

THE INTERNATIONAL
JOURNAL
of THE **HUMANITIES**

Volume 9, Issue 12

Mindful Embodied Dialogues in Community-based
Physiotherapy

Diane Tasker, Stephen Loftus and Joy Higgs

THE INTERNATIONAL JOURNAL OF THE HUMANITIES
<http://www.Humanities-Journal.com>

First published in 2013 in Champaign, Illinois, USA
by Common Ground Publishing LLC
www.CommonGroundPublishing.com

ISSN: 1447-9508

© 2013 (individual papers), the author(s)
© 2013 (selection and editorial matter) Common Ground

All rights reserved. Apart from fair dealing for the purposes of study, research, criticism or review as permitted under the applicable copyright legislation, no part of this work may be reproduced by any process without written permission from the publisher. For permissions and other inquiries, please contact [<cg-support@commongroundpublishing.com>](mailto:cg-support@commongroundpublishing.com).

THE INTERNATIONAL JOURNAL OF THE HUMANITIES is peer-reviewed, supported by rigorous processes of criterion-referenced article ranking and qualitative commentary, ensuring that only intellectual work of the greatest substance and highest significance is published.

Typeset in Common Ground Markup Language using CGPublisher multichannel typesetting system
<http://www.commongroundpublishing.com/software/>

Mindful Embodied Dialogues in Community-based Physiotherapy

Diane Tasker, Charles Sturt University, New South Wales, Australia
Stephen Loftus, Charles Sturt University, New South Wales, Australia
Joy Higgs, Charles Sturt University, New South Wales, Australia

Abstract: People caring for chronically ill or disabled people living at home undertake a difficult and grueling job, even though family members and carers may view this caring as a 'labour of love'. Regular visits from a community-based physiotherapist provide an opportunity to develop and improve the quality of physical care for the client concerned and can give much needed support and hope to families and carers. The relationship that develops between physiotherapists and 'family care teams' in such situations is more complex than has been previously acknowledged. In this qualitative study, hermeneutic phenomenology was used to explore the lived experience of the relationships that develop between physiotherapists and members of these 'family care teams' and what these relationships mean to those involved. Semi-structured home-based interviews were held with clients, families, carers and their visiting physiotherapists across NSW, Australia. Findings revealed that relationship-centred care in the home healthcare setting evolves in complex ways as the interpersonal relationship between the physiotherapist and the 'family care team' develops. In particular, physiotherapists use composite relationship-treatment approaches to practice. The personal interaction is just as important as the therapeutic interaction; indeed, such embodied dialogue supports the therapeutic interaction in a variety of ways, which are not usually discussed as part of physiotherapy practice. In particular, these relationship-treatment approaches are used to enhance communication and interaction with clients and family care team members in ways that engender confidence and comfort for all participants. Deeper understanding of these social interactions may enhance awareness of such issues in professional practice and advance the development of mindful, therapeutic relationship skills.

Keywords: Community-based Physiotherapy, Hermeneutic Phenomenology, Receptivity, Relationship-centred Healthcare, Responsiveness, Tidal Model

Background

ALTHOUGH PEOPLE WITH acute and urgent healthcare problems may initially go to a hospital for medical care and rehabilitation, most of these people eventually go home where they must cope with any residual health problems. Home-based healthcare is mostly carried out within a family-based mode but the client's and family's efforts to realise a well and happy life may also be supported by community-based healthcare professionals: general practitioners, community-based nurses and carers, occupational therapists and physiotherapists. Unless we include the views and voices of clients and unpaid carers and broaden the concept of the healthcare workplace to include communities and homes, we may miss many problems and their solutions (Ward, 2007, p. 104).

Within community-based physiotherapy, efforts to impose a rigidly constructed model upon clients and their families are problematic, especially in the light of professional time

constraints and an altered power balance (Heckman and Cott, 2005). An increasingly technical rational approach to healthcare combined with rigidly structured approaches to clinical communication may seem more efficient to health professionals but may unwittingly distance clients and their families and reduce the contribution that they can make to the care relationship. Gibson (2010) further suggests that physiotherapists may have quite unintentionally contributed towards marginalising the very people they were trying to help by focusing purely on improving physical performance and concentrating on functional outcome measures for accountability purposes.

The presence of illness and disability should not preclude a person with health difficulties from looking forward to the future, and planning positive change and improvement of elements of their life, bodily situation and surroundings. A rather beautiful, and metaphorical, expression of the idea of such ongoing and gradual improvement for people with healthcare difficulties may be seen in the proposition by Barker (2001) of a 'Tidal Model' of mental healthcare. In this theory, the powerful metaphor of water was used to communicate the idea that:

"Life is a journey undertaken on an ocean of experience. All human development, including the experience of illness and health, involves discoveries made on a journey across that ocean of experience" (Barker, 2001, sec. 3).

In this collaborative and research-driven philosophical approach to psychiatric nursing care, Barker explored the need for psychiatric nursing to consider the power relationships that develop between psychiatric nurses and their clients. He proposed that a co-created healthcare plan could be construed through dialogue with clients in a to and fro exchange between participants (hence the label 'Tidal' Model). He suggested that this process should be initiated very early in a crisis situation to encourage the client to own their own healthcare and life story. Barker recognised that change and development in psychiatric healthcare can occur through very small changes that follow patterns, which are paradoxically unpredictable.

Within the practice of physiotherapy, discoveries can be made as the therapist gets to know and understand the client and their context. Ek (1990) argued that therapist and client are active and reflective human beings who are "present to each other moment by moment" and that this requires a joint effort by them both (Ek, 1990, p. 22).

"The patient's knowledge and the therapist's knowledge are of little value when isolated from each other, but when they intermingle during the course of treatment they are of the utmost importance in leading to the creation of new knowledge". (Ek, 1990, p. 22).

Methodology

The creative approaches to understanding involved in hermeneutic phenomenology were used to explore the lived experience of the relationships that develop between physiotherapists and members of their 'family care teams'. A particular power of hermeneutic phenomenological research is its explicit attempt "to open unanticipated, overlooked, or new modes of meaningful involvement with a subject matter." (Davey, 2006, p. 204). Phenomenological research writing aims to stimulate in the reader "a sense of connection to actual or potential experience" (van Manen, 1990, p. 27). Van Manen refers to "the phenomenological nod", where a reader, familiar with the situation being described, involuntarily nods in agreement,

recognising the essence of the lived experience of another person, as described in a piece of rich phenomenological writing. Within the field of healthcare, Dahlberg, Todres, & Galvin (2009) comment that phenomenological traditions incorporate and acknowledge that life cannot be truly compartmentalised and human beings cannot be objectified. Their theory of *lifeworld*-led healthcare argues that an authentic approach to healthcare requires a deeper, more layered and existential philosophy of care, based on views of the person and wellness rather than illness.

Originally, hermeneutics referred to the interpretation of texts or artworks. However, within the area of qualitative inquiry it has been extended to assist with the interpretation and understanding of interviews and observed human practices (Patton, 2002). Within hermeneutic phenomenological research, deeper understanding and interpretation of new meaning occurs through a process of dialogue with texts constructed from phenomenological investigations. In a hermeneutic research process, the notion of constant movement between present understanding and new insights and meanings occurs in what Gadamer (1989) termed a 'fusion of horizons' (p. 397), where the researcher interacts with the participant in an effort to arrive at a shared meaning. In an ongoing process of interpretation, the researcher arrives at new meaning within the relationship in an ever onward and open-ended development and progression of thought and meaning. Within this research project, hermeneutic dialogue initially took place with existing literature and then with the data from transcribed interviews and a focus group.

The practice of writing hermeneutically reveals and develops knowledge found useful by local communities, for those communities, but also contributes to more public knowledge (Eryaman, 2008). The researcher delves within a topic of interest to discover its parts and then 'stands back' to perceive the whole and how those parts may contribute to that whole. Reflection on the themes of the phenomenon is supported by their description through writing and rewriting. For this project, analysis of the collected data applied elements of Astride-Stirling's thematic networking approach, to identify basic themes within the data, gradually developing organising themes and then global themes to widen the influence of the revealed knowledge into the public sphere (Astride-Stirling, 2001).

For the purposes of this research project, I contacted private practice physiotherapists working within the area of community-based chronic and complex healthcare within NSW, in areas between Katoomba in the Blue Mountains and the coast of NSW, Australia. All participating therapists work privately and have more than 5 years of professional experience in community-based healthcare. Via these physiotherapists, clients with a variety of chronic and complex healthcare problems, their families and carers were sought for this study. The clients' medical conditions included acquired brain injury, spinal cord injury, developmental disability and dementia with mobility problems. The variety of the clients' different health conditions and the way in which the clients were able to communicate added a further layer of complexity within the interview process. In some cases, the participating clients had communication and short-term memory difficulties. This was accommodated within the interview process to allow as full an interview experience as possible. Participants were encouraged to talk about their physiotherapeutic relationships to reveal how people make sense and meaning of the relationships they formed with their visiting physiotherapist. Pseudonyms were used to preserve the privacy and anonymity of the individual research participants.

Assignment of meaning within the data was facilitated by identification of poetic resonance inherent within the speech of participants. By observing and highlighting the poetics of

everyday speech within human interaction, the researcher may ‘create’ rather than ‘discover’ new understandings of human experience and interaction (Aldridge & Stevenson, 2001). The findings from this research show the mindful and responsive approach that these community-based physiotherapists embodied within the development of the ongoing relationship with the members of the family care teams with whom they work.

Findings

The community-based physiotherapists in this study used relationship-treatment approaches to practice to enhance communication and interaction with their clients and with family care team members in ways that engendered confidence and comfort for all participants. While physiotherapeutic attention involves the physical interaction one would expect with a physiotherapist, participants reported that the social and relational aspects of their human interaction were also important to them within the context of home-based healthcare.

Acknowledging Individuality and Humanity

Patterns of care evolved as the interpersonal relationship between the physiotherapist and the ‘family care team’ developed. Families spoke of their appreciation of the human side of the relationship they formed with their physiotherapist.

“It’s personal, your life is personal. You’ve got to have a bit of a relationship before you can get very far but it starts that way, showing that you’re interested to know what’s happened and interested in how it might effect now”. (Comments by Marie, an elderly woman looking after her husband, Eric at home. Eric has chronic low back pain, a stroke with mobility problems and dementia.)

Physiotherapist participants also identified their dependence on the human and social elements of care as well as on the therapeutic dimensions of care. The relationships, which they established with their family care teams, helped them to get to know their clients, families and carers. One therapist noted how necessary it was to gain the client and family’s trust early in the developing relationship with a client. He told me that he used a wide range of evidence-based movement activity assessment tools to provide a ‘thorough examination’ of the client’s physical situation. In the first instance, this appeared to be a properly professionally accountable activity, and indeed it was, but there was an honest recognition by this therapist that those assessment tools and the human interaction required to carry them out were also being used for the more social process of ‘getting to know you’ and ‘getting to know about you’. Such strategies assisted both parties to get comfortable with each other within the developing relationship.

I propose that the therapist’s ability to blend in with the needs of the family and client allowed truly contextualised care but also decreased the amount of stress placed on the client and family by the inevitably intrusive nature of any healthcare visit. Gwen (Eric’s wife) described the stress of being hurried every morning as she prepares for the visit of healthcare practitioners visiting her husband in their home:

“Have to get out of bed, quick, quick, because you’ve got to be ready; then they might not come for another hour or two yet, but still you’ve got to be prepared in case” (Tasker, Loftus & Higgs, 2012, p. 9).

When physiotherapists visit people in their own home, they enter another world (Cott, 2004). Karen, a physiotherapist with over 30 years of community experience explained,

“This is their private domain. This is sacred space for them. This is the area they have always been able to escape to and now we are taking therapy into that area” (Tasker, Loftus & Higgs, 2012, p. 10).

This ability of the visiting physiotherapist to ‘blend in’ with the activities within the family home may also become increasingly important for clients and families, when health crises arise, either for the client or for family members and carers. Marie (a wife and carer) said, “She just fits in, that’s all I can say, she just fits in” (Tasker, Loftus & Higgs, 2012, p. 9).

Participants reported that ‘getting comfortable’ assisted the building of trust within the community-based physiotherapeutic relationship. The body, which is the physical site of pain and weakness would seem to be a clear contributor to this situation but the feeling of ‘comfortableness’ can extend into and co-exist with the emotional relationship that develops between family care team members and their physiotherapist. Karen, a very experienced physiotherapist, who has been in private community-based practice for over 30 years, related a story about this delicate process.

“It was very precarious for about three and a half weeks as our relationship developed. As he [the client] started to realise his foot wouldn’t actually break, then we started getting somewhere ... Now he’s relying on me and has confidence in me but those first couple of visits; part of me knew what was going wrong, but I didn’t quite know how to put it right. I couldn’t just go out to talk to him for an hour.”

Karen realised that personal and social development of her relationship with this client was needed but felt constrained by the time and the formalised accountability structures she had to work with.

It can be argued that responsiveness from all parties is needed, if trust is to develop. Anne, a carer who assists Denny, (a young man with a quadriplegia and acquired brain injury) contended that this involves the very human issue of trust.

“If the physio can get this trust relationship going, then the physio process will be much better I mean, you put yourself in a situation with someone you don’t know. I wouldn’t want to work with a physio that I don’t trust. Personally, I think the relationship has to be something connecting each other. It [the relationship] actually says ‘Yes, let’s do this’.”

The connection between trust and the ongoing negotiation of consent lies within the developing relationship between the physiotherapist and their family care team.

Advocacy for carers within the family care team by the physiotherapist adds to the layered complexity of the physiotherapeutic relationship that gradually builds between the members

of the family care team and the physiotherapist. Anne, Denny's carer, remembered when she hurt her back doing her caring work for him:

"I did a bad movement with Denny and I had a sore back for about a week. When he visited, Adam [the physiotherapist] told Denny to help me by reminding me to do my exercises and to be careful when I was working."

"Now Denny himself has been caring for me saying 'bend your knees, don't bend your back' and 'have you been doing the exercises, because I don't want you sore again'."

"So Denny changed a bit because of that. I think that Denny realises now that we carers are not supermen".

From the accounts given by participants, it appears that these aspects of the physiotherapeutic relationship often occurred alongside other aspects of physiotherapeutic activities in quite a spontaneous way, as the physiotherapist responded to the situations inhabited by carers associated with that client and their care team. These additional caring activities initially appear as an 'add-on' activity or communication but there is an important underlying message to be heard from the data that such interaction assisted the therapist to also 'get comfortable' with carer members of the family care team, building trust and providing modeling of care within the family care team.

Family and carers spoke of their dependence on the human interaction to feel comfortable with their visiting physiotherapist, allowing them to more easily talk about any caring difficulties they might be having. Acknowledgement of the human and personal aspects for carers may include important issues to do with caring for the carers, for example, to prevent carer back injury or adjusting and modifying physical care for the client to better balance the work for their carers. Adam, the therapist in the situation above was very aware that he was 'a glorified visitor' to that home (Tasker, Loftus & Higgs, 2012):

I go there, I do something he really likes doing, physical stuff and walking. I'm there for an hour and he likes my role in his care, so he's probably nicer to me than to his carers. I do like to stick up for the carers" (p. 10).

Embodying Dialogue

Interactions between therapist, client, context and environment may be synthesised in a seamless and satisfying process for everyone concerned. Seemingly casual conversation occurs naturally when a physiotherapist comes to call. One family member said; "It fills in the spaces in a very comfortable companionable kind of way". For Barbara, (a therapist with over 35 years of experience), engendering ease and comfort for people helped them to relax and allowed them to think more deeply about their situation. "I think that I would ask people to sit down and talk with them, just two normal people, two ordinary people".

Difficulties may then be clarified and possibilities or new ideas opened up for the management of the complex movement problems faced by people living at home with healthcare issues. Frank (2004) in promoting the importance of dialogue as a necessary and reciprocal activity, discussed the notion of 'just talk' as occupying a lower level of importance than

‘dialogue’. However, findings from the participants in this project seem to contradict this view. Casual talk between clients, family, carers and therapists may initiate or introduce difficult areas of discussion as a way of reflecting on ‘parts’, in a genuine effort to discover the ongoing truth of the whole of their individual story. It can therefore serve as an important part of dialogue between family care team members and the visiting physiotherapist, embedding interpersonal communication within the particular context for and of that client.

“I think it’s listening to what the subject is and how you can make a connection ...”
(Comment in the focus group by John, the physiotherapist providing physio-care for Jenny, a young woman with a profound developmental disability).

Interviewer: “So actually, you’re chatting, to look for subjects that you can hang your hat on?”

“Yes but you have a little bit of direction behind the chat that leads to something but it’s directed with conversation, during conversation”.

(Comment in the focus group by Barbara, the physiotherapist providing physio-care for Eric, an elderly gentleman with dementia and chronic low back pain.)

Changing perspective from a seemingly unmanageable whole to a perspective that focused on particular and discrete ‘baby steps’ was identified by families and clients as an important way of assisting them to alter their view of a particular situation and carry on in the face of catastrophic personal situations. ‘Honor’ and her husband look after their young adult son, ‘Jack’. He suffered an acquired brain injury as a teenager and they care for him at home with the assistance of paid carers. ‘Honor’ has learnt to take ‘baby steps’ to deal with an often overwhelming situation.

“Everybody needs to get comfortable. It’s baby steps, which is what we’ve done with Jack, baby steps; learn something, master it, then go on and learn something and master that. Don’t try and do everything all at once.”

The physiotherapist is part of this process when he/she visits. Conversation, both ‘just talk’ and more obviously serious dialogue, provides a vehicle within which the therapist may assist the client and family to cope with an overwhelming reality.

“The physio gives you hope, that not only Jack’s life could improve but also ours, because the more mobility Jack gets, the better off we all are.”

“We’re not picking him up and carrying him into the bedroom or the toilet”

(Comment from Jack’s father).

The data showed that these experienced therapists mentally highlighted issues of concern and connection to the therapeutic process while letting conversation flow, waiting for important issues to emerge. Marie (Eric’s wife) commented on this ‘noticing’.

“You are the focus of their attention and other little side things will be noticed when you’re focused on the one person doing something. Yes, it’s just being the focus of attention I suppose” (Comment from Marie, Eric’s wife).

From my own personal clinical experience, I have heard this process described as ‘scouting around in the talk’, an expression which tells the tale of a careful and sensitive approach to finding out the whole story of the person the therapist has come to help. It may be seen as a hermeneutic approach to the human side of a clinical relationship in that the therapist relates wholes to parts.

Having an open attitude and maintaining an ongoing cycle of ‘listening and learning’ was viewed by participants as being essential to the relationship between the community-based physiotherapist and members of the family care team involved.

“I think it’s a fairly open relationship. You’re really able to go and approach him [the physiotherapist]. You don’t feel intimidated by the fact that he’s the physio and he knows more about people’s bodies and how they work and that sort of thing. I just find that he’s willing to listen. He might not always agree with what you’ve got to say but he will listen and he will take the time and consider what you are saying. ... It can be a bit tricky sometimes when you’ve got your opinion about something and you think that it’s the right thing and they’ve got their thinking. It’s hard, but I guess I feel you’re able to get to that middle ground most of the time ... I don’t think there’s really been a situation where we haven’t been able to work through things” (Comments by Bridie, a nurse/carer for Jenny, a young adult woman who lives in a group home and has a severe developmental disability).

Such listening and learning appeared to happen for both the physiotherapist and the client or member of the family care team, as a dialogue builds between them. Charon (2006) advises that;

“Our intimacy with patients is based predominantly on listening to what they tell us, and our trustworthiness toward them is demonstrated in the seriousness and duty with which we listen to what they entrust to us” (p. 53).

“I think as you get more experience, I think you tend to listen more and you tend to listen better. You’re kind of open. You know that everyone’s different. You know that you can’t just treat these complex people all the same so you’re really comfortable in saying ‘Well look, what do you want? What do you think you need?’ They’re the expert on themselves. You do get really comfortable because you realise that you can’t know everything. You know that everyone is very different and they’re the best person about knowing about themselves” (Comments from Adam, the physiotherapist for Denny, a young man with a spinal cord injury and an acquired brain injury).

Enhancing Perception of Individuality

The focus group discussed this ‘kind of openness’. One of the most experienced therapists related it to the concept of ‘negative capability’, a term given by the poet Keats (1817) to

the situation “when man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason” (as cited by Wu, 2005, p. 1351). Keats was discussing a person’s ability to sublimate their assumptions and ego, making themselves negative, in a sense, in order to be able to enter a process of uncertainty without prematurely making superficial judgements or, as Tafarella put it, oversimplifying the situation with rationality (Tafarella, 2009). Within professional practice, Schön (1983) referred to this process of uncertainty as “the swampy lowlands” (p. 42).

Receptivity may combine with the process of trust building as the relationship develops between the physiotherapist and their family care team. More modern similes of this idea may be seen in Husserl’s idea of phenomenological bracketing (1963) or, in Gadamer’s terms (1989); being aware of one’s own biases and prejudices in the attempt to be open to whatever the phenomenon may reveal to you.

By adopting an open listening approach, which encourages the client or family to confide information about emotionally difficult topics, the therapist can provide opportunities for building trust, and at the same time, develop a more holistic impression of that person’s life world by a gradual ‘fusing of horizons’. This Gadamerian term denotes the process whereby interaction between people occurs in an effort to arrive at a shared meaning. Such an open-ended approach allows a deepening understanding of where the other is ‘coming from’, even in the face of disagreement. Such practice may be seen as hermeneutic with a melding of the ‘parts’, which are the casual conversations and the whole being the clinical relationship.

Drawing on Gadamer’s ideas, Todres (2008) describes this process as ‘embodied relational understanding’. Gradual and increasing understanding provides constant refreshment of one’s insight, incorporating a necessary openness to the ‘otherness’ of particular phenomena. From the data arising from this research, one family member believed that: “If a person thinks that she’s being listened to, that helps, no matter what the subject is”. In this conversational exchange between people, the active listening of each voice from the perspective of the other may become an opportunity to test our own and other’s ideas in order to determine how we should act and how we should proceed (Zappen, 2000). Such active and open listening on the part of the therapist may contribute towards a ‘dialogical presence’ as discussed by Frank (2004), allowing creation of a space of possibility for both the participants to the interaction: the therapist, the client and the family.

Deeper understanding of these social interactions can enhance awareness of such issues in professional practice and can advance the development of more careful and mindful therapeutic relationship skills. Personal, social and professional aspects of the physiotherapist’s identity are inextricably bound together as they approach clinical interactions with their client. Despite their perceived need to maintain a professional persona, participant therapists were very aware of the need for their social and personal personas to also be made available within the relationship with their client and family care team. By giving part of themselves, socially and personally, therapists may be able to accommodate the difference in situations between themselves and their client, establishing a more ‘level playing field’ relationally and acknowledging the humanity of the other person in the relationship.

“It’s in the relationship. I think it’s about seeing that people have got another side to them, to their creaking joints and their inability to walk far and they’re having to use a walking frame which makes them feel old and things like that. It’s just seeing them as people, acknowledging them” (Comments from Eric’s physiotherapist, Barbara).

Conclusion

Community-based physiotherapists face a challenge to understand their clients, families and carers in home-based settings. This project reveals that community-based physiotherapists take great care not to objectify the client and their care team and strive to stay connected with the client and their family care team as human beings. Embodied styles of dialogue, as discussed above, support such therapeutic interaction by allowing and encouraging the physiotherapist to customise therapeutic interactions with their family care team members in order to build relationships with the family care teams in home-based healthcare. Such findings also support previous research (Ek, 1990) showing that the physiotherapy process can be reciprocal. Mindful and responsive relationships need to be developed with people. The interweaving of personal and professional dialogical spaces with technical and craft knowledge is challenging and complex but such integration can allow the development of relationships that are truly therapeutic in every sense of the word.

References

- Aldridge, D., & Stevenson, C. (2001). Social poetics as research and practice: living in and learning from the process of research. *Nursing Enquiry*, 8, 19–27.
- Astride-Stirling, J. (2001). Thematic networks: an analytic tool for qualitative research. *Qualitative Research*, 1, 385–405.
- Barker, P. (2001). The Healing Potential of Metaphor in the Narrative. Retrieved 23rd September 2009, 2009, from file:///Users/diane/Desktop/Barker,%20P%202001%20The%20healing%20potential%20of%20metaphor%2
- Charon, R. (2006). *Narrative medicine: Honoring the stories of illness*. Oxford University Press.
- Cott, C. (2004). Client-centred rehabilitation: client perspectives. *Disability and Rehabilitation*, 26 (24), 1411–1422.
- Dahlberg, K., Todres, L., & Galvin, K. (2009). Lifeworld-led healthcare is more than patient-led care: an existential view of well-being. *Med Health Care and Philos*, 12, 265–271.
- Davey, Nicholas (2006). *Unquiet Understanding: Gadamer's philosophical hermeneutics*. State University of New York Press.
- Ek, KM (1990): Physical therapy as communication, microanalysis of treatment situations. PhD thesis, Michigan State University.
- Eryaman, M. Y. (2008). Writing, Method and Hermeneutics: Towards an Existential Pedagogy. [Journal]. *Elementary Education Online*, 7 (1), 2–14.
- Frank, A. (2004). *The renewal of generosity: illness, medicine and how to live*. Chicago: The University of Chicago Press: Mariner Books. *International Journal of Qualitative Methods* (1).
- Gadamer, H. G. (1989). *Truth and Method* (2nd. rev ed.). New York: Crossroad.
- Gibson, B. E. (2010). *Independence and quality of life: revisiting core assumptions in physiotherapy and rehabilitation*. Paper presented at the 2010 NZSP Conference: Working together: research and practice. from http://www.physiotherapy.org.nz/Folder?Action=View%20File&Folder_id=123&File=Gibson%20BE.pdf
- Heckman, K.A, & Cott C.A (2005). Home-based physiotherapy for the elderly: A different world. *Physiotherapy Canada*, 57, 274–283.
- Husserl, E. (1963). *Ideas: A General Introduction to Pure Phenomenology*. Trans. W. R. Boyce Gibson. From the German original of 1913, First Book. Newly translated with the full title by Fred Kersten. Dordrecht and Boston: Kluwer Academic Publishers, 1983. Known as Ideas I., (Trans.). New York: Collier Books.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, California: Sage Publications.
- Schön, D. A. (1983). *The reflective practitioner: How professionals think in action*. New York: Basic Books.
- Tasker, D., Loftus, S., & Higgs, J. (2012). Head, heart and hands: creating mindful dialogues in community-based physiotherapy. *New Zealand Journal of Physiotherapy*, 40 (1), 5–12.
- Tafarella, S. (2009). Negative Capability Defined: Walking in Mysteries—and the Shoes of Others—with Keats, Shakespeare, Whitman—and Barack Obama!. *Prometheus Unbound* Retrieved 02/04/11, 2011, from <http://santitafarella.wordpress.com/2009/02/01/negative-capability-defined-walking-in-mysteries-and-the-shoes-of-others/>
- Todres, L. (2008). Being With That: The Relevance of Embodied Understanding for Practice. [Keynote presentation]. *Qualitative Health research*, 18 (11), 1566–1573.
- Van Manen, M. (1990). *Researching Lived Experience: Human science for an action sensitive pedagogy* (Second edition with new expanded preface ed.). London, Ontario: Althouse Press.
- Ward, T. (2007) Boundaries of the “Healthcare Workplace” must be expanded. *Healthcare papers* (7) (Special Issue) 104–107.
- Wu, D. (2005). *Romanticism: an anthology*. (3rd, illustrated ed.). Malden, U.S.A.: Blackwell Publishing.

Zappen, J. P. I., Ed. 7–22. (2000). “Mikhail Bakhtin (1895–1975).” In Michael G. Moran and Michelle Ballif (Ed.), *Twentieth-Century Rhetorics and Rhetoricians: Critical Studies and Sources* (pp. 7–22). Westport: Greenwood Publishing Group.

About the Authors

Diane Tasker

For over 25 years, Diane Tasker has worked as a community-based physiotherapist in the community of the Blue Mountains, west of Sydney, Australia. She is passionately interested in supporting people with chronic and complex healthcare issues to live full and happy lives and improving their access to community life. At present, she is undertaking doctoral candidacy with Charles Sturt University. Her research project explores how community-based physiotherapists interpret relationship-centred healthcare via the interpersonal relationships they develop with the members of ‘family care teams’ in the home.

Stephen Loftus

Stephen Loftus has been involved in medical education and practice for many years. After several years working as a dentist, he became involved in online distance education in multidisciplinary pain management. This led to a research interest into the nature of professional practice and its education in the healthcare field. He is a believer in the power of qualitative approaches to open up our understanding of professional practice and education. His particular interests are in how we use the power of language to understand and articulate what we do. For this he uses an interdisciplinary approach, combining ideas from schools of thought as varied as narrative inquiry, philosophical hermeneutics, phenomenology and social constructionism.

Joy Higgs

Professor Higgs AM BSc, Grad Dip Pty, MHPed, PhD is the Strategic Research Professor in Professional Practice and the Director of The Education for Practice Institute at Charles Sturt University. Her primary role is the advancement of practice-based education through collaborations in research, scholarship, student supervision and education. She has produced multiple publications including over 20 books in professional practice, research and education. In 2004 Professor Higgs received a Member of the Order of Australia award for services to health sciences education in recognition of her contributions to course development, scholarship, research and academic leadership.



Editors

Tom Nairn, The Globalism Institute, RMIT University, Australia

Mary Kalantzis, University of Illinois, Urbana-Champaign, USA

Editorial Advisory Board

Patrick Baert, Cambridge University, Cambridge, UK

David Christian, San Diego State University, San Diego, USA

Bill Cope, University of Illinois, Urbana-Champaign, USA

Joan Copjec, State University of New York, Buffalo, USA

Alice Craven, American University of Paris, Paris, France

Michel Demyen, University of Victoria, Victoria, Canada

Elizabeth DePoy, University of Maine, Orono, USA

Mick Dodson, Australian National University, Canberra, Australia

Oliver Feltham, American University of Paris, Paris, France

Clyde R. Forsberg Jr., Oxford College/Aletheia University, Tamsui, Taiwan

Stephen French Gilson, University of Maine, Orono, USA

Hafedh Halila, Institut Supérieur des Langues de Tunis, Tunis, Tunisia

Souad Halila, University of Tunis, Tunis, Tunisia

Hassan Hanafi Hassanien, Cairo University, Cairo, Egypt

Ted Honderich, University College, London, UK

Paul James, Globalism Institute, RMIT University, Melbourne, Australia

Moncef Jazzar, Institut Supérieur des Langues de Tunis, Tunis, Tunisia

Eleni Karantzola, University of the Aegean, Rhodes, Greece

Krishan Kumar, University of Virginia, Charlottesville, USA

Ayat Labadi, Institut Supérieur des Langues de Tunis, Tunis, Tunisia

Marion Ledwig, University of Nevada, Las Vegas, USA

Greg Levine, Macquarie University, Sydney, Australia

Harry R. Lewis, Harvard University, Cambridge, USA

Fethi Mansouri, Institute for Citizenship & Globalization, Deakin University,
Melbourne, Australia

Juliet Mitchell, Cambridge University, Cambridge, UK

Nahid Mozaffari, New York, USA

Nikos Papastergiadis, University of Melbourne, Melbourne, Australia

Robert Pascoe, Victoria University, Melbourne, Australia

Scott Schaffer, University of Western Ontario, London, Canada

Jeffrey T. Schnapp, Stanford University, Stanford, USA

Gayatri Chakravorty Spivak, Columbia University, New York, USA

Bassam Tibi, University of Goettingen, Goettingen, Germany and
Cornell University, Ithaca, USA

Giorgos Tsiakalos, Aristotle University of Thessaloniki, Thessaloniki, Greece

Siva Vaidhyanathan, University of Virginia, Charlottesville, USA

Cheryl A. Wells, University of Wyoming, Laramie, USA

Zhang Zhiqiang, Nanjing University, Nanjing, People's Republic of China

Chris Ziguas, Globalism Institute, RMIT University, Melbourne, Australia

The Humanities Community

This knowledge community is brought together by a shared commitment to the humanities and a concern for their future. The community interacts through an innovative, annual face-to-face conference, as well as year-round virtual relationships in a weblog, peer reviewed journal and book series—exploring the affordances of the new digital media. Members of this knowledge community include academics, educators and research students.

Conference

Members of the Humanities Community meet at the [International Conference on New Directions in the Humanities](#), held annually in different locations around the world.

Over the past eight years, the Humanities Conference has established a reputation as a focal point for new ideas and new practices in humanities research and teaching. The conference was held at the University of the Aegean, Rhodes, Greece in [2003](#); at Monash University Centre, Prato, Italy in [2004](#); at University of Cambridge, Cambridge, UK in [2005](#); at University of Carthage, Tunis, Tunisia in [2006](#); at the American University of Paris in [2007](#); at Fatih University, Istanbul, Turkey in [2008](#); in Beijing, China in [2009](#); in University of California, Los Angeles, USA in [2010](#); and at the Universidad de Granada, Campus La Cartuja, Granada, Spain in [2011](#). In [2012](#), the Conference will be held at the Centre Mont-Royal in Montréal, Canada.

Online presentations can be viewed on [YouTube](#).

Publishing

The Humanities Community enables members to publish through three mediums. First, by participating in the Humanities Conference, community members can enter a world of journal publication unlike the traditional academic publishing forums—a result of the responsive, non-hierarchical and constructive nature of the peer review process. [The International Journal of the Humanities](#) provides a framework for double-blind peer review, enabling authors to publish into an academic journal of the highest standard.

The second publication medium is through a book series [The Humanities](#), publishing cutting edge books in print and electronic formats. Publication proposals and manuscript submissions are welcome.

The third major publishing medium is our [news blog](#), constantly publishing short news updates from the Humanities community, as well as major developments in the humanities. You can also join this conversation at [Facebook](#) and [Twitter](#) or subscribe to our email [Newsletter](#).

Common Ground Publishing Journals

AGING Aging and Society: An Interdisciplinary Journal Website: http://AgingAndSociety.com/journal/	ARTS The International Journal of the Arts in Society. Website: www.Arts-Journal.com
BOOK The International Journal of the Book Website: www.Book-Journal.com	CLIMATE CHANGE The International Journal of Climate Change: Impacts and Responses Website: www.Climate-Journal.com
CONSTRUCTED ENVIRONMENT The International Journal of the Constructed Environment Website: www.ConstructedEnvironment.com/journal	DESIGN Design Principles and Practices: An International Journal Website: www.Design-Journal.com
DIVERSITY The International Journal of Diversity in Organizations, Communities and Nations Website: www.Diversity-Journal.com	FOOD Food Studies: An Interdisciplinary Journal Website: http://Food-Studies.com/journal/
GLOBAL STUDIES The Global Studies Journal Website: www.GlobalStudiesJournal.com	HEALTH The International Journal of Health, Wellness and Society Website: www.HealthandSociety.com/journal
HUMANITIES The International Journal of the Humanities Website: www.Humanities-Journal.com	IMAGE The International Journal of the Image Website: www.OntheImage.com/journal
LEARNING The International Journal of Learning. Website: www.Learning-Journal.com	MANAGEMENT The International Journal of Knowledge, Culture and Change Management. Website: www.Management-Journal.com
MUSEUM The International Journal of the Inclusive Museum Website: www.Museum-Journal.com	RELIGION AND SPIRITUALITY The International Journal of Religion and Spirituality in Society Website: www.Religion-Journal.com
SCIENCE IN SOCIETY The International Journal of Science in Society Website: www.ScienceinSocietyJournal.com	SOCIAL SCIENCES The International Journal of Interdisciplinary Social Sciences Website: www.SocialSciences-Journal.com
SPACES AND FLOWS Spaces and Flows: An International Journal of Urban and ExtraUrban Studies Website: www.SpacesJournal.com	SPORT AND SOCIETY The International Journal of Sport and Society Website: www.sportandsociety.com/journal
SUSTAINABILITY The International Journal of Environmental, Cultural, Economic and Social Sustainability Website: www.Sustainability-Journal.com	TECHNOLOGY The International Journal of Technology, Knowledge and Society Website: www.Technology-Journal.com
UBIQUITOUS LEARNING Ubiquitous Learning: An International Journal Website: www.ubi-learn.com/journal/	UNIVERSITIES Journal of the World Universities Forum Website: www.Universities-Journal.com

For subscription information please contact
subscriptions@commongroundpublishing.com