The importance of social interaction: a therapeutic journey

Due to personal circumstances, I had to curtail my annual Leg Club tour until this Spring. On recommencement, I realised the challenge once again was to overcome long distances in a narrow time-frame, due to most Leg Clubs running between Tuesday and Thursday. However, despite these challenges, it made me realise how much I was looking forward to seeing the members, volunteers and clinical teams again. I wanted to personally thank them for their kindness, e-mails, letters and support throughout the last eighteen months of my late husband’s illness.

Communities are made up of people with their own unique personalities, making each Leg Club I visit distinctive. I try never to say, ‘I know how you feel’ to anyone because I have not lived with or experienced their condition. Using ethnographic methodology — observations in real-life environments — I always ask members about their own health beliefs and lower limb problems, and specifically, how they experience and interpret what happens to them in the context of their Leg Club. By employing a relaxed ethnographic approach, I learn how members experience and interpret their treatment. A wonderful example of this arose during a recent visit, when a member told me:

“I have been attending the Leg Club for nearly 6 weeks now and have found it to be a very beneficial move. The visits from the District Nurses have always been good and their care has been excellent, but one of the main problems has been a lack of continuity of visits from the same nurse to assess the improvements [...] The Leg Club enables you to see the same nurses each week and the get-together with other patients is helpful and supportive. Just seeing that others are in the same position as yourself, (or even worse), can make you realize that you are not alone, and sharing experiences makes coping with problems easier. I have already made friends with other members in just a couple of weeks. The nurses too seem to enjoy being together, sharing the work, comparing treatments and diagnoses. The whole atmosphere is relaxed and friendly and everyone seems to go away, not only treated, but encouraged by the whole experience. I wish there were more Clubs in many more places.”

This statement, given by someone ‘living’ the Leg Club experience, had a profound effect on me as it summarises and highlights the importance of socialisation, relationships, empathy and peer support — all of which are aspects of the psychosocial Leg Club model. It shows that this member is no longer alone but has become part of a reflexive web of influences emanating from the volunteers, nurses and other members of the Club.

During my annual Leg Club visits, I yet again became aware of the power of our members to relate to the pain and isolation of fellow sufferers, resulting in a great sense of comradeship and understanding. The clinical and social benefits of the Leg Club — motivating its members to attend and develop friendships — were evident in all of my visits. Grief following the death of someone close is one of the most painful and stressful life events, and loneliness and isolation are common feelings after the experience of loss. However, since beginning my visits, I found that being with Leg Club members and volunteers was both an emotional and extremely rewarding therapeutic experience, which has enabled me to move on in my new life and makes me look forward to further Leg Club visits throughout the year. I cannot express my thanks and appreciation enough — for the warm welcome, support and friendship I received from the Leg Club clinical teams, volunteers and members. It was an invaluable and therapeutic experience.

BEING PART OF THE NATIONAL WOUND CARE STRATEGY

Trustee Dr Rob Bawden represented the Lindsay Leg Club Foundation® at a meeting in the House of Lords in May, during which Professor Julian Guest called for a national strategy for wounds. The work of the Foundation is very much in line with these aims, comprising dedicated leg ulcer clinics and recording patients’ lower limb and leg ulcer management and outcomes in a detailed database. As a result of the meeting, Dr R Bawden and myself were asked to help with the development of the National Wound Care Strategy, which is aimed at improving care for all wounds, including leg ulcers.