneasy
- Day 6. So staying was tempered by expectation it would soon be over. Monday the Consultant went over what he had previously said I felt reassured.

Monday afternoon

- The Consultant sent up the SHO, I was devastated when he said yes too long but it would not be changed.
- Yes, I understood all he said and he was totally bewildered why I was upset, and did his best to comfort me that all would be well in the end, but when would the end be?
- Then messed that up by saying he was not sure how I would control the pain it may bring.
- The staff were wonderful, but I could not be consoled I had not got the closure I expected.

No understanding – no holistic care

- The medical staff saw my knee from the surgical perspective but they failed total to understand how the news impacted on me.
- To recognise the pain , all they said was it would get better in 6 weeks.
- So splint very uncomfortable rubs on the stitches and nerves – their answer was you need it.
- Nursing staff understood but were more concerned about the bed! They had a person waiting for my bed.

Medical Communication

- Back in 1991Donley said:
- It takes a whole doctor to treat a whole patient, or so the saying goes.
- In the case of a narrative-based practice of empathetic witnessing, it also takes a whole (embodied) doctor to *hear* a whole patient.
- They say they practice holistic care but no it would take too much time and be an emotional drain.

Medical Communication

- Doctors are trained to use a lexicon of med-speak that baffles us patients.
- General medical terms are used by all doctors or many specialties.
- Other words and concepts are specific to body systems, conditions, diseases or treatments.
- In all cases, you'll walk away much more satisfied from your visit, having learned what you need to know, if you stop your doctor and ask for a definition or description when he uses a concept or term you don't understand.

Unable to pick myself up



No closure- first few weeks

- I cannot sort myself out, yes I should consider in six weeks the splint should come off but what then.
- Look to the prospect of the screw being removed, the nerve sorting itself out or not, then what will go wrong.
- I seem to have lurched from one problem to the next will it never end.

 The brace rubs against the possible nerve damage and the Physiotherapist said there was no way of modifying this pressure. PAIN PAIN

The Way forward – from Chris

112 5



Reflection provides the opportunity to make sense of and learn from any experience and handle similar situations appropriately another time.

It gives you the chance to explore thoughts and feelings, work through difficult or painful experiences, develop self awareness and fresh insights

The Good, the Wise and the Right Clinical Nursing Practice



Edited by Charlotte Delmar & Christopher Johns Aalborg Hospital, Arhus University Hospital

Becoming a Reflective Practitioner

THIRD EDITION

Christopher Johns

With contributions by Simon Lee, Susan Brooks, Sally Burnie, Jill Jarvis, Ruth Morgan and others



WILEY-BLACKWELL

Reflection

- Learning theory (Kolb) tells us that in our lives we continually traversing the circle of Experience, Reflecting and Learning.
- Scientific research tells us that if you feel better you heal better.
- But I did not feel better!!

Reflection as seen by Kurt & Denk

- Reflection on service offers a way to engage the intersection between our interior lives, desires, interests, concerns, and our outside world.
- There is a *dialectic* (a dynamic, mutually-influencing interaction) between self and world.
- The reflective process seeks to pay attention to that middle ground, to see how the self is affected and effected by the world, and how the world is, or can be, affected and effected by oneself through service.

In this sense, reflection intends to look upon our varied experience as an experience cycle

Anne Charlotte Hojrth, "Do I hear the presence of the Other?"

- Explored the an awareness of the vulnerability of others.
- So here was my starting point, which became my moving forward.
- My reflection is not theoretical but an understanding of my lived experience as a narrative reflection now I realise what I feel is similar to bereavement so my journey will take time, this knowledge is somewhat reassuring,

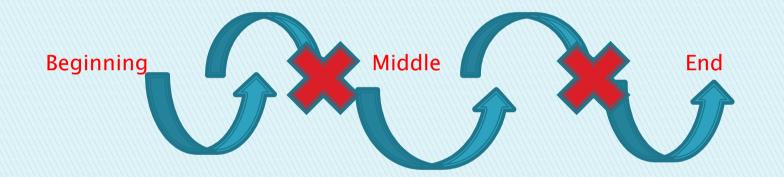
Kurt & Denk – Making Connections, Finding Meaning, Engaging the world

- Narrative reflection draws on the basic human experience of story-telling.
- Or think of how people tend to tell stories after visiting friends, going on a trip, or encountering a new kind of experience.
- So a period of transformation.

Transformation Cycle means connection Beginning Middle End

Trans-formation is the process that transforms us from the suffering victim of loss to the more complete person we can eventually become.

Transformation Cycle – broken – disconnection this was me!



Narrative reflection draws on the basic human experience of story-telling

It is intended to stimulate the cognitive and affective processes necessary for conversion

 Drawing on the research methodology of Narrative Inquiry, Clandinin has developed a concept of "Narrative Reflective Practice"

Transformation Cycle – Chaos So where am I?



How to start?

Boud et al 1985:

3 Key stages:

Returning to the experience

Attending to ones feeling –
 Positive and obstructive

• Re- evaluating experiences Association, integration and appropriation

Breaking Through

- After 6 bad weeks I was back the registrar had no insight and was about to say I was making a fuss when in walked the Consultant who immediately recognised I was really in pain it was not just post op. It was nerve damage.
- Analgesia for nerve damage wonderful
- Downside splint to stay and crutches to continue.

Grief – Anger, Denial, Sadness, despair

- March April Acupuncture to reduce the pain on the wound site – very successful.
- My return in April was interesting -the clinic was over 2 hours late it was a non event.
- So no x-ray and a Consultant told me I was not assertive enough as I knew I need an x ray- no change so continue with the crutches.

Letting go - moving forward







Will problems end?

- Mid April Assessment at the Pain clinic change analgesia because of side effects.
- 3 days later violent reaction to new drug and withdrawal effects from old drugs – would have been happy to die!
- Learnt could not be a drug addicit.

Letting go - moving forward





Screw removed

- At last at the May appointment it was agreed I could have my screw removed as it has slipped so far away form the original insertion.
- No release totally form my crutches.
- Date given, per assessment completed.
- Screw removed on 29th June. No crutches.

The remainder of 2010 -2011

- October told the fracture not healed.
- Referred to another Consultant.
- July new screw with a bone graft.
- Back on crutches with leg splinted for the 6/52
 December bone graft failed. Still on crutches!

Where am I?

- Am I empowered?
- Have I come through?
- Will September bring me closure I desperately need?
- I need to be off my crutches!!

Way Forward?

How do I manage my constant pain?

References

- Boud, D. et al (1985) promoting reflection in learning: a model, London, Kogan
- Clandinin, J.D. (2006) Narrative Reflective Practice, University of Calgary, Alberta, Canada T2N 1N4
- DasGupta, S. (2004) Personal Illness Narratives: Using Reflective Writing to Tea. Academic Medicine: April 2004 – Volume 79 – Issue 4 – pp 351–356
- Donley, C. (1991) Changing images of healers. *Lit Med*.;10:18-33.
- Hojrth, A. C. (2008) Do I hear the presence of the Other? Cited Delmar, C. & Johns, and C. (2008) The Good, the wise and the Right Clinical Nursing Practice, Arthus University Hospital, Aalborg Hospital.
- Leder, D. (1984) Medicine and paradigms of embodiment, *Journal of Medicine and Philosophy*, 9:29–43
- Kurt, M. & Denk, S.J. 2006 Making Connections, Finding Meaning, Engaging the World: Theory and Techniques for Ignatian Reflection on Service for and with Others, Jesuit School of Theology at Berkeley
 - Tresidder, A. (2002) *I'm Fine Learning to Unblock Your Emotions* Dublin: London, Gill & MacMillan,