1997

Practising nursing therapeutically through acting as a skilled companion on the illness journey

Alan Pearson
University of Adelaide

Sally Borbasi
University of Adelaide

Ken Walsh
University of Wollongong, kenw@uow.edu.au

Publication Details
Practising nursing therapeutically through acting as a skilled companion on the illness journey

Abstract
This article explores nursing's heritage as a healing, therapeutic activity. It examines the central characteristics of nursing as skilled companionship and links them with the foundational core of nursing—a therapeutic relationship based on an understanding of the illness experience. In addition, it discusses the role of literature and performance in developing knowledge to advance nursing as a therapeutic activity.

Keywords
practising, journey, nursing, illness, therapeutically, companion, skilled, acting

Disciplines
Arts and Humanities | Life Sciences | Medicine and Health Sciences | Social and Behavioral Sciences

Publication Details

This journal article is available at Research Online: http://ro.uow.edu.au/hbspapers/2710
Practicing Nursing Therapeutically through Acting as a Skilled Companion on the Illness Journey

Alan Pearson, Sally Borbasi, and Ken Walsh

This article explores nursing's heritage as a healing, therapeutic activity. It examines the central characteristics of nursing as skilled companionship and links them with the foundational core of nursing—a therapeutic relationship based on an understanding of the illness experience. In addition, it discusses the role of literature and performance in developing knowledge to advance nursing as a therapeutic activity.

Key words: arts, narrative, nursing, therapy

There has always been an assumption that nursing, which is intensely human in nature, respects the person, and has caring as a central concept, will assist people to maintain health or to attain health when sick. For the past 50 years this belief has been decentralized in attempts to understanding the nursing role. As a result, nurses may have neglected to examine whether or not professional nursing practice, which holds care, nurturance, and humanness as central concepts, actually makes a difference to patient outcomes. Moreover, nurses may not have questioned what it is about professional nursing that makes this difference. From the limited work done on exploring nursing and its effect on people it does seem that nursing activity has a positive effect on health outcomes.

This article explores nursing as a therapeutic activity and discusses how practicing nurses can integrate the understandings of illness, generated through literature and performance, into practice to gain a greater understanding of the illness experience and, in turn, enhance the therapeutic nature of nursing. The article posits that narrative and artistic expression are authentic, human forms of uncovering experience and open up the subjective in ways that generate insight and understanding.

The basic assumptions that underpin this article are threefold: human caring is a fundamental component.

Alan Pearson, PhD, RN, ONG, DipNEd, DANS, FCN(NSW), FINA, FRCNA, FRGN, is Professor of Clinical Nursing and Head, Department of Clinical Nursing, Faculty of Medicine, The University of Adelaide, and Clinical Professor of Nursing, Royal Adelaide Hospital, Adelaide, Australia.

Sally Borbasi, RN, PhD, is Senior Lecturer, Department of Clinical Nursing, Faculty of Medicine, The University of Adelaide, Adelaide, Australia.

Ken Walsh, RN, RPN, PhD, is Lecturer, Department of Clinical Nursing, Faculty of Medicine, The University of Adelaide, Adelaide, Australia.
of the healing process, the act of nursing another embodies all of the characteristics of human caring, and human caring as expressed in the act of nursing another is therapeutic in both intent and effect.

In many ways, these assertions are so obvious they appear to warrant little discussion. All human beings intuitively know that when they are ill or when they want to pursue a lifestyle change to make them healthy or healthier, the presence of a comforting, caring, committed other to share the journey is of crucial importance. Yet these truisms have been so effectively relegated to the realms of “common sense” they have become invisible. They are known to be important, yet have little status and are seen as simple, basic, and peripheral; not clever, exquisite, or central.

The Therapeutic Effects of Nursing

There is little doubt that the administration of specific therapeutic modalities developed by other members of the health team and by health scientists is deemed therapeutic by the wider community. Scant attention is paid, however, to the therapeutic intent and effect of nursing people and to the notion of nursing (i.e., nurturing or caring for and about another) as a therapy in itself. This inattention occurs despite the fact that throughout history the caring practices of those who we would call nurses have been highly valued by communities and have been seen to be extraordinarily effective. The historical role of committed, wholehearted caring on the battlefield, in the sickroom, and in the hospital is one that cannot be dismissed.

And yet, there is something about the therapeutic power of caring and nursing that somehow eludes us in our quest for understanding in health and healing, and this fact may have led us to decentralize it in modern health care in deference to the clever magic of medical science; pharmacology; and the rituals of “real therapists” such as analysts, physiotherapists, and physicians.

There is, however, increasing evidence that supports the view that honest-to-goodness, high-quality nursing is therapeutic and can be regarded as a therapy in its own right (Evans & Griffiths, 1994; McMahon & Pearson, 1991; Wright, 1994). For example, patients cared for by nurse practitioners, working in an inpatient rehabilitation setting, compared favorably with physician-managed patients (Weinberg, Liljestrand, & Moroe, 1983). Other studies, authored by Evans and Griffiths (1994), Franklin (1974), McMahon and Pearson (1991), Miller (1985), Pearson (1985, 1987, 1988, 1992, 1995), and Sackett (1977), all show that professional nursing has a restorative effect. In all of these studies nurses used the same biomedical knowledge and techniques as physicians yet the therapeutic effect of their interventions was measurably different. It seems increasingly likely that the explanation for these differences cannot be found in variables such as the gender, socioeconomic background, or educational level of the practitioner. Rather, indicators point to the therapeutic qualities inherent in the use of nursing knowledge and skills. Thus, there is growing evidence that nursing is therapeutic. However, the identity of the potent ingredients of nursing that are therapeutic are tantalizingly elusive.

Despite its intangible nature, a number of nurses have retained the importance of the concept of caring and have established inpatient units that focus on the delivery of therapeutic nursing (e.g., Alfano, 1969; Evans & Griffiths, 1994; Hall, 1966, 1979; Hall, Alsano, Figkin, & Levine, 1975; Orem, 1966; Pearson, 1992; Poire, 1975; Schaffrath, 1978; Wright, 1986). The central feature of these units is the establishment of an environment where the nurse is the chief therapist and nursing is the chief therapy (Tiffany, 1977).

Based on the fundamental belief that nursing in itself can be therapeutic, all have attempted to evaluate the effects of nursing on outcomes. Kitson (1984), in her study of nursing older patients, relates that nursing has demonstrable therapeutic results in a range of areas. Furthermore, studies that evaluated the effect of teaching and interpersonal interaction by nurses on postoperative recovery report measurable improvements in outcomes (Franklin, 1974). Similarly, Tutton (1987) reports improvement in feelings of comfort following the use of therapeutic touch by nurses, and Egan (1975) tells of intense therapeutic effects experienced by clients from skilled communication with nurses.

A series of studies (Pearson, 1992) conducted in nursing units between 1981 and 1987 find that:

- Care in the nursing unit resulted in an independence level higher than that achieved in other wards.
Patients discharged from the nursing unit were more satisfied with the nursing care received than patients in other wards.

The cost per patient stay was lower than that for patients nursed on other wards. In addition, significantly less nursing unit patients died in the hospital, significantly more were discharged to their own homes, and the results of the quantitative data analyses were more consistent for nursing unit patients, as evidenced by smaller standard deviations.

The findings indicate therefore that nursing-led care has a positive effect on recovery, quality, satisfaction, and mortality; these findings support the assumption that nursing in itself is a therapeutic force. Very similar results are reported by Evans and Griffiths (1994), Jourard (1971), Kitson (1984), Kreiger (1979), and Travelbee (1971). The crucial variable in these studies—nursing—is still not clearly defined or understood. Although nursing appears to be therapeutic, the therapeutic essence still warrants further exploration. Subjectively, nurses involved in these units, and others with an interest in examining what it is that makes nursing therapeutic, cite the nature of the nurse-patient encounter and relationship as central to therapeutic effect.

The centrality of the relationship between nurse and patient is well recognized as a hallmark of advanced practice, and it has been variously defined and described. Muettzel (1988), for example, offers a description of therapeutic nursing through the notion of a companionable relationship, encompassing continuity, respect, and reciprocity, supplemented by knowledge and skill.

Nursing as Skilled Companionship

In a similar vein Campbell (1984) describes all of the caring professions as “moderated love” and, within this context, nursing as a form of skilled companionship. Companionship typifies a relationship that is often for a fixed period and that involves the sharing of a particular journey. A companion travels with the other, sharing the sights, sounds, and other experiences on the journey. Similarly, the skilled companion (i.e., the nurse) is there with the other through the journey. The nurse brings to the encounter a range of skills that elevates the notion of companionship to a level that incorporates and moves beyond sharing the journey to acting in ways that make it therapeutic and therefore healing in intent. Essential to skilled companionship is an understanding of the nature of the illness journey. Taylor (1994), in her study of ordinariness in nursing, describes nursing as a human relationship that involves:

all of the usual complexities of interhuman relationships, intensified even more by the extra effects of illness and the need for nursing care. Nurses are in unique positions, as people who have special knowledge and skills about people and their responses to illness, because they have front row seats to watch the dance of humanity; and, as such, they have the potential to make sense of human existence through close interactions with humans in need of care. (p. 3)

Walsh (1996), in a study of the nurse-patient relationship in mental health nursing, describes the importance of this relationship. Referring to it as “shared humanity” he likens it to a journey through a forest that could be said to be “treed with possible outcomes in the encounter with the patient” (Walsh, 1996, p. 317). He believes that attention to shared humanity:

provides a direction to the journey, much like the attraction of a compass to magnetic north which leads into the forest of possible outcomes and guides the nurse’s endeavours in the encounter so that they may arrive at the best possible outcome. (p. 317)

Both Taylor (1994) and Walsh (1996) refer to the sharing-of-a-journey and of nurses supporting patients as they experience illness. Each see an understanding of the humanity of the patient and of the illness experience as central to advanced and therapeutic nursing practice. Through these studies, together with Borbasi’s (1995) research on advanced practitioners, an understanding of the illness experience is seen as a core component of advanced nursing practice, one that is therapeutic in both intent and effect.
Understanding the Illness Experience

In order to bring about therapeutic change through skilled companionship, nurses need to have the ability to tap into the essential shared humanity of themselves and of the patient via the illness journey. For centuries humankind has attempted to understand sickness and disease in order to prevent, cure, or control it. By and large, this effort has met with some degree of success. Many diseases that were previously fatal have been conquered, and the average life span is extending. These human achievements are laudable and will continue. However, illness—the state of feeling unwell, no matter what the cause—will always be with us, and the experience of illness influences the development of the sufferer as a person.

Because of such historical factors the formal study of nursing has traditionally focused on the biopsychosocial sciences. Yet nursing practice and nursing practitioners have been found to focus on subjective knowledge embedded in experience (Benner, 1984; O'Brien & Pearson, 1993). Exploring the experience of others can generate insight into how important individual experiences of illness are to recovery, life, and living.

While nurses and students of the human condition can never fully understand how another person experiences the world, an understanding of those elements common to human beings can guide therapeutic endeavors. Such understanding is certainly possible through a first-hand exploration of the experience, however, it can also be attained through the media of narrative and performance.

Illness Narratives

Narrative is one means through which people can make sense of their experience in the world. Eckhartsberg (1981) wrote “Human meaning making rests in stories. . . . To be human is to be entangled in stories” (p. 90). Moreover, the story itself reveals the meaning-maker to the listener or reader. Telling stories about illness can therefore be seen as an attempt to find meaning in an illness experience. Receivers of such stories are offered an entry into this experience and, in turn, will make meaning out of the story for themselves.

The power of the narrative has been well recognized through history, and much of what we know now about illnesses of the past comes from narrative rather than scientific treatise. As an example of this recurring interest of human beings in documenting the experience of illness, O'Neill (1982) examined an account of a man suffering from renal calculi written centuries ago. In spite of the centuries that separate us from him, the narrative still has the power to allow us to glimpse inside what illness meant to another then and how little has changed since that time in terms of the human response to illness.

Howard Brody (1987), a physician intrigued with storytelling and stories of sickness or illness, takes a medical position on why this should be so. He is now a well-respected authority on narrative in health care and the sickness experience, and much of his work is directly applicable to nurses. An excerpt from his book Stories of Sickness is an excellent introduction to the use of storytelling in uncovering human experience. He sees stories and storytelling as central to the “craft” of professional health care practice and suggests that while science deals with the general, stories deal with the particular.

The contemporary literature is rich in narratives on the illness experience. Arthur Frank (1991) describes his own journey through illness. In the closing chapter of his book At the Will of the Body: Reflections on Illness, he reflects on his illness and what it has meant to him. He stresses his ordinariness—the apparent mundanity of his life and his experience. He sounds both worn out and exhilarated. The experience of illness seems to have changed him and to have somehow softened and opened him up. To us, the very ordinariness of his story is quite extraordinary. His use of language is also noteworthy. It seems to develop progressively and to become poetic in style. Indeed, he says:

Here is half of what I have learned from illness:
Sky is blue Water sparkles. (Frank, 1991, p. 140)

Examining experiential accounts of illness presents numerous opportunities to understand illness. Edda Walker (1988), for example, writes about herself and her own experience of illness in the form of a diary, being partly descriptive and partly critically reflective. She brilliantly captivates the reader with the daily patterns, important routines, and secret questions and concerns that occupy the thoughts of someone who is ill and is cared for by others.
In a different vein, Andrew Pearson’s (1990) collection of short stories and poems is purely creative writing by a very young man that adds a new dimension to understanding how young people feel about illness and death. Susan Santag’s (1978) work is another example of creative, reflective work on a phenomenon that has not been experienced firsthand, but that has obviously been the subject of thought and analysis because of its centrality to humanity.

Lumby (1992) uses storytelling as a method and as a reporting form in her in-depth study of a critical research relationship between herself (as researcher and nurse) and Maree. Maree had been diagnosed with liver failure—a life-threatening condition—when the study commenced. She subsequently became a liver transplant recipient and now leads a full life. The critical approach Lumby took to explore the experience of illness was intensely collaborative in nature and used a variety of methods such as writing, audiotaping, and dialogue. The result was an account of an evolving process of change leading to an endpoint where both participants declared they were people who had changed their own worlds through reflecting on experience and acting to transform their world. The critical process in this work used narrative in much the same way as the previously cited writers but took it a step further by reflecting on the meanings and critiquing the structures and cultural processes in which the experience occurred.

Although Frank, Santag, and others do engage in some critique of experience, they do not actively set out to do so, and they do not actively pursue a process of rigorous critique based on reflection and leading to action. Maree’s religious beliefs, her childhood background, and her family and career are all inextricably linked with her experience of illness. As she lived through the experience, her reflections led her to take stock of her situation and to lay the foundations for change in her life. Illness seems to have been a cathartic experience for Maree.

I feel that the whole experience has given me the insight to bring about change...that means that it has given me power over a situation where I was in the most vulnerable and dependant [position] I have ever been in. (Lumby, 1992, p. 226)

These different approaches to narrative also pursue different topics: chronic illness, fatal illness, death, social isolation, aging, and the way our society and language use illness as a metaphor for other elements of life and living.

But what do they have in common? They all attempt to uncover the meaning of illness as it is experienced through the use of narrative. They all use language in an attempt to convey meaning to others. And they all show how the meaning that arises out of the experience of illness is every bit as crucial as the objective disease state or social sequelae of illness. Understanding and appreciating this fact are essential to the caring profession of nursing.

Drama and the Illness Experience

Dramatic performance is another widely used form of exposing human experience. It is accessible to most sections of the population through theater, film, and television. It is a powerful vehicle of communication worthy of some examination here. Turner (1988) sees almost all human activities as performance or drama and that artists—be they writers, actors, painters, or whatever—attempt to communicate their understandings of the human experience honestly.

Turner describes in depth the relationships between social drama or performance, the lived experience, the changing and continuing norms of a culture, and the arts. He illustrates his thesis through referring to the Japanese novel and theater, and uses this comparison to support the view that the creative arts can assist humanity to see itself by mirroring the human experience.

These notions are taken further by Campbell (1994), an actor and director who holds a unique position in his role as a lecturer in the arts in nursing, as he examines the links between drama and nursing. He emphasizes the relationship between the objective and subjective and the “multilayered” nature of experience. He contends that art tries to re-
present experience, or to de-pict or give a full picture of the experience, with all of its layers. His chapter on the Elephant Man analyzes the book and the play text as objective data and compares these to the subjective experience of the actor. He then illustrates this point further by telling the story of his own involvement in a production of the play.

For us, the role of writers, directors, actors, musicians, and designers in mirroring human experience is unique and important. It allows us to look into the mirror and be informed. Most of us have been moved, shocked, or had other strong and real reactions to performance in the theater, the movies, or on television. The power of capturing the experience of others and then presenting it is yet another way to explore human experience in general and the experience of illness in particular.

**Conclusion**

Gulino (1983) argues that illness, as opposed to disease or a medical diagnosis, is not a problem to be mastered, but a mystery to be lived. We cannot merely study and explain a mystery. Mystery is not to be confused with the unknown or unknowable. It has a bearing on our lives; it arises out of our experience; and we have to deal with it by attitude and action. Stories and drama represent some ways in which human beings attempt to explain the mystery of their own experiences to others, and such explanation has much to offer us in our attempts to practice nursing therapeutically as skilled companions.

Human caring, as expressed through nursing, is therapeutic in intent and effect. This quality appears to have been recognized throughout history, and there is contemporary evidence that suggests that nursing is therapeutic. It is becoming increasingly accepted that the therapeutic content of the nursing act lies in the relationship between the nurse and the nursed, no matter the context, and that the core of this relationship lies in the nurse’s sharing of the illness journey. Sharing in the journey involves an understanding of what it means to be ill and an understanding of the illness experience itself. Narrative and artistic expressions are powerful vehicles of communication through which nurses can generate insight and understanding of the experience of illness. While there are many other approaches to exploring the experience of illness, narrative and performance are still underutilized by nurses in practice. Narrative and performance can inform nursing practice because nursing action is in effect a performance in that people have to take on a social role.

By exploring various ways of uncovering the illness experience nurses can develop their understanding of this experience and hence their understanding of those who are nursed. In this way nurses will develop knowledge to enhance nursing as a therapeutic activity.

**REFERENCES**


