

Facilitating Healing in Illness: Practical Therapeutic Techniques for Diabetes Educators

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“Only through experience of trial and suffering can the soul be strengthened, vision cleared, ambition inspired, and success achieved. The world is full of suffering; it is also full of overcoming it.”—Helen Keller

Suffering with a chronic illness can be pervasive, penetrating, life wrenching and life altering, yet it can be life giving (1). As healthcare professionals, it is our responsibility to assist those suffering—emotionally, physically and spiritually—with serious illness, loss and grief to find meaning, value, purpose, sense of self and connections in living with the challenge of diabetes.

This paper focuses on belief theory and the practical, “how to” of exploring beliefs about the illness experience of families with children living with diabetes through purposeful therapeutic conversations.

Our belief system is a complex, multi-faceted compilation of our experiences, values, attitudes, perceptions and context in which we live and interact with others, e.g. family/friends, social, work, religious, ethnic, cultural and medical context (2,3). Beliefs drive our behaviour. If we change our constraining beliefs, our behaviour will change and vice versa. A useful dichotomy in conceptualizing beliefs is this: Constraining beliefs restrict solutions and options, while facilitating beliefs increase solutions and options (3).

Some constraining beliefs of parents of children with diabetes may be:

1. A child is not capable of making decisions about his/her health.
2. Any child with an illness is a great source of stress and conflict.
3. I don't have the skills or knowledge to care for my child with diabetes.
4. Good families have children whose diabetes is under control.
5. If I do not properly care for my child with diabetes, he/she could become very ill, or even die.

Bringing forth family beliefs about suffering and illness in purposeful therapeutic conversations can increase the family's positive solutions and options, invite a

“strength” view of diabetes and enhance their potential for healing. Key ingredients for enhancing this potential are:

- Creating a non-judgmental, accepting healing environment.
- Acknowledging that suffering exists in a deliberate and clear way.
- Listening to, witnessing and validating stories of suffering from illness.
- Acting as a role model for parents in the educator's interaction with the child.

There are a number of useful techniques for facilitating beliefs of parents with children experiencing diabetes:

Offer professional opinions. Families with children experiencing diabetes are as diverse and different as any other family group. Some children need assistance with decision making; others need to be encouraged to utilize their own resources.

Validate emotions and the impact of diabetes on the family. Give voice to the family's human experience of suffering as well as to their experiences of strength, hope, growth and love (1).

Draw forth the child's strengths, e.g. you can ask a family the following questions: Describe your child/sibling. What makes him/her unique and special? What strengths and qualities does your child/sibling have to help him/her cope with diabetes?”

Encourage respite. Taking a holiday from the care of the child with diabetes can renew parents' energy and perspective. This may be as simple as taking a break from talking about diabetes; or giving permission for the child to ask for help and receive support from the parents, as diabetes care can be a respite/holiday for the child.

Offer commendations. Offering commendations can be a powerful technique in reducing, diminishing or alleviating suffering and building strength in families. Some helpful hints in offering commendations are as follows:

- Be a “family strengths” detective and look for opportunities to commend families when strengths are discovered and uncovered.
- Ensure that sufficient evidence for

the commendation is present; otherwise, it may sound insincere.

- Use the family's language and integrate family beliefs to strengthen the validity of the commendation (4).
- Include commendations to families at the end of an interaction or meeting (4).

Useful therapeutic questions that integrate theory are:

1. What has been most/least helpful to you in past hospitalizations or clinic visits? (*Identifies past strengths and problems to avoid and successes to repeat*).
2. What is the greatest challenge facing your family during this hospitalization/discharge/clinic visit? (*Indicates actual/potential suffering, roles, and beliefs*) (2).
3. Who do you believe is suffering the most in your family during this hospitalization/clinic visit/home care visit? (*Identifies which family member is in the greatest need for support and intervention*).
4. What is the one question you would most like to have answered during our meeting right now? (*Identifies most pressing issue or concern and often area of greatest suffering*) (2).
5. How have I been most helpful to you in this family meeting?
6. Is there anything in which I could improve/change? (*Shows a willingness to learn from families and to work collaboratively*) (2).

References

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