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Illness as Teacher: Learning from Illness

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Abstract: This article is a conceptual exploration into the value of illness, bodies and embodied practice in teacher education. It draws on my reflections and practitioner accounts of poor health to investigate the potential to learn from illness. I position myself in this discussion as a non-tenured academic who experiences the challenges of her uncertain work environment through her body. I examine the functionalist approaches that devalues the body and explain how the disruptions triggered by illness can enable individuals to create more authentic professional narratives. This paper explores the author's growing awareness of illness, its impact and learning opportunities. Finally, the author investigates the value of writing about illness and the significance of teaching as a witnessing act. Such discussions of illness are pertinent to teacher education as illness is an inevitable part of life and can evoke powerful learning experiences.

Introduction

People often talk about a capacity to understand the fragility and transience of life and nonetheless appreciate life's goodness and value as a notable feature of illness (Carel, 2008, p.85).

Although there have been a growing number of researchers who are interested in embodied practice, there has been less written about physical illness and its impact. The majority of illness accounts are situated in health research as doctors and researchers explore their own experiences to understand patients' difficult circumstances (Sparkes, 1996; Frank 1995; Charmaz 2002; Charon 2014). Such attempts to explore the topic of illness is less apparent in teacher education, despite views that illness is one of life's greatest teachers. The ill body's invisibility has been linked to the functionalist view or Cartesian dualism, which objectifies the body and attributes it with little authority and purpose beyond its assigned function (Estola & Elbaz- Luwisch, 2003; Freedman & Holmes, 2012; McWilliam, 1995; Cooks & Lebesco, 2006). Functionalism associates learning with the mind rather than the body; it considers our mental reasoning capacities as being superior to bodily awareness. As a result, functionalism depicts teachers' bodies as vehicles that carry out the mind's mandates or, ". . . [as] a mind attached to an apparatus, the body, whose purpose was simply to transport [her] ideas and intelligence to the classroom" (Freedman & Holmes, 2012, p.3). This opposes the more dynamic view of teaching as an inherently playful and productive act where teachers exhibit the values and desires of a creative persona. Functionalism thus reduces teacher's bodies to instruments that are automated by the mind, ". . . functionaries without self-interest, without desire, without any 'body' to teach (with), where their bodies are acted upon, rather than being given the freedom and autonomy as the takers of action" (McWilliam, 1995, p. 4). It asserts that the body has no power, will or purpose outside of its function.

Due to the prevalence of such functionalist approaches, illness has often been overlooked in scholarly discussions. Goodwin and Morgan (2012) makes reference to the negative conceptions, awkwardness and the social avoidance surrounding poor health in academia as they propose that physical frailty is often equated with emotional and mental incompetence. In *Illness: the cry of the flesh*, Carel (2008) similarly depicts how the sick body is conceived as being “highly secretive, grossly inappropriate for conversation,” which in turn, makes the language surrounding illness equally “inappropriate, incomplete and often misleading” (p.57). In the performance based and high stakes space of higher education, the fear of negative stereotyping and potential bias may make academics particularly fearful about disclosing their physical weaknesses (Goodwin & Morgan, 2012). Academics may also be concerned about the effects of paternalism or pity, which may inadvertently reduce their autonomy, sense of self-efficacy and professionalism. In the case of teacher education, practitioners may feel that their illness detracts from legitimate scholarly topics about learning that have little or no connection with their ill bodies.

Becoming Aware of the Ill Body

Although illness was rarely mentioned at work, my own experiences of poor health brought the body to the forefront of my attention. When I returned to work three months after the birth of my second child, I suffered a serious back injury that made walking and standing very painful. I continued to work through my injury and juggled a full teaching load, research work and family obligations to demonstrate my rigorous work ethic. With my short-term academic contract coming to an end, I was desperate to show my supervisors how hard I was willing to work. Unfortunately, my actions led to more frequent bouts of injury that became an embodied cycle of poor health. Carel (2008) touches on how illness plays this unavoidable and natural role in our lives. She relates how our body inevitably undergoes “wear and tear” as “a way of living, experiencing the world and interacting” (p. 8). This natural degradation of our bodies, however, may accelerate unnaturally as individuals attempt to reach unrealistic standards of professionalism. Such standards may apply to academics who find it difficult to achieve a work life balance. Goodwin and Morgan (2012) assert how academia embodies a paradoxically flexible working environment that requires distinctly rigorous standards for performance, in which “academics can work anytime and anywhere,” which makes academics feel like they need to “work all of the time and everywhere” (p. 34). They employ Beretz’s term of “heroic stamina” to illustrate how academics undertake work that “never [seems] to end” (p. 34). These pressures received from a seemingly endless flow of work can have a heavy toll on our emotions as well as on our physical well-being.

Poor health became a source of tension in my personal and professional life. I relied on my body to complete my daily responsibilities and when it broke down, I was increasingly fixated on hiding my struggles. Underneath my public discourse of health and well-being lay a hidden narrative of the ill and incompetent body. My decision to write about poor health was a response to this duplicity; it was an attempt to uncover the meaning, integrity and strength hidden within a failing body. These attempts affirm Charon’s (1994) argument about the value in the “search for the meanings of singular human situations,” as illness is a profoundly unique and personal experience (p.260). This search for meaning led me to write more frequently about poor health in my teaching journal.

I am becoming more interested in the body. Perhaps it was something that I had always registered, that is only now surfacing in my consciousness after injuring my back. I notice people’s physical appearances, their faces, their expressions, the way they are dressed and how their body fills their clothes. I see these bodies

and can register our common fragility. Though my students are younger, they are often absent due to illness. The weary look in the eyes of my colleagues also reminds me that my bodily fatigue is not unique to me. But what is most obvious is my own rebellious body. What was once trustworthy and loyal is now increasingly unrecognisable. I feel cheated and defeated when I cannot go through with the work I have committed to. There are a thousand tiny pin pricks attacking my body; it has suddenly transformed into something delicate and breakable (Author, 2011).

As I became aware of my poor physical health, I was able to reflect on how it impacted my teaching. I frequently wrote about how my body affected my practice.

I barely make it through the tutorial. I have taught for the sixth hour and now I am leaning into the lecturn for support. It is too high for me to sit down. I am finding it difficult to stand. I look ridiculous, positioned with my bottom stuck out behind me. Outwardly I smile at my class, but inside I am screaming for a chair to sit on. Finally the session ends. We have a social event as it is the last class. The students crowd around the table with the food and the pain becomes unbearable again. I shuffle to a seat behind the lecturn. One student notices me retreating and asks whether I am feeling left out. I find myself admitting that “my back hurts and I want to sit down.” He explains how he gets “tired legs” when he stands up for too long. I smile and nod. I look at his healthy body and think that his tired legs does not compare to my experiences. But I don’t assert my pain over his apparent discomfort. I fear the unspoken question of what was I doing teaching when I could barely stand (Author, 2012).

Interactions with ill bodies also brought physical frailty to my attention. I saw illness everywhere and its effects were stark, unforgiving and often very disconcerting. One encounter with a chronically ill friend made such a strong impression that I wrote about it in my teaching journal.

She was hidden from my view behind a tree. I had not known she was there. She had deliberately turned her chair, facing away from where I had been standing. As I walked towards her I could see why she had tried to hide. She looked very ill. Her face was ashy grey and her cheek bones and eye sockets were visible. ‘Very sick, very sick,’ she repeated weeping. A couple of months ago she had seemed fine, happy even, and now she was sitting, wasting away with the sun on her face and sadly watching her children play. She repeated the words in shock, like a young child she looked at me with confusion; her own daughter protectively lingering around her, watching her mother become a shadow. She asked me. How could this happen to me? How could disease invade my strong and healthy body? I could not answer. I stared and thought how much it felt like looking into a mirror. She was only a couple of years older than me, with young children, similar ages to my own. Then all of a sudden she was sitting here in an oversized chair, an elderly woman in oversized clothes and a large hat. I saw her and became aware of my own fragility. She had been completely unprepared. Like me she had a long list of goals and ambitions to fulfil but everything was taken away in an instant (Author, 2014).

Considering the prevalence of illness, I was surprised at how little was written about it in the scholarly literature. Finding other practitioner accounts in teacher education was important as I needed models to follow. Richardson’s (1988) honest disclosure of not knowing, “. . . what I want to write about, how I want to write it, or who I want to write it for” strongly resonated with my attempts to write about my poor physical health (p.199). I wanted to write about my body’s weakest moments but I was doubtful of its relevance to

others. At the same time, I could not understand why there was such little written about practitioner illness in teacher education considering that illness was a consummate teacher. Illness was also disruptive and incompatible with my beliefs of professionalism. My body's increasing unreliability was a problem I needed to solve.

Value of Practitioner Accounts

We write about our experiences to better understand them. Practitioner accounts offers readers such rich insight into uniqueness of an individual's sense making process. They connect people to each other by providing authentic glimpses into another person's world. Richardson (2002) relays these views by asserting how "personal narration, reflexivity, and contextualization" are invaluable ways to conceptualise and relay meaningful and impactful research, as it can "demystify authority claims, enlarge disciplinary boundaries, and contribute to the writing of a socially useful, culturally critical, publicly available, and vibrant "knowledge development" (p.216). The value of research that forms authentic connections has also been discussed by Sparkes (1996), who presents a narrative account of his struggles with a chronic lower back problem to "take readers into the intimacies of [his] world" and to help them reflect on their lives in relation to his experiences (p. 467). This article includes excerpts of illness narratives from health practitioners to highlight how learning is a highly intimate, intense and personal human experience. Frank (1995) suggests that the health field is an appropriate site for exploring practitioner illness as health care professionals work with communities of pain. This article makes connections between the medical and teacher education disciplines to shed light into the learning and meaning that can be gained from unique and challenging circumstances. It is anticipated that professionals in teacher education will be able to transfer the principles of learning from the medical field to their own teaching experiences due to their own intimate encounters with illness. The inclusion of literature across disciplines further resonates with Charon's (2009) view that most creative work takes on a multidisciplinary approach as it focuses on the universal human experiences that bring people together.

Practitioner accounts vividly capture the emotional and aesthetic construction of meaning. Sparkes (1996) creates an aesthetic account of his experiences by weaving his narrative "impressionistically between facts and fiction" (p. 467). Other authors have adopted similar modes of creative representation to communicate the subjectivities within experiences; they use techniques of writing fiction to engage readers on an emotional level and to help them enter into the story with the writer (Richardson, 1994; Coles, 1989). Issues of validity are accounted for as these narratives meet "literary criteria of coherence, verisimilitude, and interest," rather than accuracy (Richardson, 1994, p.521). Various researchers have spoken about aesthetic and authentic representations of meaning through practitioner accounts. For instance, Frank's (1995) portrayal of the first-hand accounts of illness demonstrates the value of evoking genuinely strong emotions over accurate representations. Ellis and Bochner (1996) also relay the significance of participating with rather than speaking for the 'other' to convey the full cognitive and emotional dimensions of an experience. Lastly, Sparkes (1996) affirms how an insider approach enables rich and emotional accounts that powerfully engages the reader. He reflects on authentic ways of depicting experience by asking, "how might we write about the biographical disruptions and interrupted body projects in ways that are themselves as disruptive, fragmented, and emotionally charges as the events they describe" (p.462)? I have accordingly drawn from these personal accounts of illness to provide examples of how bodies are significant sites of knowledge production (Ellingson, 2006).

What is the Impact of Illness?

Practitioner accounts refer to chronic illness as an unstoppable force of nature or a formidable force that brings the body to the forefront of attention. This is opposed to the healthy body, which is less visible as it moves in familiar and habitual ways. Charmaz (2002) defines everyday actions as habit, which are modes of thinking, feeling and acting or all automated processes undertaken in the process of living. She proposes that the loss of habit equates to the loss of self, as habits link the self to the world, “form the self” and constitute, “the defining characteristics that simultaneously constitute the self and distinguish it from others” (p.315). The effects of illness can be harsh and shocking as it strips us of what is habitual and familiar. Carel (2008) provides a personal example by illustrating how her body moves forward instinctively with memories of health, but is harshly pulled back by a “force stronger than it . . . [which is her] dying lungs” (p. 63). She explains how this absence or loss of everyday, mindless action and self, alters her existence by “undermin[ing] notions of self that are taken for granted” (p.315). She further recollects the overwhelming shock and terror felt over the symptoms that manifest over weeks and months as opposed to decades, and relates how this acceleration of poor health triggers an existential angst by stripping away her “belief of immortality” (p.33). Such beliefs of immortality constitute an ontological safe guard that reassures us that life will progress as per usual (Sparkes, 1996). Charmaz (2002) relays the difficulty of relinquishing the belief in the body’s invincibility due to the persistence of habitual patterns of thought, feeling and action concerning immortality, which makes illness seem like an extremely unfair and unreal situation. Practitioner accounts disclose the betrayal felt over a body that will inevitably undergo “unconditional, uncontrollable failure” and degradation despite one’s rigorous efforts to preserve it (Carel, 2008, p.63). I write about this feeling of being betrayed after experiencing a back injury in my journal.

The body has a mind of its own. I cannot control it. The increasing stiffness of my back is problematic. The pain is constant and limits my range of movement. There is a sharp, electric shock when I forget its boundaries. I don’t dare sleep late and work into the night as I am afraid that my body will retaliate. I remember the mornings when I crawled out of my bed on all fours, thinking desperately about the classes that I was to teach that day. I remember being unable to support my body weight.

This frail new body is alien to me. It is not who I am. I used to be reliable, competent and capable at my work. But now, when I feel heaviness in my head and numbness in my hands and feet, I sink into my bed like a defeated person. I do not get the work done but succumb to my bodily aches. I am no longer in control (Author, 2015).

Illness limits our physical capabilities. It contrasts to health and able-bodiedness, which presents possibilities for creative action through the continuous engagement in projects. Carel (2008) describes the body’s agency from a phenomenological perspective by explaining how “the ability to act effectively in the world, is inherently linked to the ability to assert oneself, perform action and any activities that promote one’s goals” (p. 13). She refers to Heidegger’s ‘notion of project’ of doing and acting to explain how we are naturally motivated by the desire to work towards something in order, “to become what we want, to shape ourselves and our lives in a way we find fulfilling: to transcend our present self with a future self that is more developed” (p.66) and argues that illness obstructs this process by placing limitations on the body that renders it less able “. . . to be this or another thing, to assume a role” (p. 15). Sparkes (1996) depicts such a moment of realising how his body could no longer fulfil the work of a physical education teacher, “Deep down inside, I think I

knew that my body would not take the physical strain of acting out such a role” (p. 482). Not only does the ill person’s world become restricted, they are impacted by memories of their ill body even during periods of good health. Sparkes (1996) describes the rhythm of his debilitating back pain as he oscillates back and forwards from moments of strong physical health. He anticipates his body as he is acutely reminded that “the pain will visit again” (p. 483). Poor health and suffering can have such a lasting impact by transforming the self and notions of self (Charmaz, 1999). I also see myself as living in the shadow of my back injury. In my teaching journal, I reflect on this ever present possibility of a recurring injury.

There is the familiar twang; it is the feeling that something has snapped. I give a loud surprised cry and stop pushing my son in mid-swing. The people exercising in the park stop and look. They sense that I have injured myself. I kick off my shoes immediately, cursing every decision that led up to this morning’s events. I automatically assess the damages by walking up and down the park in my socks, massaging the place that is becoming increasingly stiff, wondering whether I would be able to work through the pain with will power, creams and medication. I curse myself for becoming complacent. I should have known that the high heels, physical fatigue and pushing a swing, would have been a recipe for another back injury. I should have realised that I cannot do or be as I once was (Author, 2016.)

Physical degradation and the inability to control one’s body elicits a deep sense of vulnerability. Carel (2008) speaks about the endless humiliations suffered as her oxygen tanks painfully announce her illness even to strangers, whose gaze is powerfully drawn to her artificial breathing tools. She describes how she has no control over intimate details shared by her body as she becomes the lady with the oxygen mask. She perceives herself as a “passive vehicle” or a body that “cannot keep a secret” (p. 58). Her body is objectified as it becomes a vehicle that is no longer capable of fulfilling its purpose. The vulnerability evoked by an onlooker’s gaze is also disclosed by Sparkes (1996), who experiences a debilitating chronic back pain leaves him hobbling about like an elderly man in a strong and muscular body. He writes about his bemused students, who do not “know what to make of” his sick but healthy body (p. 482). Sparkes’ body presents a contradiction for his students who associate sickness and disease with the elderly and weak. And finally, in her work with researching patients, Ellingson (2006) describes the unwanted attention drawn to her “misshapen leg and knee brace,” which physically marks her as a patient despite her desire to be regarded as ‘the researcher’ (p. 306). Her body identifies her as someone who has personally experienced physical suffering; she is viewed intimately through her vulnerability rather than through her professional competence. These practitioners feel exposed by the unwanted attention given to a highly visible body. I have journaled about such vulnerability as my back injury becomes noticeable to others.

Without the ability to bend my back left me with a funny gait. I lope about like a monkey, swinging my arms and legs and I try to walk ‘naturally’ without bending my back. I have an idiotic grin on my face to keep up with ‘appearances.’ I try my best to straighten my back as I am fearful of the watchful gaze of others. But these attempts to stand up straight bring sharp pains to the bottom of my spine. I grunt with pain and resign to discretely hobbling from place to place. I stand up straight in front of my students, but when I think no one is watching, I feel my spine shrink again. I despise how foolish and comical I look. But most of all, I despise my incompetent body that refuses my simplest commands (Author, 2015).

Illness evokes vulnerability as it strips control over actions that were once completed without thought. Unruly bodies can also attract unwanted attention from others. This loss of

power and control, however, can bring new learning opportunities for the ill person and for those who witness their suffering.

What can we learn through Illness?

It was apparent that my chronic back pain had a profound impact. It took away autonomy and control by diminishing my physical capabilities; it generated strong pauses in my life by making ‘taken for granted’ practices, such as walking upright without pain, a challenge. It was also a form of rebirth as it forced me to redefine myself both personally and professionally within new invisible and visible physical boundaries. In order to work within these limitations, I needed to accept and let go of my conceptions of a former healthy and habitual body. Carel (2008) discloses how learning to surrender and to accept her ‘inability’ creates a new starting point in her life. From being driven by her ego, she realises that she no longer has complete control over her “fragile, damaged, unable” body (p.66). As she gives up the frustrating compulsion of having to do something, she learns to regard the “inability to be,” as an equally “worthwhile, challenging and, most importantly, unavoidable” way of being (pp.68-69). Carel’s descriptions reveal how the “narrative of health” is adaptive work, as new narratives are generated to take into account new contexts. She exhibits such adaptive work as she focuses on what she can do until what she can no longer do becomes, “quietly removed from [her] bodily repertoire” and introduces the term “health in illness” to convey how the ill person can live a productive life through reframing his or her views of normality and possibility (p.34). This relieves some of this disconnect between the intended body and the actual experience of the body, as the ill person’s actions increasingly lie within the scope of possibility (Charmaz, 2002).

Reframing one’s view to accommodate physical limitations allows people to live meaningful lives despite chronic illness. For example, seriously ill people may not be able to make long-term plans and can be free to appreciate the present moment. Artist and aesthetic theorist Roger Fry, a member of Virginia Woolf’s Bloomsbury circle, writes about the richness inherent to this an unrushed state of being, “The more poignant emotions of actual life have, I think, a kind of numbing effect. . . . [T]he need for responsive action hurries us along and prevents us from ever realizing fully what the emotion is that we feel. . . . It is only when an object exists in our lives for no other purpose than to be seen that we really look at it” (Charon, 2014, p. 22). Carel (2008) similarly comments on the lack of insight of the healthy, who are frequently “waiting for something to happen: the promotion, the birth, the trip” and who accept or make excuses for their unhappiness, complain about minor matters, live in the past or refuse to take responsibility for their lives (p.12). She explains how the inability ‘to be’ has given her the ability to appreciate life and to recognise how health is a “fragile, transient gift . . . [that is] granted temporarily” (p.66). She finally suggests how illusions of immortality cultivate false impression of limitless time so that people squander time, procrastinate and delay what is important; she explains how the regret we feel at lost opportunities is equal to our tendency to procrastinate. Similar desires to reframe my view of professionalism to accommodate my fallible body are expressed in my teaching journal.

I sense dissonance when I think of my body. I live in fear of its imperfections. These feelings remind me of an early memory of my child playing with his toys. One favourite toy was a plastic cube that had shapes cut into the sides. The game was to push the shapes into the correct hole. No matter how many times my son’s chubby hands would hammer away at a hole, the cube would remain empty until he had the correct shape. He would quickly try different shapes until he had the correct one, which would flow effortlessly into the box.

As I write this article I wonder whether I playing a similar game with my professional identity, but unlike my son, I am less able to learn. I cannot seem to let go of the piece I am clutching in my hand. This shape is my ego. It is my pride and self-worth. It is the shape of my desired professional body, which does not fit the actual mould. Maybe I write about illness to find a professional identity that fits in the narrative of my injured body (Author, 2016).

A dominant theme in practitioner accounts of illness is how disruptions provide opportunities to generate more meaningful narratives of self. Frank (1991) describes illness as an opportunity to choose one's path in life as opposed to living the life that they have "accumulated over the years" (p.1). This article accordingly depicts an embodied narrative of the professional body that acknowledges the reality of my physical frailty.

Why Write about Illness?

Despite the stigma attached to illness, I feel compelled to write about my non-compliant body as I wonder whether it holds any hidden value. The notion of writing as inquiry has been conveyed by Murray (1986), who asserts that we need to listen to our words to uncover its hidden message, "We are lucky to have a vocation of scholarship, a calling. But who is calling? Ourselves. We are all self-appointed authorities. Respect your own judgement, write for yourself- try to figure out what you want to say rather than what other people want" (p.147). Colyar (2009) similarly relates how meaning is uncovered through the writing process as we "nam[e] our reality through writing" (p.425). Writing is appropriately considered to be an act of witnessing one's life or an expressing of being, as we write to connect with ourselves. Writing is also perceived as a way of reconciling the physical and intellectual, as Yagelski (2009) conveys, "the inseparability of the mind and body and self and world is encoded in the act of writing" (p.14). Richardson (1988) highlights this intermingling of the personal and intellectual by arguing that our choice of subject matter is a subjective process. I felt a similar call to speak on behalf of my ill body, whose voice was commonly repressed and suppressed. Like Yagelski, I wanted to connect with what I intuitively knew to be important.

Due to the vulnerability it evokes, a strong level of faith is required to write about illness. Murray (1991) depicts writing as a daily act of faith, as he shares, "each day I must recover the writer's essential arrogance: my story is significant" (p.17). Having faith was the biggest hurdle to about the ill body, as despite my personal beliefs of its value, it appeared to have little significance in a professional context. Murray (1991) argues that often the most meaningful topics are the most difficult to delve into and he urges us to follow our instincts and to write about what is difficult and uncomfortable. He believes that our stories provide a voice for others who may not have the words to convey their difficult experiences. Bochner (2009) illustrates this idea by revealing how he derives great comfort from the way Dr Charon's writing, "touches something deep inside you, makes you stop and question yourself, the way you're living your life, urges you to scrutinize contradictions, inconsistencies, and incongruities, makes your blind spots visible" (p.162). Like Bochner, I write about the "unpredictable, now disorderly, and sometimes overwhelming and indescribable" experiences of poor health to learn from these places (Charmaz, 2002, p.305).

The Relevance of Illness to Teacher Education: Teaching as a ‘Witnessing Act’

Discussions about the body and illness are significant to teacher education. Teaching, for instance, has been depicted as an embodied practice. A teacher’s body is considered to a sensitive instrument for knowing, and as a way for teachers to express themselves dynamically and vibrantly (Sinclair, 2005). The body therefore forms a core part of a teacher’s identity, which Smith poignantly convey as he illustrates how dwarfism has impacted his professional and personal identity:

I am my body- it has shaped my personhood more than any other single factor in my life. I carry my body with each word in class. I speak with confidence that comes from having walked on braced legs for years. . . I also work with a compassion for my students born of years of uncompassionate stares, the kind hands of my parents. . . As my students struggle to write. . . I need only respond as my body has taught me to. . . [with] patience and high expectations, intense resolve (as cited in Freedman & Holmes, 2012, p.31).

Smith not only defines his body as an active identity, but he also depicts the lessons of compassion he has learnt from occupying his body. His body richly informs his practise by cultivating in him the qualities of persistence, compassion and authority as he learns to overcome its challenges. He describes how his confidence comes from his “braced legs,” as his seemingly failing body inspires personal excellence, such as strength within adversity and the desire to work hard to realise his goals. This contradicts the earlier functionalist’s perceptions of a weak body as being less valuable for not being able to effectively fulfil its function. Instead, embodied practise perceives bodily weakness as a unique opportunity to develop the qualities needed to rise above specific bodily challenges. Embracing embodied pedagogy can enable teachers to appreciate and to draw on a wider variety of rich bodily experiences to inform their practise, such as physical illness.

A teacher’s lived experiences convey a sense of authority and presence that enables the learning process to occur. Davis, an experienced nurse, describes an encounter of teaching a trainee doctor how to perform a pelvic examination on a woman who has just miscarried. She thinks about what it takes to perform this routine duty with compassion and respect and wonders whether a healthy, male trainee doctor is able to connect, “. . . what he’s feeling in his doctor’s body, both physically and emotionally; [to] what the patient is feeling” (Freedman & Holmes, 2012, p.37). As she watches the doctor treat the patient she reflects on her own responses, where she, “stand[s] by observing, [her] body respond[ing], remembering” (Freedman & Holmes, 2012, p.37). As an observer, Davis illustrates how she is present in her body as she relives her own experiences of undergoing this procedure. Her ruminations reveal how the body acts as an anchor, allowing her to compassionately witness and dwell in her patient’s suffering. This further enables her to honour and respect the patient’s experiences.

Such a way of interacting with students or patients has been described as a witnessing act. Teaching as a witnessing and listening process strongly contrasts to the traditional view of teachers as ‘experts’ who relay knowledge and skills. In his initial stages of medical training, Coles (1989) embodies this view of the practitioner as the ‘expert’ as he seeks theories to diagnose his patients. His mentor, however, introduces a different approach by asking him to reflect on the Greek definition of theory, ‘theamai,’ which means “I behold” (p.20). Charon (2014) conveys this idea by referring to the blessings inherent to Hanukkah candles, which are lit for the purpose of being beheld. She describes a letter in which Cézanne encourages a fellow artist to penetrate and become a part of what he sees to give life to the other; he defines how, “attention involves ingress, indwelling, habitation, and, on the other side, welcome, exposure, hospitality. It is a form of resuscitation—one breathes with

the other, animating the other. . . When reciprocal, this indwelling and animation happen simultaneously for both” (p. 21). Through entering into these situations, the witness demonstrates care as the other’s experience becomes a part of their own. Witnessing and attentive listening subsequently enables a genuine relationship to form as the both counterparts breathe life and animate the other’s experiences by attributing them with meaning. Frank (2007) explains how the listening act can transform the ill person’s suffering into a source of meaning by disclosing, “I needed their gift of listening in order to make my suffering relationship between us, instead of an iron cage around me” (p.22). He suggests that this act of listening shows the ill person that their experiences and thoughts have value, and that without this attentive audience, the speaker may “doubt the interest of his own perceptions” (p.35).

The term ‘witnessing’ also refers to this act of listening without trying to control or change the ‘other.’ This witnessing act applies in the teacher and student relationship, as by listening to the stories that students tell, teachers honour and provide meaning to their experiences. Charon (2014) uses the terms ‘mutuality of recognition’ in place of witnessing to describe the connection inherent to paying attention.

I have seen the by now almost inevitable dimension of reciprocity—as I gaze at a patient in an effort to recognize his or her situation, I am “gazed back at,” being recognized as someone who can recognize. This process launches me on an ever-building spiral of self-making or, rather, self-seeing while repeatedly excavating the capacity within myself for future acts of the recognition of others (Charon, 2014, p. 23).

The witnessing act is mutually beneficial. The listening process enriches the listener’s world by developing their sensitivity, imagination and empathy. Charon (2009) shares how through the witnessing act alone, the witness will “grow into a more complete human being by virtue of the contact” as the self becomes “interpretive, embedded, engaged, and related” (p.164). She argues that listening requires the capacity for reflection and imagination, which is similar to the process of reading literature, stating, “acts of diagnostic listening enlist the listener’s interior resources—memories, associations, curiosities, creativity, interpretive powers, allusions to other stories told by this teller and others—to identify meaning” (p.46). The witnesser may be better able to understand their own experiences as they can “identify and interpret their own emotional responses to patients, can make sense of their own life journeys” (Charon, 2001, p.1899). The person who listens or witnesses the other is subsequently positioned as the learner. Frank (2007) illustrates the reciprocal support offered by describing how “the pressure of being the one who is supposed to know” is a burdensome and isolating experience, whilst “knowing and being known each supports the other” (p.22). In the same way, a teacher who witnesses their students learning can stand amongst them as a fellow traveller in the learning journey. I relay these ideas as I reflect on the process of writing this article.

I write this article to depict my experiences of illness. I hope that readers can imaginatively enter into my experiences and witness its possibility through remembering their own bodies (Author, 2016).

I was able to become a better witness to others after experiencing illness. Up until this point I had little understanding or patience for those who couldn’t ‘pull their load.’ I was rigid with deadlines and punitive when they were not met. My back injury changed much of this attitude. It taught me how people might not be able to complete the work they had committed to despite their best intentions. I experienced this lesson acutely through my own body, which prevented me from finishing my marking on time or preparing adequately for my classes. My helpless body also triggered a crippling self-doubt, which was as debilitating

as my physical injuries. These changing perceptions are reflected through a journal entry about a mature aged student who failed a first year subject.

She had moved into teaching from the corporate world. It was obvious from the brisk way she talked and carried herself that she had just exited her profession. She was not shy and meek like some others. I remember feeling intimidated by her presence. There was a determined light in her eyes; she had strong views and was not afraid to share them. Overtime I grew to admire and respect her as I listened to her speak passionately and intelligently about her beliefs. Her first assessment task received the highest possible marks. I was therefore surprised when she failed to hand in the final assignment. She would not answer my calls or reply to my emails. She seemed to have dropped off the face of the earth. But now I recall her eyes and sense the potential for deep thought, self-doubt and sadness. I see the possibility of not being able to complete her writing because it was 'too difficult.' I sense the potential for frailty in the body that carries her around and enables or inhibits her from fulfilling her purposes. This has been my experience. I have realised that having a body means that we are not always able to pull through and do what needs to get done. We are not automated machines or robots. We can get sick or sad, as well as be happy and in good health. I understand more about others as I witness the changing rhythms of the body and remember the disruptions of my own body (Author, 2015).

Experiencing a chronic back injury changed the way that I related to others and my own body. My sensitivities were heightened. Now I listened to what was unspoken by observing the bodies around me. As I heard the illness stories my students, colleagues and friends, I could imagine their physical distress coursing through my own body.

Speaking out about Illness: We don't Talk about such Matters of the Body

Both medical practitioners and teachers may avoid speaking about and witnessing acts of physical frailty due to the discomfort it provokes. Zaner (2004) describes one such medical practitioner who refused to listen to his patients' stories because he feared what he would find. This doctor paralleled the process of letting patients unleash their innermost concerns to the act of opening up Pandora's Box, implying how the listener is required to witness the chaos that unfolds. Bochner (1997), however, presents an alternative view by asserting that we must listen deeply and "live with the lid off" to address the significant questions bubbling underneath the surface about the lessons learnt through physical illness. In the case of teaching, teachers who are able to honour and witness their students' stories can meaningfully contribute to their lives. Yagelski (2009) provides one example of how he carefully witnesses his student's written reflections of "pain and anguish and struggle" so that he can help her live her life more fully, [and] to be transformed' (p.20). He compares the act of writing as a "human being living" and understands that his responses to his students' work can help them to potentially live fuller lives.

Despite these benefits, my own illness was largely a private matter. Aside from my fears about not gaining future employment, illness was simply not openly discussed at work. My colleagues would whisper about the diseases that ravaged the bodies of others but not their own. If they did speak of "some operation," it was always in hind sight and they spoke about it so casually that it never felt right that I should 'complain' about my own physical ailments. When I wrote about physical illness in a scholarly article, it was from the

perspective of another. I captured these reflections in a research journal on the writing process.

I am writing a research article on the embodied experiences of a museum visit. There is a section where I talk about the practitioners who were not able to guide students through an exhibit as it had a steep set of stairs and narrow corridors. One teacher, another researcher and I opted to wait outside as we felt that it would be too physically demanding. The teacher and researcher spoke about the injuries that prevented them from engaging in the sharp turns and narrow spaces of the exhibit. Even though my back was killing me, I kept silent. Later when I wrote up my research, my voice was equally absent. I wrote about embodiment and the 'inability' to physically participate from colleagues' perspectives. I did not want to reveal that I had a body that could not fulfil its professional responsibilities (Author, 2014).

Conscious that my productivity was being constantly assessed through my student course evaluations and research output, I tried to keep up the exhausting front of the 'heroic' academic identity. But through the process of reflecting on my teaching journals, which regularly featured my physical frailty, I realised that discussions about practice would be incomplete without acknowledging ill health.

I would much rather let down my guard and to acknowledge my failings and weaknesses. I would also like to be able to accept help from others when I need it. I would also like to talk about my body as it plays a key role in who I am and how I teach (Author, 2016).

I was becoming more aware of the fears, egotism and the desire to 'perform' that kept me fearfully hiding my back injury from others. Having to 'perform' the competent and infallible body each day had also become tiring. Writing about my injury was about letting go of this exhausting compulsion to work against my embodied teacher identity. I saw this article as the beginning of this process of letting go.

Conclusion

This paper attempts to highlight the importance of teaching and learning as an embodied practice. In particular, it seeks to depict the value of physical illness as nature's most effective teacher. The medical literature reveals how illness disrupts, breaks, rebuilds and transforms lives in authentic, powerful and vivid ways. It describes how illness can constrain and enlarge a person's experiences by creating powerful opportunities for learning, as sufferers need to creatively make sense of difficult and often unacceptable situations. It simultaneously expands the experiences of those who witnesses this meaning making process, as Charon discloses, ". . . all who witness patients' suffering and dying cannot help but pose- and must find tentative answers to- profound questions about life and death and the source of human meaning" (p. 23). The lessons inherent to physical frailty and illness are equally applicable to teacher education, which is focused on the art of teaching and learning. Such discussions are invaluable in light of functionalist, academic a discourse that render the body invisible and depicts learning as an intellectual rather than an embodied process.

The author argues the need for teachers need to embrace embodied practice by detaching themselves from limiting conceptions of the idealistic body and embracing the realities of their embodied selves (Freedman & Holmes, 2012). Price-Herndl, for example, writes about the valuable lessons learnt in the moments her body fails her, stating, ". . . (her) body's breakdowns make it impossible for students to avoid seeing the seams, not only in my life but in others' lives as well. The gaps between my intention, will and action [are] just too

visible (as cited in, Freedom & Holmes, 2012, p.68). She describes the importance of seeing the moments when our bodies fail to live up to the mind's controlling efforts. She proposes that this enables the body to show its true potential, where a teacher's ill-health and frailty may cultivate more important and harder to attain qualities of compassion, perseverance and hope that evokes similar qualities in their students. Hogan (2006, p. 362) thus describes this ability to acknowledge the embodiment of teacher practice to be a form of "liberatory pedagogy," in which individuals learn to be comfortable with teaching who they are, in both their body and mind, as they seek to become authentic, critical and ethical practitioners.

Practitioner accounts of illness highlight how we learn alongside each other by witnessing, rather than 'talking about' or theorising another's experiences. This concept of witnessing can have a profound impact on our current outcomes driven schooling environment, which depicts learning as the mastery of set content rather than the unfolding of personal meaning. Murray (1979) describes an example of such learner centred practice where his students' writing forms the set text and he becomes the learner who studies them. He proposes that teachers need to break free from the chronic need to control the learning process, which Murray (1979) refers to as the "paranoia of our profession" (p.17). Illness defies our attempts at control. As a result, it demands a highly creative, empathetic and moral response. If teachers can reflect on these lessons afforded by illness, they may learn to honour the students who teach them how to penetrate and give life to what they encounter. They may subsequently learn the art of their profession, which aside from the technical skills, include the traits of "altruism, compassion, respectfulness, loyalty, humility, courage and trustworthiness" inscribed into their being (Charon, 2001, p.1899).

Bochner (1997) reassures us not to fear opening Pandora's Box by speaking out about topics such as illness and physical frailty. This article affirms Bochner's view by introducing a disruptive and disconcerting topic of illness to trigger discussions into meaningful teaching and learning practice. Like Pandora's Box, the ill body presents an unknown area. But on further exploration, practitioner accounts of illness reveal such rich dimension of learning through human suffering. Ellingson (2006) consequently urges us to "resist the mind-body split by incorporating researchers' bodies into research articles" as opposed to "disembodied, systematic [research] accounts' that deny our vulnerability" (pp. 307-308). She proposes that researchers should embrace the ways how they engage in research through their bodies, which may involve addressing "fears of illness, death, and bodies out of control instead of staying detached and ignoring our bodies and other bodies" (p. 308). By opening ourselves up to our imperfections, we may be able to engage in research that truly matters. The lessons of illness cannot be undermined as its' knowledge, richness and decay outweighs the impact of any such theorising.

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