

# Beyond Words

By Amanda Kaufman, PT, DPT

*Congratulations to Stony Brook University Physical Therapy Program graduate Amanda Kaufman, PT, DPT, a finalist of the annual physical therapy student essay contest co-sponsored by the ACAPT Consortium for the Humanities, Ethics, and Professionalism (CHEP) and the Journal of Humanities in Rehabilitation. This writing competition is designed to encourage deep thinking by students about the role and value of humanities, ethics, and professionalism in academic training and professional life. The third in an annual series, the CHEP-JHR essay contest offers a creative opportunity to ignite critical reflection in PT students across the nation, to support holistic approaches to patient care. This year's essay prompt was, "As healthcare professionals, working closely with patients, families, and colleagues offers opportunities for meaningful connection. However, challenges may arise when we encounter perspectives, values, priorities, and communication styles different from our own. Describe a time when you were challenged in such a way, and how you responded." In her essay, "**Beyond Words**, "Dr. Kaufman illustrates how providing a space for her patient to tell her full story, during one of her darkest moments, and listening carefully established the trust that allowed their healing work together to begin.*

A woman arrived at our physical therapy clinic an hour before closing, complaining of severe back pain. She was dropped off by her husband and three children who left quickly thereafter. After her husband left, I observed a noticeable change in the woman's

demeanor, from a smile saying goodbye to her husband and children to letting go of a façade that she was ok; as she braced her back with her hand, tears filled her eyes while she hobbled over to a chair.

With trepidation, I introduced myself to this woman (now my patient) as a student physical therapist (SPT). She tearfully responded that her back pain was so debilitating that any movement resulted in searing pain. As I attempted my initial evaluation, she grew more upset, to the point that I was unable to continue. At a loss for what to do, I suggested that perhaps she lay on a hot pack to help her relax and reduce her pain. She tried four different ways to get up on the plinth, all of which made her pain intolerable. At that point, she lay hunched on the plinth hysterically crying. I was at a loss, not knowing what to do next. My clinical instructor, observing this sequence of events, pulled me aside and explained there may be nothing that we can do for her at this time because there might be something more serious causing her pain, for which she should seek medical attention.

While not trying to alarm her, given the intensity of her pain with even the slightest movement, I suggested that it may be beneficial to contact her doctor about her extreme discomfort, and, if he was not available, perhaps go to the hospital. My patient looked up at me

with tears running down her face. With a shaky voice, she said, “You don’t understand. I can’t. It will be sundown soon, and I can’t go to a hospital on Shabbat (a weekly Jewish observance). I can’t and I won’t!” Now screaming, she pleaded, “You have to help me! I can’t live like this anymore!” I was stunned. As a Jewish person myself, I couldn’t recall ever hearing of any reason that would prohibit someone, even someone who is extremely religious, from seeking medical attention if necessary.

### LISTENING TO LEARN

That’s when it hit me: while taking her history, I had forgotten an essential element in patient care—that of providing space to allow the patient to share her full story. That story would envelope her concerns, her values, and her beliefs. I forgot to be a careful listener, inviting the messy particulars of the patient’s story into the equation—an approach my teachers had been describing for the past year-and-a-half. They would say that establishing a trustful relationship with my patient was a moral imperative to good patient care—to convince her that I would do everything in my power to help her.

So I asked her to try once more to sit with the hot pack and just take a few deep breaths. She snickered, saying you just don’t get it, how could you, you’re a child. I said you’re right I don’t completely understand, but I’m willing to listen and to do my best to help in any way possible. She looked at me quizzically, surprised that someone wanted to listen. That’s when the words poured out.

“The stress at work is unbearable, each week they lay off another person. I’m terrified I’m next!” she said. “I have three children who all want to go to sleep-away camp, but if I get laid off, how will we pay for that? But truthfully it’s the pain, the pain just makes everything

worse. It’s constant and I just can’t take it anymore.”

As she buried her head in her hands, all I could say was how sorry I was that she was going through this, and while I might not be able to help with all those things, we could work together to help find relief from her back pain. She just stared, shaking her head as she saw her husband walk in. She took a deep breath, wiped her eyes, slowly stood up, joined her husband, and painfully walked out. I thought I had truly failed this patient.

### LISTENING TO HELP HEAL

That following Monday morning, I was stunned to see this same lady sitting in the waiting area. When I greeted her, she thanked me for listening during one of her darkest moments, and asked if we could possibly begin working to help ease her back pain.

### COMPASSIONATE CARE

I learned through this intense experience that, more than simply treating this patient with low back pain, I had an obligation to reach out to hear her story of how she was suffering. I saw that this perspective would translate to all patients whose stories needed to be heard in order to help them heal.

Physical therapy is a profession that focuses on physical impairments as well as psychosocial issues of care. I didn’t provide any treatment to my patient that first day, but I did listen—and in that moment, that is what she needed most.

I believe we as physical therapists have a duty to understand each individual’s values and beliefs, to best improve their physical and mental wellbeing. Compassion in its entirety is what our profession is driven by; beyond mastering exercises and treatments,

it is the most important quality to gain during clinicals.

## *About the Author*



When I first wrote this story for JHR I was in my final year of my doctoral program for physical therapy and as of June 2020 I am now a proud graduate from Stony Brook University's Physical Therapy Program. I received my undergraduate degree in Early Childhood / Childhood Education from SUNY Geneseo in 2017. It has always been my passion to work with children and strive to provide those with disabilities a place in which to be themselves; I plan to pursue this passion as I embark on the next part of my journey as a physical therapist. The humanities, including art and music have always been a way to discover new perspectives of myself, others, and the world around me. This experience has embodied what I believe the humanities to be- stepping back to look and listen to another perspective in order to understand- bringing clarity to what humanity truly is and how we use it to relate to each other.