

# Why Was I So Afraid?

By Regina Kaufman, PT, EdD, MS, NCS

“Do I know you?” The stranger’s sudden question caught me by surprise, and caught the attention of the grocery store clerk who’d been solicitous in her efforts to help him with his wallet and his money. Truth be told, I’d already been paying attention to this man. He had been delaying the checkout line. I was not impatient as much as curious. His hands were stiff and slow. As I waited behind him, I ticked off possible causes in my mind. Arthritis and Parkinson’s disease topped my list.

He’d glanced at me when I stepped into line behind him, then directed his attention back to his transaction. When he completed his purchase, he turned toward me again, regarded me for a moment, and then said, “Do I know you?” I said I didn’t think so, but it’s a small town, so he’d probably seen me around. “No,” he said with conviction. He named a rehabilitation hospital across the state. “You’re a physical therapist.” I was startled. The clerk’s eyes widened, too. He continued: “I was at that hospital more than 30 years ago. I had a spinal cord injury. You were my physical therapist.”

I gazed at him with surprise, but had no doubt he was right. My years at that hospital aligned with his time there, and how else would he know my profession? As I searched my memory, the clerk smiled broadly. She said, “You must have been something; you must have

really done something for him to remember you like that!” But I wasn’t so sure. In that moment, I couldn’t conjure up his long-ago image. In the course of those few sentences, I couldn’t interpret his feelings, either. His tone fell somewhere between affable and cool. Good memories? Bad memories? I’d clearly made a lasting impression. I wished I knew what it was.

We moved to the parking lot to be out of the way of the shoppers. His gait was as slow and as stiff as his hands. As we stood, we pieced together a few parts of the story. Following an injury and acute care management, he came to my hospital and to me. We would have labored together for weeks, focusing on regaining muscle strength, relearning essential skills, obtaining a wheelchair, and starting to equip him for a vastly altered life-scape. He recounted that he wasn’t walking when he went home. When he was discharged, I would have moved on to other people with their own sets of hopes and expectations. He would have moved on, too. I don’t know who his next sets of people have been, or whether his hopes and needs have been satisfied. He told me he’s living in an intergenerational community in our town. To me that suggests an intention for deep personal engagement. Maybe that’s why he paid attention to me to begin with.

Try as I did as I stood there with him, I couldn’t

remember his much younger self. He was one among many during a decade in that busy rehabilitation setting. But for him, I was one among just a few of his therapists. Who I was and what I did would have mattered a great deal. As we spoke, I was aware of my fervent wish that my enduring impression was a good one. I didn't know what he recalled: what he thought about me, what he felt toward me, whether or not he held me in the high regard with which I hoped to be remembered. I wanted to ask him, "This memory of me, is it a good one?" But I didn't. I was afraid that the answer might possibly be "No."

After a time, we said our goodbyes. Over the next several hours, I uncovered a memory of a young man I think was him. If I'm right, there are little things I might do differently now: a higher exercise intensity, more repetitions of task practice, perhaps a different wheelchair prescription. Really, though, no major gaps in intervention came to mind. I couldn't think of any tangible thing that went wrong. So why was I so afraid?

I was afraid I hadn't offered what he needed. I'm not referring to technical expertise. I'm referring to my relationship with him. The relationships between patients and practitioners are important. Relationships are what patients remember.<sup>1</sup> Relationship-centered care also requires expertise, expertise of a very particular kind. Expert relationship-centered care requires a high degree of self-awareness and authenticity<sup>2</sup> that I'm quite certain I didn't have at the age of 24, with just 2 years of professional experience under my belt.

He had been young then, too; probably no more than 30, but still several years older than I. He had been married, he'd had a job, a car, a home, and hopes and dreams. After his injury, with his relationship to the world as he knew it irrevocably changed, his losses

must have loomed large. Still fresh out of physical therapy school, I might have been equipped to prescribe exercise, but I was not equipped to understand or respond to his shock or his grief. I didn't yet have a mature perspective on adulthood, on marriage, on sustaining a living or crafting a life. I was too naïve to understand how that injury might change his relationships and alter his position in the landscape of his own existence. Immature and incurious, I wasn't ready to be a healer.

Healing is based in relationships.<sup>3</sup> Relationships that honor psychosocial and cultural influences on health and healing require attention to values, expectations, and backgrounds—the context of people's experiences. Even if we share the common goal of recovery, we won't share a common perspective on injury, loss, and restoration unless we ask the right questions, listen with empathy, and respond authentically.<sup>2</sup> I suspect that I asked about stairs, thresholds, and whether his bedroom and bathroom were upstairs or downstairs. I'm doubtful we talked much about how he could re-inhabit a job, his home, or fulfill his hopes and dreams with his vastly altered physical self. I was not equipped to consider the seismic shift that would take place in his marriage, much less talk with him or his wife about how their life together might change.

Physician and educator Victor Sierpina says, "To care authentically for others, we must be able to stand in our own authenticity. Being authentic requires us to know who and where we are in our lives. Without understanding our own stories, we cannot truly know ourselves."<sup>4</sup> At age 24, I had limited insight into my own life story. I was still new and working hard to learn my craft. I was tending for the first time to the responsibilities now referred to as 'adulting.' I was trying to locate my place within social and cultural

spheres with a degree of autonomy that I hadn't had before. With so much change on so many fronts during that period of young adulthood, I was starting to expand my self-awareness and self-knowledge, to learn about my authentic self. But I had only limited experience to draw from as I engaged with other people in the course of my professional practice.

While my technical knowledge was probably sufficient for his physical rehabilitation needs, I doubt I tended satisfactorily to his life story. I didn't have much healing wisdom to share. And thus, my fear: not that I didn't provide the necessary intervention, but that I didn't do my part to create the healing relationship he needed to begin to learn about living his fullest life as his reconstructed self.

I've learned a lot from my personal and professional experiences over the years since I last saw him. Relationships between practitioners and patients can contribute to the development of authenticity and deep compassion.<sup>4</sup> As patients and practitioners experience the possibilities and limitations of recovery, and share their full array of emotions, both parties can change for the better. Developing and sustaining 'wholeness' in the context of relationship-centered care requires a commitment of attention to our own transformation.<sup>3</sup>

I didn't begin to deeply explore reflective practices—either personal or professional—until a bit later, as my 20's gave way to my 30's. But even before I adopted deliberate reflective practices, I was seeking to learn. Every relationship is shaped by the ones that came before. In that vein, this man was an antecedent to my own development. In whatever ways we were truly present to each other at the time, we would have

contributed to each other's restoration.

I wish I'd entered this vocation with a store of healing wisdom at the ready. I'm sure I'm not unique in entering a profession without the acumen that only time can bring. It can't be helped that all of us are young before we grow older. Maturity is built on the foibles of our immature selves. Expertise in every realm depends on a fair share of middling experiences. No matter how earnestly and eagerly we strive to transform, in each of our professional histories there will be those who were subject to our immature selves.

This man's relatively cool demeanor and reserved farewell had me fear I hadn't quite hit the mark. I can't be sure, but if so, I'm sorry for that. It was certainly unnerving, to be recognized as the person and professional I was more than 30 years ago. I'd much rather be remembered as the person I am today, with three decades of relational experience behind me and within me. If I run into him again, I think I'll invite him to join me for a coffee and a talk. I'd like to create a new memory of the people we've each become.

## References

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