Practitioner Discomfort : Awkward Moments, Learning Moments

Shayna Hornstein
shayna@shaw.ca

Howard Stein (1985) wrote extensively about the practitioner-patient relationship and in particular how "human beings use one another for unconscious purposes" (p. 2). He describes our elaborate defense mechanisms that ward off our anxieties, fears and other noxious emotions. Given the inherent power dynamic between the professional and the client or patient, these natural, human defense mechanisms can get in the way of good judgment and effective clinical care. No one likes being caught off-guard, especially when we expect ourselves to be in control. Stein (1985) asserts however, that our discomfort can become a helpful ally, if we court it gently.

Many years ago, I had a poignant encounter with a client that became the impetus for the research inquiry[1] I recently completed (Hornstein, 2008). My curiosity about the interplay between our power as professionals and how we handle moments that throw us off track stemmed from that event. I was lucky. That time, I caught myself before it was too late and narrowly escaped behaving in a way I would have come to regret. Here's what happened:

LANCEY: CATCHING MYSELF

One afternoon I was approached by the instructor who thought Lancey might be having seizures. Lancey would suddenly stare off into space, apparently unable to hear, then return to her lesson. As the only health professional in a project that taught life skills to people with disabilities, I was called in to investigate. Lancey had spent much of her thirty-something years in institutions. She used a wheelchair to get around and lived in a group home with nursing care. Lancey was slow to process new information and often required repetition to learn simple tasks. I decided to broach the topic of seizures delicately, sensing that my concern might frighten her. Lancey engaged readily in the discussion and told me she was on medication for epilepsy. The dosage, however, had not been reviewed for years, and Lancey could not explain to me much about her epilepsy. Not knowing much about epilepsy myself, I suggested that we learn together and request information from the local epilepsy association. Lancey went along with my idea.

Buoyed by self-congratulation for my novel approach, I enthusiastically met with Lancey when the materials arrived. Eagerly, I removed the pamphlets from the envelope and read the titles aloud. "Epilepsy and the Workplace." "Medications for Epilepsy." I had nearly emptied the envelope before looking up. My heart skipped a beat as my eyes caught the wet, wide eyes of beet-faced Lancey. With uncharacteristic candidness, this soft-spoken, agreeable woman furiously blurted, "*Shayna, you're pushing me*!"

Time then unfolded in slow motion. My whole body tightened and I remember a flash of anger at Lancey. A defensive voice in my head asked me, "*Wasn't I not only worried about her health but equally concerned that I be sensitive to her fears*?" I then watched a wave come over Lancey; her face lost its tightness, the flaming colour receded, her eyes softened. Another shift followed, and I saw fear on her face. Registering her fear rattled me. I couldn't escape seeing that Lancey was afraid of *me*. A stream of apologies then spilled out of her as if to coat earlier words that had escaped before she could swallow them; as though she came to her senses and remembered her subordinate place. Lancey seemed to instinctively know that her spontaneous anger, however authentic, was not prudent with a professional. She began to heap praise on me. Did she want to ensure that *I* felt good about my work with her? I had been feeling quite proud of myself up until that point, so her behaviour was right on. Conditioned by many years of interactions with health care workers, she knew, consciously or not, that her reaction could be dangerous. She had objected to my agenda. Lancey is dependent on others to be washed, dressed and lifted into her wheelchair. Her safety and comfort depend on not displeasing her caregivers. Anyone who is disabled, chronically ill, or who has lived in an institution has experienced being at the mercy of others. Angering, frustrating or otherwise upsetting a staff member may mean sitting in wet pants when the urgency to pee could be held no longer. It is important that staff *like* you.

Not only did Lancey not thank me, but with uncensored honesty she expressed her anger, an emotion largely forbidden for a person with such physical dependence (Zola, 1982). Apparently recognizing her lapse and the risk of her words, she quickly recovered the behaviour so ingrained in her and apologized for her transgressions.

In that matter of moments, I too 'got a grip.' My tightened posture relaxed. The flash of anger I felt earlier evaporated. I interrupted her trail of repentances. I spoke to what I sensed lay beneath her apologies. Shaking my head gently, mainly to myself, I firmly and calmly said to her, "*Lancey. Stop. I'm all right. You didn't hurt me. You don't need to take care of me.*" Was my absence of defensiveness confusing to her? She obeyed, but a quizzical look now sat on her face. "*Remember yesterday you listened to a talk about assertiveness? Well. You're practising*," I managed to explain. Her puzzled and fearful look gave way to a broad grin. We sat staring at each other with big smiles for a few moments before she impulsively stretched out her arms for my embrace.

I still shudder to think how close I came to accepting her apologies.

<u>Crossing the Line:</u>
<u>Unaware, I Put My Needs First</u>

> *It is hard to say which group has the greater need, the doctors or the patients...Doctors could not exist*

> *as such if there were not patients: they depend on patients for their identity.* (Bennett, 1987, p. 160)

When I substitute professional for doctor, and client for patient in the statement above, I see the dynamic between Lancey and me. What did I need from Lancey that might have been useful for me to notice and monitor? Reflecting back, I know that having recently read Paolo Friere's *Pedagogy of the Oppressed* (Continuum, 1990) before this incident, I was looking for an opportunity to integrate Friere's popular education principles into my work. I saw myself as creative, different from other practitioners. I was confident and certain. Though unpleasant to admit, I brought self-righteousness to these encounters with her. I expected Lancey's gratitude. To my embarrassment, it didn't occur to me then that Lancey hadn't identified any health problem, I did. Lancey didn't seek help. I imposed my 'help' on her.[2] Bubbling with enthusiasm, I moved too quickly. I violated Lancey's boundaries. I insisted she keep up to me. I crossed the line and she called me on it. Although I did not touch her, my behaviour felt physical to her. She told me I was "pushing" her. Lancey could not contain her 'good patient' self any longer and burst, claiming a most urgent need; namely, not to be coerced by me.

I was caught off guard and wholly confused by her reaction. The thoughts and feelings I expand upon flashed through me in fractions of moments. Although I was utterly unaware of them, my needs – to feel competent, express new-found creativity, problem-solve, help, be appreciated – dominated this encounter at the outset. Thankfully, I managed to shift and begin to truly pay attention to Lancey after she spoke up.

Had my needs prevailed when I felt awful seeing the impact I had on her, I likely would have accepted her apology. I would probably have then reassured her that I was not upset with her.[3] After a few awkward moments, I suspect I would have carried on with what I thought was my popular education session. We would have returned to 'being nice,' and I'd have presumed we were collaborating. Lancey's minor outburst would have slid to the background. I doubt she'd have 'slipped' again. Swallowing her anger, she would have returned to being the good patient and I would have continued pretending we were on equal footing with her 'consent' to proceed. I'd resume the lead, coming back into my comfort zone. I would have assumed that what I was doing was for her own good, that I was 'empowering' [4] this woman. She offered me apology and praise. Her instincts were absolutely accurate. Certainly, I was upset by her anger, and I was startled to see her afraid of me. I urgently wanted to shed those uncomfortable feelings. But it is not her place to console me. These are my issues to deal with, not hers.

Ironically, had I been unable to tolerate my own discomfort, perhaps I'd have squelched this woman's expression of her personal power[5], even though claiming her agency was precisely what I hoped to facilitate. Had I accepted her apology, I would have allowed her to take care of my feelings and have confirmed that *she* did something wrong. I'd have obliterated the healing moment that was possible.

Repair Begins with Self-Care

Professionals commonly violate the boundaries of the professional-client relationship (Peterson, p.73). When our needs overshadow the client's, we emotionally abandon them. Given the inherent power differential in the professional-client relationship, I had the responsibility to put Lancey's needs before my own. We need to be aware of our feelings and desires, so we can attend to them appropriately. When unaware of our needs, they drive our actions in harmful ways (Meier, Black & Morrison, 2001; Stein, 1985). We get stuck repeating detrimental patterns of behaviours. While I neglected to be mindful at the outset, after she spoke out, I paid enough attention to recover my rightful place in this relationship.

My sense of self was rattled by Lancey's reaction. I consider myself to be a caring, attentive professional and I had intended to help her. Seeing that I hurt her, I saw myself as someone I didn't like. *I* needed reassurance. And I needed it from me. Not from her. I needed comforting and soothing self-talk. I am human and I made a mistake. Before we can act authentically and effectively after being rattled, it helps if we can pause between our reaction and our response. It helps to notice that indeed we have been unnerved, and to settle ourselves so that we can respond thoughtfully.

Perhaps when I attended to the voices in my head, and noticed my inappropriate, knee-jerk indignation at her reaction to me, "*after all I had done for her*," I saw the absurdity and managed to find humour in it. At that time, I didn't think in terms of boundaries and power differential. I can't say for certain what ignited enough awareness to recover, but I am very grateful I was able to tune in before it was too late.

Re-Connecting with Lancey

As rational beings, we often want to understand and analyze things. In that moment after Lancey spoke up, asking her to explain what I did wrong might have helped me, but not her. Putting my desire to know first would have paved the way for further exploitation (Peterson, 1992). To repair the rupture I created in this relationship, I didn't need to know (and she may not have been able to articulate) what caused her reaction. She had said, "No," to me. That was enough. In self protection, she had set a boundary. I simply needed to stop, respect her "No," and back off. Not gloss over it. Not deny it or fix it. Just 'get it.' Acknowledge it. No questions asked; no explanations or defense of my good intentions.

By the time Lancey retracted her, "No," and began to apologize and praise me, I too had shifted gears. I stepped fully into my power over her. Frightened, I knew that she was vigilantly focused on me and was listening carefully to my every word. I was conscious of my posture and spoke gently but firmly. I wanted to use all my power to tell her she had a right to her anger, a right not to feel pushed by someone more powerful than her. I wanted her anger at me to be met with gentleness, not defensiveness or patronage.

We lament not having the time to do all the things we want to do for clients. Thankfully, when people are upset, they need us to 'get it' that they *are* upset and to validate, not judge, them. If we can authentically acknowledge their distress, perhaps especially when it comes out as anger, we reach out to them in the isolation that so often accompanies their anguish. Understanding may take time, but connecting with another person can happen in fractions of moments.

In this world of information overload and time constraints, perhaps it is a relief to know that sometimes this kind of relationship repair is not dependent on lengthy explanations. It's about connection more than comprehension. Connection can happen when we can see things how others see them. When I 'got a grip,' I tuned in first to myself, then to Lancey. Something clicked in me and then in the space between us. In fractions of moments, healing emerged. Through discomfort and a crack in the relationship, came some light.

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[1] I designed and conducted in-depth interviews with seven health practitioners. I explored their experiences of the challenge of power dynamics in the patient-practitioner relationship. I was especially curious about its impact on their own health while they tended to the health of others.

[2] I was yet to read Arthur Kleinman's *Illness Narratives* (1988) and learn the difference between illness, which is the "lived experience of monitoring bodily processes" (p. 4) and disease, which is the "problem from the practitioner's perspective" (p. 5).

[3]Or worse, I might have attempted to reassure her that there was nothing to fear. I have already frightened her. To say, "I am not going to hurt you" in words, or our too readily extended touch, only mocks Lancey's fear and further infringes on her boundaries by telling her what to feel. We offer misdirected reassurance commonly, and without much attention. I needed to reassure myself that I could recover from this mistake!

[4] I loathe the word "empower," and I delight in using it here because I think this use clarifies exactly why I dislike it. I prefer educator Jane Vella's words on the subject: "Teachers do not empower adult learners; they encourage the use of the power that learners were born with" (Vella, 1994, p. 8).

[5] That a client has their own personal power, of course, would not negate the power professionals always have over clients.

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Shayna Hornstein is an experienced facilitator and registered physiotherapist based in Vancouver. Her professional development workshops entitled, **Beyond the Bubble Bath**, address our inner mechanisms for self-care using creative activities and reflective dialogue. Simple exercises, grounded in mindful learning principles, enable participants to experience a felt sense of their own boundaries under different conditions. The workshops are designed to strengthen our abilities to comfortably set limits and to reduce the impact of cumulative stress on the body.

Getting to Know You...

Participants of the 2009 MTABC Annual Conference sung the following for the closing ceremony, as adapted by Susan Summers (to the tune of Getting to Know You).

Getting to know you
Getting to know all about you...
Moving our profession forward
Growing it more every day

Using our voices
To connect to our clients
Through improv & ritual
That is the way!

Valuing our treasures
Given by our Chinese elders
Through story and song we
Sing under the plum blossom tree

Instruments and book orders
Lunch and a break with colleagues
We relax with G…I…M and then we
Learn about community music therapy
This conference day!

(Improv)

…..haven't you noticed
Suddenly work's free and easy
Because of all the beautiful and new
Things I'm learning from you
Day by day!