

The Significance of Touch in Medical-Care Meetings

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Abstract

The present article of reflection exposes the importance of touch in health care processes. To that end, I initially rely on the science fiction literary story of Ray Bradbury's illustrated man, with the purpose of noting that touch begins with the sensitivity emanated from our skin and that phenomenologically allows us to achieve empathy, in which we experience that when we touch we feel touched.

Second, the role of contact in modernity, especially in the field of health and school education, is presented; place that privileged sight and reason in detriment of the affections that emerge from our skin; this, while man was understood in a dual mind-body relationship, becoming the body extension of every rational act.

Finally and as a third section, two proposals are presented, from a phenomenological perspective, regarding how touch is the primary basis of any affective relationship and not that given by theoretical or instrumental knowledge; in this sense, the proposal of the pathico contact, presented by the phenomenologist Max van Manen in his book *Phenomenology of practice*; Then, part of the results of the study *Contact processes in Physiotherapy students of the University of Cauca-Colombia* is exposed, in which it is evidenced that the contact is a process that goes beyond an instrumental technique, a curricular content or the doctor-patient role play.

Keywords: *Touch; Medical-Care Meetings*

Introduction

In the science fiction novel: *The Illustrated Man*, Ray Bradbury [1] tells the story of a man with a tattooed back, his clothes completely covered the illustrations of the body so as not to be un-covered. The beautiful figures were the cause of their job instability. The man says in the novel: "I usually keep my job for ten days". Then something happens and they fire me. "Today no man, from any fair in the country, would dare to touch me, not even with a three meter pole" (p, 16). At the question "What's wrong? He unbuttons his shirt to see the drawings that cover his body; they moved when observed; each one told a story that ecstatic to the one who looked at it for a while; which is why he kept so covered: "-I close my shirt because of the children... They follow me across the field. Everyone wants to see the images, and yet nobody wants to see them" (Ibid.).

To the surprise of the narrator of the novel, the man completely takes off his shirt, squeezing it in his hands, to reveal all his illustrations: “From the blue ring, tattooed around the neck, to the waistline... This was an accumulation of rockets, and fountains, and people, drawn and colored with such thoroughness, that one thought he heard the voices and the mumbled murmurs of the crowds that inhabited his body. When the meat shuddered, the little hands, the pink little hands gestured, the small lips moved, in the green and golden eyes the eyelids closed. There were yellow meadows and blue rivers, and mountains and stars and suns and planets, spread across the chest of the man illustrated as a milky way. People were divided into twenty or more groups, installed on the arms, shoulders, back, sides, wrists and upper belly. They were seen in hair forests, hidden in a constellation of freckles, or sunk in the armpit caverns, with eyes sparkling like diamonds ... each group looked like a portrait gallery” (p. 17).

Everything was tattooed, except a spot of color that covered his right shoulder blade (p. 19). The narrator, fascinated with the eighteen illustrations, began to discover the stories that each one contained, once the man laid his back in the moonlight. At midnight, he “had seen what had to be seen. The stories had been told. They had concluded” (P. 284).

The skin inhabits the murmurs of our movements, constricts or dilates because of the environment; it expands over the years, then contracts forming small cracks that give away our age. As in the enlightened man, the experiences of our lives are marked on the skin: some scars reflect the adventures of a child or the accident that could not be avoided, the performance of the surgery cannot be delayed or the consequences of a disease that caused us to be in a state of stillness. But also, the caresses of past loves or the stunner abuse of someone who should never have been are stored in the skin.

In experiences the skin speaks. It is not a representation in the world; on the contrary, it is presence with history that has something to say. However, as in Bradbury’s novel, everyone sees the skin of our body but nobody wants to see it; to get in touch with what she expresses is to be there, restless for who inhabits her body. This implies the commitment of a tactile listening and a corporeity exposed to the epidermis of the other. In everyday life the eyes meet, but do not touch, they know that if they come into contact they will find a story to discover, something to tell.

To be in contact with the skin of the other implies involvement; that is, not be the same when the limit of the gaze has been crossed. In the touch, a handshake implies a warmth: encounter of skins that when they come together they involve the strange feeling that it was not the I who touched, but in turn, He/She felt himself/herself touched; empathy that differentiates us from touch with objects: from these we can perceive its texture, color and smell, but not that intentional current that communicates empathy and existence. Through touch we can feel an inner life, a life that the gaze alone cannot overcome. Anxiety, fatigue, agitation, anxiety and fear are breathed through the pores; therefore, it is not the hand that greets, it is the self that communicates something: informality or intimacy. By shaking a hand we feel (and they feel) the pre-existence of a mood, exhalation of emotions that result in moisture drops: sweat.

In the same way, in a hug we feel the pressure of the body itself in the body of the other; this can be effusive or intimidating. A hug can fight, even for a moment, feelings of orphan hood or helplessness. A hug can be effusive or intimidating. At some point in our life, we have requested that someone hug us, there, still, speechless; this, perhaps to experience that we are not so alone, that in the bustle of coming and going there is another that can sustain a part of our existence, the absolute our body. In the *Libro de los abrazos* by Eduardo Galeano [2], “the nobodies have no face but arms” (p. 52); arms that make visible the faces of the violated to tell someone through the expressiveness of their hands.

In this article I wish to expose the importance of touch in our relationships as health professionals; but also, the relationship that this has with the care and teaching. Finally, by way of conclusion, I will present a brief account regarding the care of touch in the affective processes with our patients or students of the health programs. The title of the article, *The Significance of Touch in Medical-care Meetings* has a double meaning: the first is the role that touch plays in care; the second is a care with touch; that is to say, to take care with delicacy, with consideration, with affection; In short, careful care. Both senses will be treated in this text, not specifying which of them is referred to in the following sections.

Touch and modernity

The touch communicates, gives something of itself. Cross boundaries and close borders. It allows a different interaction to the look; communicates moods and flavors. It is able to gather all the senses in the same end: the skin that smells is also the skin that listens, likes, sees... feels. Extension that involves eroticism or fraternity, sweetness or softness; In addition, it combines capacity with warmth. On the other hand, the skin that is struck is also the skin that hurts, which is condoned. Touch brings a deep affectation of feelings; when we feel touched we feel we are exposed, violated in our orphan hood; this explains why we prevent the whole "world" from touching us, entering our privacy.

While the skin is the gateway to the world, contact is the gateway to the world of the other, to his life: life that suffers, is agitated, enjoys, agonizes and craves. As we grow, our vital expansion grows; The first contacts are with the closest ones: the family; together with their care, we are detaching ourselves to live experiences in our surrounding world, where joy and play broaden the existential horizon of our meetings, of our contacts, which are different from those "stored" in a mail or mobile account. It is perhaps in intersubjective encounters where the skin is most exposed, meetings in which we are recommended to be "careful", while all touch leads in some way to an exposure.

Now, touch, like other constituent elements of every person (such as subjectivity, sensitivity and uniqueness), has been neglected within the humanities. However, Pablo Maurette in *The Forgotten Sense*, considers that, although Western science has privileged the vision in the description of the world, the touch in the understanding of the human has always been present: "In its very origins, what has been called western oculo-centrism already coexisted with ways of understanding and representing the reality that privileged touch, body and matter. The philosophical and artistic currents that exalt tactility run parallel to the prevailing forces of oculo-centrism in the West, pray for underground channels, persecuted, reviled, pray as dominant tendencies. But - and this is even more important - the touch was never really forgotten because it is impossible to ignore it even if we want to" ([3], p. 44).

Even so, sensibility through touch was not protagonist in the human sciences, given that man in modernity was understood in his soul-body duality, becoming the subsequent materiality body of every rational act.

The latter became evident in the explanation of an anatomical body in medical science. Foucault, in *Doctors and patients*, considered that in modernity "doctors no longer played the same... The game was that people (patients) had become the object of knowledge instead of seeing the disease as an entity ([4], p. 54). Therefore, the touch was an auscultation of the other diseased person, with the purpose of verifying their ailment, the affected part, not considering that the patient's privacy was also at stake. Touch to analyze, palpate to understand and open to remove, medical evidence activities that allowed the cure of the other. Certainties taught in health schools, where sanatoriums and hospitals become practice centers for promising doctors.

The latter was another space where the touch was poorly attended, even if it was always present as Maurette put it. The participation of touch in teaching sites was not very important at the beginning of modernity. The emotion-reason couple did not walk very close together at school, skin-to-skin contacts were not considered appropriate in the classroom; the teaching of the disciplines implied a distance from the teacher, located in front of a board and a group of students who watched him as he was understood in the midst of his pedagogical entanglements. The body of the student was treated if he manifested a medical condition, at that time he turned to the infirmary, or when he had to be treated by a psychologist disorder, since this did not fit the school model. Foucault [5] again reminds us in *Watch and Punish* how the school is the result of a microphysics of power, coming from the birth of the prison, where the soul could be punished by imprisoning the body. At school, rational acts were privileged at the expense of a pedagogical touch, of an ethic of care that became skin; that is, there was no formation that had turned "melodiously" on sensitivity and character [6]. This, without understanding that the basis of any rational act is the existence of a body as a condition of constituent possibility of all experience [7].

Touch and care

In this section I present some proposals from the phenomenology of health and education, about touch and its relationship with the other; trying to explain how this allows us to establish a different relationship with others, call these patients, co-workers, students or just friends; this, in the understanding that touch is not a sense but refers to many senses, in the understanding that touch: "It is the external, epidermal relationship of the world, but also the sensation of the interior of the body itself... [But also], touch is the sense of affective movement. Everything that moves us, inflames, agitates, everything that affects us with greater or lesser intensity is experienced as a form of touch" ([3], p. 45).

In this virtue, reflections that try to recover touch and its relationship with care are presented here. Max van Manen in *Phenomenology of practice* talks about the preponderance of contact in people's relationships, especially in the training that health professionals should have; In this regard, van Manen initially makes a distinction between the Gnostic and the Páthic. The first term refers to knowledge, knowing about the objects of the world and people through the path of cognition; the second term (the páthico), refers more to suffering and passion, made a phenomenological sensibility that manifests the presence of one person to others. The author ends up considering that it is much easier for us to teach concept and informative knowledge than to produce páthic understandings [8]. In the text of this phenomenologist, the experience lived in one of his research seminars is presented, in which a nursing professor mentioned some incidents that his students had with their patients in their practice sites; For a better understanding, I present the quote in full: "One of de students had a bad experience. The patient, an elderly lady, was uncooperative and shirked away whit a startle when the nurse tried to do her palpation examination. The women seemed so upset that another nurse, who was present, put her hand on the woman's arm in a gesture of support. The patient surrendered the nurse's hands and started sobbing. "Isn't it strange," remarked the nurse later, "that the patient rejected the hands of one nurse but reached out to the hands another!" And, of course, it is somewhat ironic that while the young nurse had tried so earnestly to apply the correct touch, this was not received well by the patient. The irony is that it was not an issue of the professional touch versus a nonprofessional touch; rather, the patient actually needed not the gnostic touch of palpation but she needed the páthic touch of support" ([8], p. 273-274).

That pathico contact of support, with which the quotation, citation ends, refers to the relationship of care and touch. The contact processes are relational, they invoke a care from which it is impossible to avoid; In general, health schools teach the proper way to treat a patient, how to place it for a specific procedure or the method of touching it in the face of the application of a medication, but little is taught what the patient's skin communicates, your state of fear in front of the procedure, the sweating of your hands, your mood, your reaction to the presence of the doctor is different from that of the nurse; in addition, the way of touching the patient, given that "the human hand is marvellously equipped to by receptive to different types of sensations... Because of its anatomical structure, the hand possesses regional sensitivities and degrees of receptivity to different types of sensations ([8], p. 272).

The touch in the medical-care meetings should also consider the páthicos meetings that could well be called medical-rational, while another is the one who teaches us something through his illness and we, as health professionals, communicate something through a sentient thought; As Maglio put it well in the dignity of the other: "The doctors have the erudition, but the patients have the wisdom, we are the "like" of the disease, the patients have the "why". We respond to "what can I do" and they to "what should I do". We have the pathophysiology and they have the epistemology. To reach this interfecundity, we must go from interrogation (biology), to listening (biography)" ([9], p. 169).

Attention is not possible without listening, nor is listening without touch. Listening is an act that requires an inner look of the other that speaks to us and that in the exchange of words, the bodies are approaching in a gesture that leads to the gratitude or consolation of the diseased.

Another experience, derived from a qualitative investigation in the Faculty of Health Sciences of the University of Cauca, from the project Contact processes in physiotherapy students, from which the category between simulation and demonstration emerged [10]. In masokinesiotherapy class, students assume roles of patient and therapist in order to come into contact and correct possible errors in procedures when touching the patient; however, in practice, students do not feel so comfortable when touched by their classmates: This demonstration/repetition is done, apparently, calmly, if the massage areas are back, arms, legs, head, face and abdomen; However, tranquillity changes when it passes into more intimate areas of the body: buttocks, chest or groin. Generally, women request that the demonstration be carried out by a man. Therefore, it is the man who agrees to lend his body so that the teacher explains and performs the required demonstration; however, sometimes men refrain from undressing these areas of the body. During the demonstration of the technique the students keep a deep silence; it is possible that during this silence they ask themselves: how can I subject my self-conscious body to the examining palpation of my classmate without feeling touched intimately? Moved by an experience lived as an attempt to understand what was taught in class; that is, they experience the tension of doing something they feel with their own body ([11], p. 88).

In the investigation it was understood how the contact in Physiotherapy is not a matter of instrumental technique, nor the learning of curricular contents through the diagnostic teaching of a didactic body governed through a technical demonstration and role simulation; However, in the study it was perceived how, despite the contact technique, the students talked about their internal histories and biographies around the body, which is an invitation to conduct studies about these páthic senses.

Finally, and returning to Van Manen with his book *Pedagogical Tact*, he invokes a different relationship with the students in our schools, considering tact as the fundamental axis in educational meetings, understanding pedagogy as a way of relating to others and not only a scientific reflection about how it should be taught; says van Manen: "We need to restore for education its own pedagogical impulse and meaning. The notions of pedagogical consideration, reflection and tact have worried me for years. Pedagogy is at the heart of the formative processes of growth and development of human potential education as well as in the distinctive character of each person. The depth and richness of educational experiences cannot be properly or properly described in terms of learning programs and school productivity" ([12], p. 16).

It is in teaching and in health processes, where our bodies are staged through an implicative and non-observational look. In health and teaching the teacher not only gives something of himself; that is, a knowledge of their discipline, but also conveys a way of being, a gesture, a face-to-face encounter in which they also receive something from their students; in that sense.

The gratuitousness of teaching is not in knowing what is given but in learning to receive what the other gives us, once we have offered something with our outstretched hands. This is only possible when the intentionality of what we give is excess of content due to the excessive response that the student can give us [13]. Health professionals are not only responsible for what we give in our subjects, we also learn how to be in contact with patients and students. Inter-relatedness that touches the limits of care.

Conclusion: A History with Skin Flavour

Returning to Bradbury and his enlightened Man, remember that the narrator was impregnated with each story, according to the illustration in which he laid his eyes, which he finally saw in the empty space of the back (his right shoulder blade) of man, a stain of color which was reflecting his own face, which he could not resist leaving the place and going to the nearest town. Before leaving this paper, I would like to finish with one more story; not from Bradbury, but from a rural school teacher who teaches literature to her children [14]. She writes stories to her students to teach us that first there is the relationship (pedagogical touch) with her students and then there is what she can teach from her profession as an educator. The story says:

It was dark and suddenly dark, the skin was not aware; In addition, the body always reproached him for arriving very tired and she did little to help him, because the skin was very extensive and complex.

Every night, the body settled in the armchair and stretched its extensive and beautiful skin; he knew that the skin was blind, that's why he never left her free and alone, always kept her hidden. One day, the skin got bored and decided to leave the body, looked for a guide to take it out for a walk; the guide was a rattlesnake with a red and scaly complexion that made music with its tail, she always took it everywhere with the music produced by its rattle.

Over time, the skin fell in love with the rattlesnake. One night, as is normal for snakes, she changed her skin while she slept; at that moment, the skin - which once was the body - took the opportunity to hug and cover it. From that moment, the snake never moved again, because he understood that what covered it was not a skin but a love. This is the explanation of why the skin always needs a body to give love and that sometimes there are bodies that seem to have no skin.

This story is dedicated to all the bodies that once shone through their skin, bodies attached to their souls. Now, abandoned, they only have to wait for the skin to return. However, in the face of fatigue experienced in their souls, it is very possible that the skin does not come back.

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