

May, 2008

Volume 8, No. 2

CREATING HEALING REALITIES: The Law of Expectations

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I lecture to nurses, hospitals and healthcare organizations on how to effectively work with frightened children in a variety of medical environments. I am a 1977 graduate of the Millard Fillmore School of Professional Nursing in Buffalo New York and have been a Registered Nurse for over 30 years. I have experience in Intensive Care, Emergency Room nursing and supervision, and at the Ruth and Billy Graham Children's Health Center. Currently I work in pediatric endocrinology at the Mission Children's Reuter's Center and in health education in Asheville, NC. I am actively involved in teaching injection and blood testing skills to children and their families, where the children are newly diagnosed with type 1 diabetes.

The law of expectations occurs as an almost mandatory pre-cursor when applied to the art of self-healing. This law states: *What the mind believes tends to be realized*. Much of what we believe has a direct, immediate impact on how the course of healing unfolds, progresses and realizes itself. In fact, we may go to extremes to create that realization. We will look for a specific object, brand or person until we find our way of justifying and concretizing our beliefs.

Here are two recent examples.

Michael is a four-year-old whose parents brought him in to be taught the use of an insulin pump. See figure 1. This device administers insulin in the treatment of diabetes. It includes the pump itself, a disposable reservoir for insulin, a disposable infusion set and a small flexible catheter left under the skin that's changed every three days. It is an alternative to multiple daily injections of insulin and allows for intensive insulin therapy when used in conjunction with blood glucose monitoring and carbohydrate counting.

Figure 1. Insulin pump



Prior to receiving the pump, Michael required four hypodermic injections of insulin a day and still had difficulty with glucose control and elevated HbA1C levels, which closely correlate to long-term complications from diabetes such as eye and kidney damage. Both parents were engaged and fully attentive to his needs. For Michael, taking shots was difficult. He had long-standing associations with fear, pain and syringes from a hospitalization a year earlier. It took months for his parents to get him past the fear and take his daily insulin injections.

Helping Michael through his fear was one of the main reasons they were in my office. I had to place the site under his skin, teach the technology and ease the family's apprehensions all at the same time! The trade off for Michael was wearing all this hardware in order to receive one shot every three days versus four shots every day. Local anesthetic is not necessary when placing

the small catheter under the skin, however the child does need to momentarily hold still to get a correct insertion. Now instead of injections, his parents could just push buttons on the pump to deliver his insulin.

Anything new frightened Michael tremendously. I gave him the pump and got him engaged in pushing the buttons. I spent ten minutes working next to him, trying to convince him this was similar to what he was already doing, "only better." He cried and struggled but finally allowed me to place the site after developing some degree of rapport.

There are key moments I look for as opportunities to shift expectations, including

- when a child questions you
- takes a step towards you
- repeats your words
- shows a favorable change in facial expressions.

They are the opportunities to interpose a positive outcome through words or imagination.

Only Michael was not giving me any opportunities. For a moment, our eyes met in a certain way and I could only share my feelings with him in those few seconds. Nothing changed in our interaction, and at the time I wondered just how much I could do to assist him. In fact, with all the commotion, my co-workers jokingly threatened to slide my own book, *Helping Children Overcome Fear in a Medical Setting*, under my door.

However, Michael did have his perceptual shift, although I was not present to see it. When I spoke to his father the next day, he told me that on the way home from our office visit, Michael said, "You know, I think I'm gonna like this pump." Over the next several weeks Michael improved in his willingness to allow what needed to be done for him and in what he "expected" out of the procedure.

I have not found shifting expectations and perceptions always as challenging as with Michael'. I did however learn a valuable lesson from him concerning my own expectations when working with frightened children and the high standards I impose on myself. Michael also reminded me that you do not always know or get to see what your efforts will produce or how simple interactions find their own way to our inherent healing nature.

My second example is five-year-old Josh, who seemed to enjoy hitting his younger brother over the head with comic books. Josh inhaled loud and deep when he saw me bring out the insulin pump, site insertion device and tubing. I immediately shifted his expectations and attention by giving him a box to open, and I let him play with an empty site insertion device. I redirected my attention towards his parents. By doing so, I took pressure away from Josh and left it to him to play with it or not.

He played with it for about a half-minute, put it down and went back to hitting his brother over the head with the comic book I gave them to share. A highly effective trick is to give the devices to the younger brother first, only to watch the older brother take it out of his hands for his own inspection. Now it becomes a toy and the device is perceived differently. At this point, I held the device up to my belly and then showed him how to hold it up to his. He did. Then I loaded the device to gently insert the set in his abdomen.

He shook his head no, but his father said, "Okay, I'll push the button for you." 'Click,' it went in as his son willingly allowed it without resistance. Josh responded "Ow." I removed the introducer needle, smiled and said, "That's it." Josh then asked his father to take it out, but through simple distraction, he forgot all about it. His mom told me that night he went to bed with it. The next day, he wore it proudly to school.

Healing is holistic. It is not just physical, mental, emotional or even energetic or spiritual. Sometimes it is in a social setting on display, or in the quiet confines within one's own meditative

state. Sometimes it may be like Josh's; a natural expression through all of them. I suspect having a comic book to hit your little brother over the head with helps in its own way too.

The Law of Expectations is but one tool in our arsenal for assisting healing. The power of intention, positive semantics, creating rapport, and an awareness of the correct use of nonverbal communication and more is found in the book *Helping Children Overcome Fear in a Medical Setting*.

Rob Luka, RN, CDE, CHt is the author of the book *Helping Children Overcome Fear in a Medical Setting*. Rob has appeared on television and radio sharing his message of empowerment to healthcare providers on how to create a positive experience for young, frightened patients within diverse medical settings.

Living in Poona, India, in 1981 deepened and forever changed his expression of compassion in the lives of those he has worked with.

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