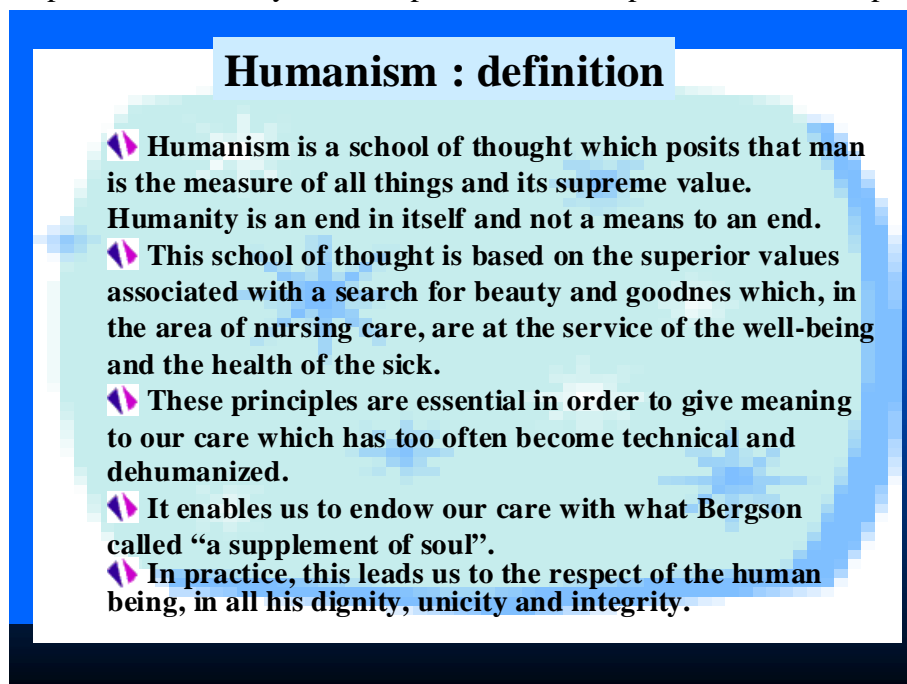


The concept of humanitude as applied to general nursing care

Margot Phaneuf, RN, PhD

Introduction

Nursing is based on various theoretical models all of which aim to deliver quality care, to respect the autonomy and independence of the person, as well as preserve a global vision of



Humanism : definition

- ❖ Humanism is a school of thought which posits that man is the measure of all things and its supreme value. Humanity is an end in itself and not a means to an end.
- ❖ This school of thought is based on the superior values associated with a search for beauty and goodness which, in the area of nursing care, are at the service of the well-being and the health of the sick.
- ❖ These principles are essential in order to give meaning to our care which has too often become technical and dehumanized.
- ❖ It enables us to endow our care with what Bergson called “a supplement of soul”.
- ❖ In practice, this leads us to the respect of the human being, in all his dignity, unicity and integrity.

the person and their capacities. These models shape various practical applications which create suitable conditions for the organisation of nursing care and a clarification of the role of the nurse vis-à-vis the patient and society.

However, we need to rekindle the flame which animates our caregiving for who amongst us has not

heard critics denouncing their dehumanization. Unfortunately, there is no miracle cure. But perhaps we need to clarify things for caregivers and students and base our actions on certain fundamental concepts about what makes us essentially human, what profoundly determines our needs and the importance of keeping these in mind during health care practices.

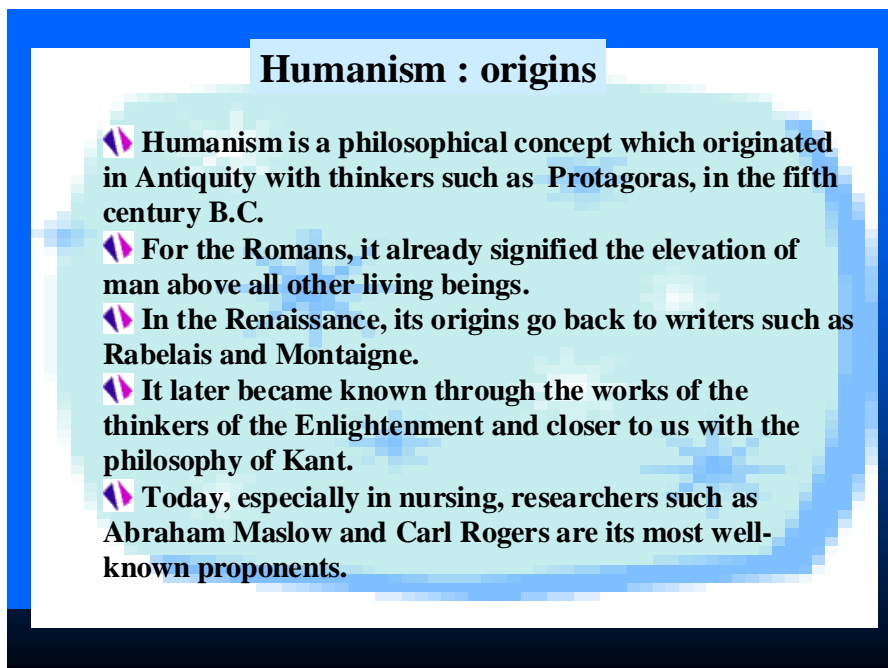
There is a simple anthropological concept which may help us do this. It is known as *humanitude* and was popularized by Yves Gineste and Rosette Marescotti in their work with the elderly who were losing their cognitive abilities. The application of this concept to general nursing care may be interesting for it can probably stimulate our contacts with our patients whatever their age or problems and restore a sense of nobility to the practices of daily care which often appear to be banal and monotonous.¹

¹. Gineste Yves et Rosette Marescotti. *Soins Corps Communication*. Les liens d'humanitude ou l'art d'être ensemble jusqu'au bout de la vie <http://perso.wanadoo.fr/cec-formation.net/philohumanitude.html>.

A distinction between two important concepts

We are already familiar with the concept of *humanism* which is well known to health professionals. The orientation is not new but is always important. We should not confuse this concept with that of *humanitude* which is proposed here and above all, not think that one can replace the other. In reality, they are intimately related. *Humanism* is a philosophical concept which demonstrates the importance of the place of man in the world, whereas *humanitude*, is a concept of an anthropological nature, which enables us to discern the roots of our human condition and by doing so, what is essential to it. We can thus keep these factors in mind in a discipline such as that of nursing and become aware of the mindfulness that it generates.

Why another concept?



Humanism : origins

- ❖ **Humanism is a philosophical concept which originated in Antiquity with thinkers such as Protagoras, in the fifth century B.C.**
- ❖ **For the Romans, it already signified the elevation of man above all other living beings.**
- ❖ **In the Renaissance, its origins go back to writers such as Rabelais and Montaigne.**
- ❖ **It later became known through the works of the thinkers of the Enlightenment and closer to us with the philosophy of Kant.**
- ❖ **Today, especially in nursing, researchers such as Abraham Maslow and Carl Rogers are its most well-known proponents.**

We may ask ourselves why do we need to propose a new concept? First of all because of its practical applications, and for the possibility that it will bring greater meaning to the aspects of care which too often have become routine and are even considered as secondary. Indeed, many nurses consider that the prestige associated with the healing professions is identified with

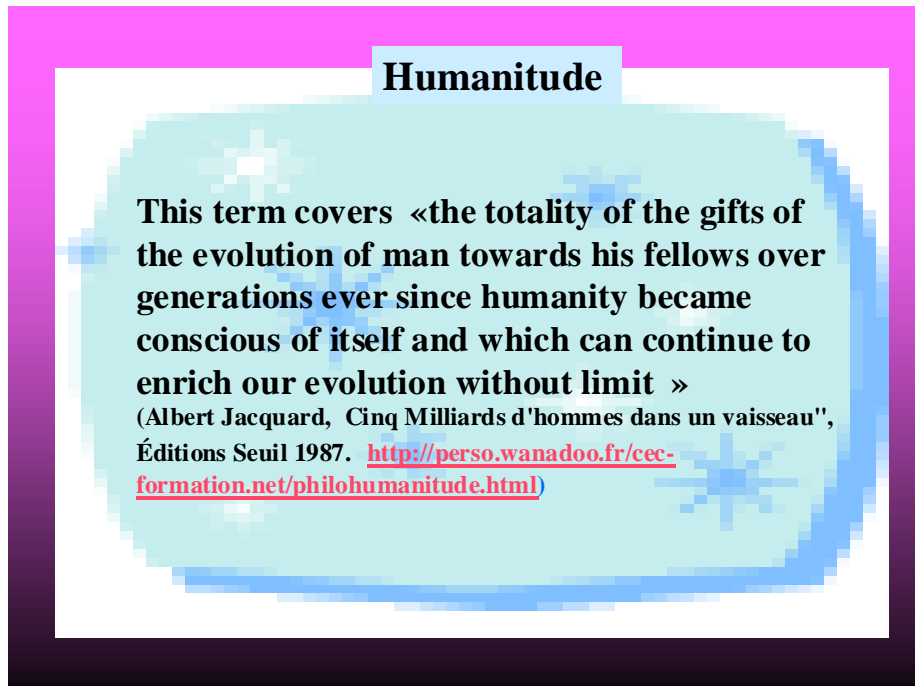
technology and pharmacology. One cannot deny the importance of these treatments which have greatly increased the social and professional standing of our profession.

Let us remember that about a half-century ago, the nurse's role was regarded as more of a maid than a professional. You might think that this was a long time ago, but in reality it is short considering the history of a profession such as ours. At that time, devotion, goodness and empathy were present but nursing care was limited almost solely to maintaining the patient clean and comfortable. Some might say with reason, that that was already a lot, but one must admit that the methods of treatment at that time were limited. Subsequently, the nursing profession grew in the shadow of the medical profession to become today more autonomous by developing into a science which, although based on techniques, sophisticated strategies and knowledge from other disciplines, has evolved its own identity, its own science, and a certain humanism.

What is regrettable is not the coming of the technical and medical technologies but rather the fact that they too often occupy the entire scene of health care and mobilize too much of the nurses time with the patient such that nurses hardly have the time to create an authentic therapeutic relationship with the patient. A key document in our profession, "*La mosaïque*

des compétences cliniques de l'infirmière » (OIIQ, 2001) describes the partnership of care, but how can we achieve this in the actual context of the turnover of personnel and the burden of the workload? What we need to do is find a better balance between technology and relationship, however, this still remains an important challenge.

Another problem lies in the domain of education. It consists of the difficulty that we have in communicating to our youth the passion for this quality of being, its importance, and for the desire to reach out to others in order to understand them and act accordingly. In summary, it



consists of the necessity to inspire our students with a notion of what comprises the most profound quality of being a nurse.

To do this, we must propose inspiring objectives and conceptual models which permeate our daily actions endowing them with a depth which are a guarantee of their quality and the humanism that this implies. It is also

necessary to seek more concrete inspiration, something more tangible in order to interest our youth and give new inspiration to vitalize our care. The concept of *humanitude* shows us how the behaviours and simple actions which touch the person in what is most essentially human are effective because they correspond to what is most ancient in our development.

What is the concept of humanitude?

The concept of *humanitude* is different from that of humanism. As Jacquard explained, it refers to the consciousness of being and includes all of the gifts that mankind has bestowed on itself over the ages and which we continue to impart through evolution, thus enriching each other without limit. The concept became known through the works of Jacquard who was influenced by Freddy Klopfenstein (*Humanitude*, essai, Genève, Ed. Labor et Fides, 1980), who was the first to define it. Jacquard explains the concept by stating that it is « The totality of the characteristics of which we are most proud, that is to walk on two feet, to speak, to transform the world and to question ourselves about the future”. But humanitude extends even further. “It is the wealth of comprehension, emotions and above all the ethical standards that we set for ourselves and for others that have gradually developed over the course of evolution”.² The concept, which was later applied to the care of the elderly by Dr. Lucien Mias, was taken up and popularised by Yves Gineste and Rosette Marescotti who set it down

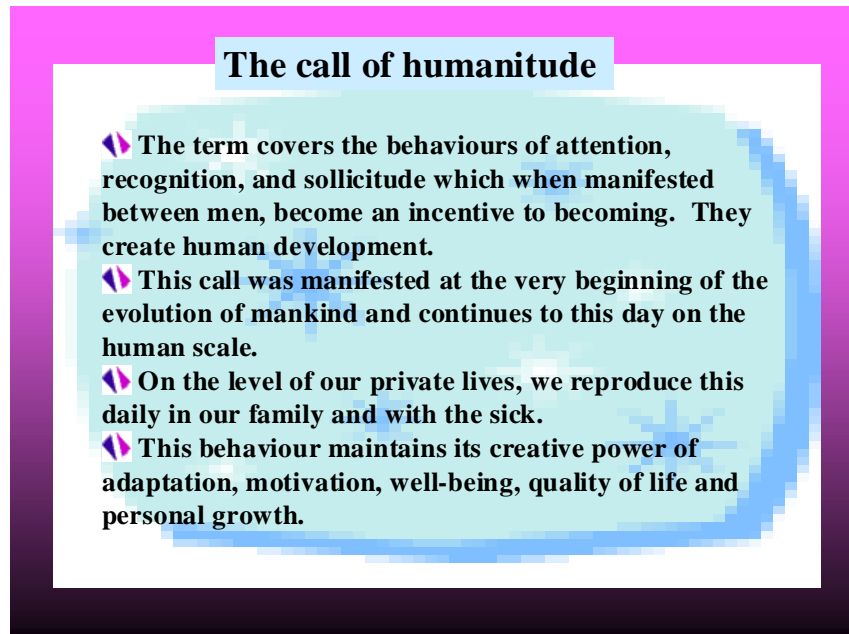
². Albert Jacquard Cinq milliards d'hommes dans un vaisseau. Éditions du Seuil 1987. <http://perso.wanadoo.fr/cec-formation.net/philohumanitude.html>

both as a philosophical approach and as an admirable practice of caregiving which they put in place with the elderly suffering from cognitive problems.

For these writers *humanitude* is the “totality of the particularities which enable man to recognize his species as human ... and to recognize another man as being part of the human race.” These distinguishing features are:

- Verticality
- Eye contact
- Intelligence
- The capacity to touch the other
- Smiling and laughing
- The family group
- Meals
- Socialisation, etc.³ In this context, the care we give our patients invokes *humanitude*; it is the recognition of the humanity of

the other and the putting in place of the means of conserving these qualities of being human.



Humanitude and the history of mankind

The concept of *humanitude* enables us to see how the call of evolution, the transformation of mankind across the ages, has made us what we are today. By these gifts of humanity, these calls of *humanitude*, successive generations have progressed. Via this concept it is possible not only to retrace the history of mankind but also to understand how the mechanisms of growth and evolution are still active in our lives and applicable to the care of our patients.

This concept thus enables us to appreciate the importance of our daily gestures and the fact that our treatment methods can act as a means of recognizing in the other, the very essence of being human. It also make us realize that these actions, too often done in a mechanical manner, constitute at the same time an invitation to change and a call to human development. Thus, care given in an approach of *humanitude* incites and participates in the progress of the patient towards psychological balance, the conservation of their human capacities, and greater well-being and even, when it is possible, to a return to health.

A marvellous story

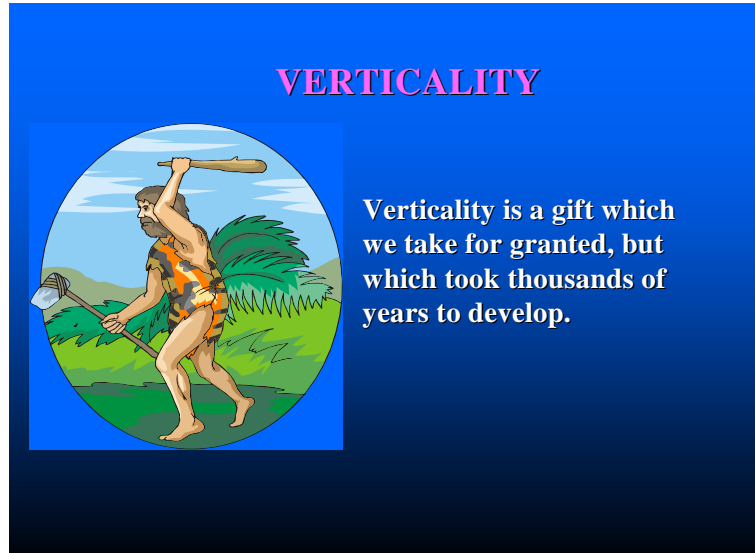
Humanitude enables us to see what is fundamental in man and what humankind has developed over time to resolve the problems which presented themselves, endowing us with a wealth of behaviours which have become the characteristics of the higher mammal which we

³ . *La philosophie de l'humanitude*. <http://perso.orange.fr/cec-formation.net/humanitude1.htm>

are today. In order to better understand how this rich concept can influence our caregiving, let us examine how these gifts of humanity were manifested at the beginning and how, even today, we can benefit from this marvellous history.

The emergence of humanity: verticality

Once upon a time, a rather defenseless monkey lived in the trees in order to protect itself from predators. One day, most probably driven by hunger, it resolved to descend from the treetops. Frightened, it could no longer see far enough in the distance to distinguish its enemies nor find sources of food. Perhaps it tried to stand upright which gave it greater vision and better protection. But its legs, made for hanging from branches were not adapted to



verticality and it was over centuries and hundreds of generations that it was finally able to walk continually on two feet. We now know this being as Toumaï and Orrorin, and he lived in Tchad or Kenya about 6 to 7 million years ago. In order to stand upright, he had to progressively modify his feet, legs, pelvis, spine, muscles and ligaments. And, since one evolution follows another, verticality was one of the first gifts of humanity⁴.

The upright position enabled our ancestor to lift his head and in so doing increased his range of vision and at the same time liberated the hands which became available to feed and care for himself, to work and construct tools as well as for the thousand and one other discoveries and adaptations which followed.

Verticality, by allowing visual contact with the other, thus became a source of relationship and a call to the development of intelligence. This meeting was thus the start, a beginning, without a doubt timid, of the evolution towards language and as a result towards human relationships and civilisation. Today, verticality has become a trademark of our species and our human dignity. It is part of our essence.

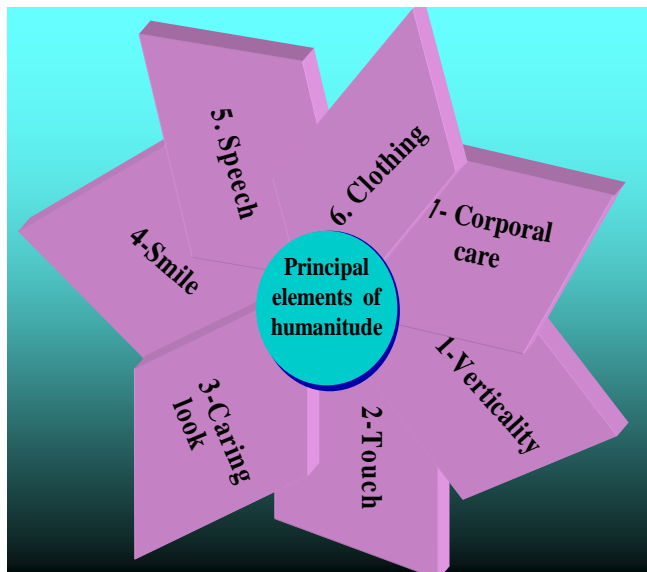
But in what way should it influence our caregiving? Now that it is an integral part of what we are, it is primordial that we facilitate it with our patients in order to promote their optimal physiological and psychological functioning. We have known for a long time now that it is important for our patients to move, get up, and if possible walk, as soon as their strength permits. We know that the upright position facilitates cardiac function and circulation, stimulates the appetite, favours digestion as well as urinary and intestinal elimination, bone metabolism, good skin health, body image, muscular and psychological tonus, etc. But what we do not realize is that the upright position is necessary because since the dawn of humanity, it is an essential part of what it is to be human. This knowledge has important repercussions

⁴. *Le paléolithique* : <http://paleosite.free.fr/homme/homenu/paleo.htm#paleoanc>

on our health care especially with the elderly but also with all our patients. Leaving patients in bed when they can get up is a serious attack on their *humanitude* and poses a health risk. Even if we must help them, even if it increases the burden of our daily routine, we must understand the primordial importance of getting up which is implied by verticality (Margot Phaneuf, 2007, 1st chapter).

Further information regarding the effects of verticality

Uprightness, walking and other types of exercises favoured by verticality are beneficial for health in general and confer specific advantages to different aspects of human functioning whether it be on the physical, psychological or social level. From the physiological point of view, various systems are involved.



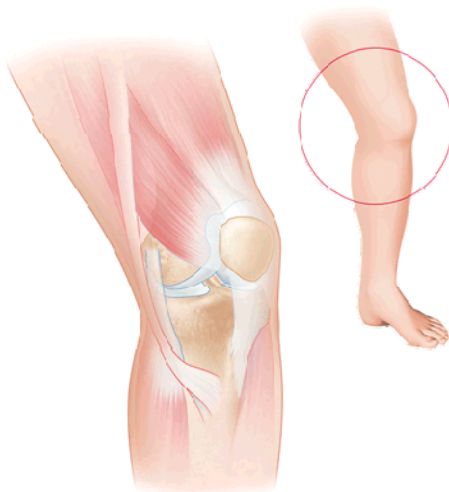
Beneficial effects on respiration



- The lying position reduces respiratory capacity while uprightness and especially walking increases it and stimulates pulmonary ventilation.
- The action of the respiratory muscles (diaphragm, sternocleidomastoid, scalene) is reinforced by exercise.⁵
- Normal pulmonary capacity can be cut in half by immobility

which proportionately diminishes oxygenation capacity.

- During physical effort, the consumption of oxygen is multiplied 3 to 10 times.



Beneficial effects on the muscles



- Uprightness and above all walking, contribute to conserve the vigour of the muscular mass and its irrigation.
- Muscles, which are no longer solicited, rapidly lose their strength and the amplitude of voluntary movements diminishes.
- Walking is an activity which stimulates a large number of muscles.
- An elderly bedridden person loses about 40 % of their muscular capacity after three weeks thus

becoming a bedridden invalid in a very short time.

⁵. Image : <http://www.gwc.maricopa.edu/class/bio201/muscle/mustut.htm>

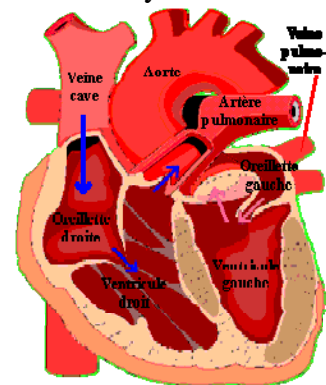
- Inadequate care which does not take into account the necessity of verticality can easily become the cause of the immobility syndrome.⁶

Action on the joints

- Joint cartilage is formed from conjunctive tissues which are nourished when they are used, that is when there is compression/decompression on the bone as when one is standing, walking and effecting various movements. Cartilage is essential for movement.
- Tendons and ligaments enable movement and their good condition helps us conserve our physical suppleness. They can rapidly become affected by fibroses when they are immobilized. This process starts quickly after only 48 hours of immobility.

Beneficial effects on the heart

Translation: aorta; left and right ventricle; left and right atrium; pulmonary artery, pulmonary vein; vena cava



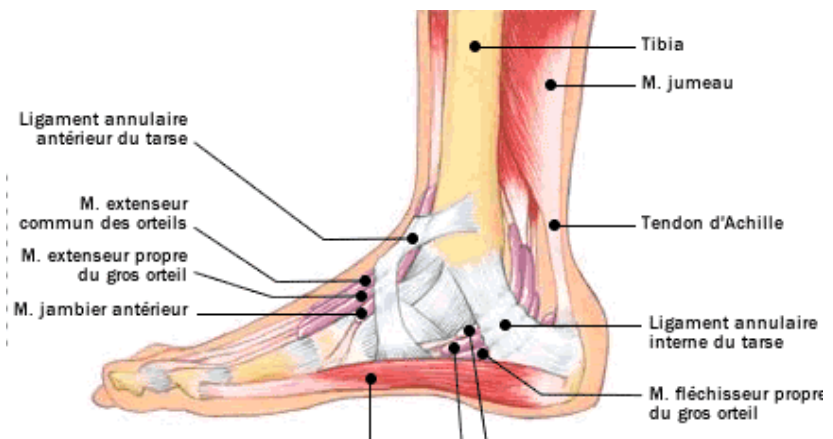
- The heart is the primary motor of circulation and respiratory function.
- The action of the heart on the blood vessels maintains good irrigation of muscles and other tissues.
- Exercise maintains healthy body weight which reduces cardiac effort.
- Verticality and exercise favour the good functioning of the heart and blood vessels.
- They thus have a positive effect on circulatory problems.⁷

Stimulation of circulation

- The plantar venous pump is an important venous network located in the sole of our feet. It assures that blood goes to the leg while we are standing or walking.⁸

Translation: Tibia, Achilles tendon, toe extensor muscles, big toe extensor muscle, big toe flexor muscle, tarsal anterior annular ligament; tarsal internal annular ligament; gastrocnemius muscle

- The contraction of leg and abdominal muscles while walking brings the blood back towards the heart.
- Uprightness, especially walking, maintains good tissue irrigation and conserves good health and above all prevents bedsores.

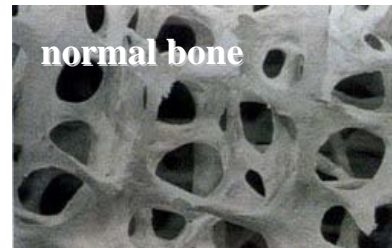


⁵. Image: www.genou.com Cabinet Goethe.

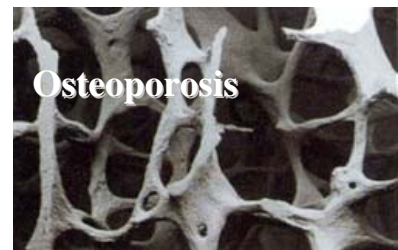
⁷. Image. *Les mystères du corps humain* : <http://www.corps.dufouraubin.com/coeur/coeur.htm>

⁸. Image. Phyto Forme. *Avoir une bonne circulation veineuse : c'est capital* : <http://www.phytoforme.com/jambe-lourdes.html>

- For all patients, verticality which enables movement, are essential to the health of the heart and the blood vessels. As much as possible, get the patient to move, get up and walk as this is beneficial for them.
- The effect on bone health.
- Calcium metabolism in the bone occurs during movement.
- Standing upright and walking are thus beneficial for bone health.
- Immobility can rapidly provoke osteoporosis, especially in post-menopausal women who are 4 times at greater risk of being affected but also in any person over 40 years of age.
- Osteoporosis provokes acute pain in the spine, ribs, pelvis, etc.
- Bones need the mechanical effort of exercise and walking in order to conserve their strength.
- As much as possible, move, get up, walk and stimulate bone metabolism and maintain joint suppleness.



We can thus see the extent to which getting up and moving helps our patients, within the limits of their capacities and is not only vital for their health but is an integral part of what we need to be fully human.



The influence of verticality on the perception of our body image

“The body image is the image that we have of our body both stationary and in motion. It is based on sensorial data transmitted from our organs, our muscles, joints, limbs and the surface of the body”.⁹ “It is a permanent model, almost conscious, essentially tactile, visual and postural, which serves as a constant reference to place us in space, time and the world which surrounds us. It furnishes us with a representation of our body and thanks to it we can perceive our bearing while resting and while in action. The body image synthesizes tactile, sensorial and motor data transmitted by the senses. It enables us to be aware of the position of the body and its members which is required for movement”.¹⁰



In order to act, our brain needs to know the characteristics of our body: its form, the volume it occupies as well as the limits of the extension of our limbs in space. The body image is progressively formed in the first years of our lives.

This is also what happened during human evolution, as we gradually became aware of ourselves, aware of existing in our thoughts, our bodies and in space. Human beings thus became aware of who they were and gave themselves an interior image, a representation of their body and its movements which is our body image. This perception presides over the

⁹ . Schéma corporel. Psychiatrie infirmière :

<http://psychiatriinfirmiere.free.fr/infirmiere/formation/psychologie/psychologie/schema-corporel.htm>

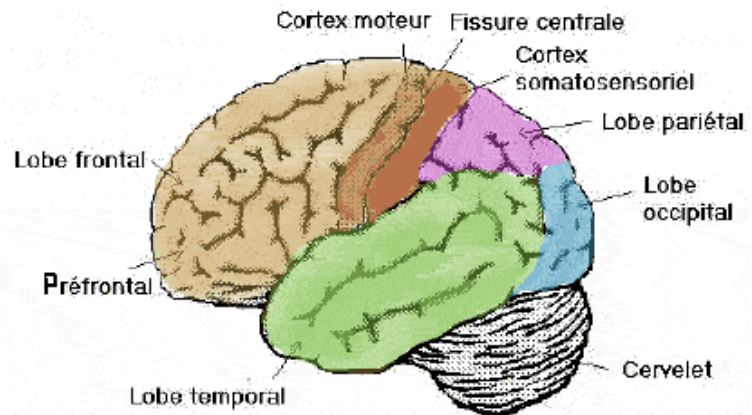
¹⁰.. idem

development of our motricity, enabling us to construct the notion of time and space essential to our functioning in society and the conception of our proper identity. To perceive our body image, that is, to see ourselves in space, moving and shifting about, we need verticality which favours motricity and enables our orientation in time and space.

A few systems which participate in the perception of our body image

Translation: *motor cortex; prefrontal, parietal, frontal, occipital, temporal lobe; somatosensorial cortex; cerebellum; central fissure.*

- The vision of our own body and its position in space.
- Tactile sensibility and proprioception which give us information on the position of our body and our limbs in space.
- The vestibular system of the inner ear enables the perception of gravity, acceleration and our position in space and governs our equilibrium¹¹.
- The information received converges towards the parietal cortex where the sensitive and motor areas corresponding to our movements and perceptions are activated. The cortex which integrates them enables the brain to construct a coherent image of the configuration of the body and its position in space.
- The recumbent position, which is rather immobile, results in the deprivation of the sensory and motor perceptions which stimulate the brain and maintain an accurate perception of the body image and the position in space.
- A vague perception of the body image favours spatial and temporal confusion.
- Being bedridden is detrimental to the perception of our body image and thus favours confusion, especially in the elderly or those with motor insufficiency.



This knowledge demonstrates the importance of verticality in the perception that we have of ourselves as human and existing in the world. It thus has an important incidence on our health care. To get the patient up and moving is an intervention which we might consider to be banal, but which takes on an important dimension with this concept.

Touch, the first call of humanity

Touch is another phenomenon linked to the development of our *humanitude* and which also goes back very far in our evolution. It has an enormous influence on our lives and our caregiving. To touch a newborn child is not only to stimulate its tactile receptors but is also a call to awakening. Obstetricians and midwives have long understood this and as soon as birth occurs favour skin contact between the mother and her baby. This is the beginning of the mother-child relationship which is so important in our lives. The warmth of our mother's arms

¹¹. Image : Tecfa éducation et technologie <http://tecfa.unige.ch/etu/LME/0304/pythonc2-rothdav0-vergere1/dispositif/Ressources/photos/schema%20du%20cerveau.gif>

brings pleasure and security and it is this that is and remains a factor of awakening to the world of mankind in the very first moments of life.

The perception of contact with the other, later on in the course of our existence, becomes a confirmation of our presence in the world and a means of communication. Again, it constitutes a call to *humanitude*, an incitement to becoming and a recognition of the human nature of the other.¹²



Recurring throughout the ages, touch, with its profound significance in our evolution and our human relationships is also a call to *humanitude*. It is another gift which was transmitted from generation to generation and which we still recreate daily. Moreover, we repeat it by enriching it with the feelings and emotions which move us.

Already, during the era of our prehistoric ancestors, touch developed in gestures of solicitude and caring for those near to us and for the sick. As caregivers, even though we have perfected and technologized our gestures, we repeat them without end. As said an unknown writer « We are like dwarfs on the shoulders of giants to better see where we are going ».

Touch: a means of communication for the nurse

For all our patients, whether they be children, adults or the elderly, whether they suffer from physical or psychological problems or cognitive difficulties, consciousness of the presence of someone through touch takes on immense importance. In nursing, we are in contact with bodies and the touch of our hands becomes a language which often speaks more and better than all of our words. Touch shows that we are listening to the person, that we understand their suffering and that we are attentive to it; touch can reassure, support, encourage and manifest our empathy. But lack of attention or being in a hurry can also be perceived in our gestures which then communicate coldness, indifference or brusqueness. All depends on the sense that we want to give to our care (Margot Phaneuf, 2002, p. 43).

The skin is an extraordinary means of perception. Because it is the most extensive sensory organ of our bodies, it is our first means of communication with the exterior world and this remains one of the most important channels of interaction with others throughout our lives. It gives us information on the nature of the exterior world, whether it is welcoming or hostile, it renders reality palpable.



This contact is essential for human development and for the conservation of our self-esteem and our well-being. But with the ill, its importance increases because the warmth of the caring hand can bring both a sense of relief, and a sentiment of security and consolation.

¹² Image : Caisse primaire d'assurance maladie des Hautes-Pyrénées
http://fr.country.csc.com/COUNTRIESDOCS/fr/fr/mcs/mcs92/uploads/2102_1.pdf

Even if this contact is not their only means of communication, those who suffer conserve the need to be touched with gentleness and even tenderness. The elderly, especially those who are psychologically diminished and socially isolated, have a particular need of this. But all sick people, anguished and suffering can be encouraged by this beneficial contact. Not much is required: a caress for a child, an affectionate gesture or a relaxing massage for a suffering person. There are also other types of patients for whom touch is important. Depressed persons, those who have trouble communicating, those with visual or hearing impairments and those who are confused. For them, the intentional warm touch becomes an essential element of caregiving.

And there are also hemiplegics suffering from *hemi sensory neglect* who have difficulty clearly perceiving their entire body image and situating themselves in space. Attentive care, with an emphasis on touch can be beneficial for them.

It is often surprising to note how such simple gestures can transmit hope, support, courage and at the same time reflect a recognition of the human value of the other. Touch, for the sick person, invokes *humanitude*, a stimulation to want to heal and to stay present in the world. It also becomes a means of intervention which one must not hesitate to use whenever possible.

Hemisensory neglect: also called unilateral spatial neglect is a neurologic perceptual anomaly due to a lesion in one of the cerebral hemispheres, generally as a result of a stroke. It most often affects the right hemisphere and the person is not aware of half of the space which surrounds them and half of their body. Thus, all that is situated on the paralysed side is forgotten, for example, food which is on the left side of the plate, or the food which has accumulated in the left cheek, the left hand which the sick person forgets to wash or lets fall when they move about in their wheel chair, etc.

Synthesis of several advantages of touch

- Touch is a means of profound communication capable of transmitting emotions.
- It favours the neurologic development of the child.
- It is a factor of awakening in the baby.
- It stimulates interest and reinforces the image that the patient has of himself.



- Because of the interest that is shown to him, it contributes in increasing self-esteem.
- It brings a sensation of warmth and well-being.
- It reassures and comforts.
- The impressions left by touch are inscribed in the limbic brain where the keyboard of our emotions, which contribute to the formation of our affective memory, is situated.
- Warm and attentive care are calls to « humanitude » for the person. They are consigned in our affective memory which they vitalize and nourish.¹³
- The impressions stocked during the course of our lives in our affective memory are the last to be effaced in cases of neuro-degenerative diseases.

¹³ . Soins, corps, communication. *Les Cap* : comportements d'agitation pathologique <http://perso.orange.fr/cec-formation.net/cap.html> .

- They thus influence our reactions during the course of our lives and have repercussions into old age.
- Certain behaviours of anxiety and fear in the elderly are reactions to negative emotions stored much earlier during their lives.

The shared look: the call of evolution

We all know the impact of how others see us, but what we may realize less, is its influence on human evolution, even from the first moments of life. On the scale of evolution, things probably occurred in the same way: for the baby, the loving look of his mother and his family was a call to growth and relationship.

What happened then and still occurs now is that shortly after the birth of a child, the mother looks at her baby and her baby looks at her. This visual contact is communication. Their eyes look upon each other and for the baby, this is an incentive to awakening, a cerebral stimulation which is the call to *humanitude*. Like touch, at that instant, the shared look is vital for the child. It reinforces the relationship which has already begun with the mother and its importance continues and grows for the duration of his development. Do we not say that communication begins first of all by the sharing of a look? But the influence of the look does not stop here, for it is in the eyes of the beholder that we perceive what we are and what we are worth. This is how we develop our image of ourselves, our identity and our personality.

To look at the person for whom we are caring may seem obvious but all depends on what this communicates, for the look can transmit attention to the other or indifference. Because it is the first thing perceived by our patients, the nurses' look is special. It reveals our acceptance of the other and our openness to their suffering (Margot Phaneuf, 2002, p. 34).

We should realize that because it can communicate what Rogers called « *positive consideration* », the look can emotionally vitalize the person and accompany their evolution. But if it is cold, if it is hard and reproving, it can also kill self-esteem, self-confidence and consequently, the confidence that we have in those around us. At that moment, it is destructive.



creates self-esteem, which is why it is so important.

Thus for the sick, the kind look of the nurse captures their attention and confirms their dignity as a human being. It is also a call to *humanitude* and stimulates their evolution, to find physical or psychological equilibrium. The first gift of *humanitude* that we can give the patient is warm visual contact. But even though this positive look is necessary for all, we must not forget that certain patients have a greater need of it than others: children, psychiatric patients, the elderly or those at the end of life. For them it is stimulating, formative and

The smile, source of awakening and plenitude

The smile is also one of the attributes proper to man and thus another sign of *humanitude*. Without a doubt, it developed very early in the course of our evolution, from the very first

significant relationships between the members of the same group. The modifications of the face and the mouth, which later enabled speech, certainly facilitated its expression.

On the scale of our personal lives, the origin of the smile goes back far, for from a very young age it has punctuated the joyous moments of our lives. When the mother takes her baby in her arms with tenderness, looks at it and the little one looks back, an affective harmony, a communion, is created. In this state of mutual well-being, the mother smiles at the child and the child smiles at the mother, responding to this call. It is the very image of happiness. The maternal smile reassures the child, calls for a response and because of this, stimulates awakening. It is for the baby an encouragement to evolve, a call to humanity. From this first smile will be born a thousand laughs which will accompany the happy hours of our lives.

Smiling and laughing are important in the normal development of a human being, but they are just as important in our adult lives. Without this inner light which illuminates our faces, human relationships would be darker and this applies also to our relationships with our patients. The smile of the nurse is a sign of openness, of being available to the other; it brings with it a relaxation of the muscles of the face and a certain relaxation of the body which is beneficial for both of them. The smile manifests the pleasure of the meeting and the willingness to share a moment together.

We must realise that the patient who is worried, suffering, and separated from their family is often sad and we can help them to relax by inciting their response to our smile and subsequently, by giving them pleasure and evoking happy things with them. Laughter is good medicine and is the most effective mechanism to relieve stress! Humour and laughter also enable us to dedramatise situations and even relieve the pain of those who are suffering or unhappy. In summary, « Words which make us laugh, can relieve the pain which makes us suffer ». Yves Donadieu¹⁴.

We have always associated laughter and good health, do we not say “who laughs, heals”? Modern research has demonstrated that laughter helps us prevent and even heal certain illnesses. Rabelais, a Renaissance doctor, was one of its most ardent defenders. Laughter acts because it is a complete phenomenon going beyond the sollicitation of zygomatic muscles. It is situated at the crossroads of muscular, respiratory, nervous and psychological manifestations of the individual. A few minutes of laughter are worth several minutes of exercise or relaxation. It is a real tranquillizer, fun to take, free, perfectly innocuous even at high doses, with no contraindications or unpleasant side effects, non allergenic, without an expiry date and can be used during the course of our lives¹⁵. Let us remember that the smile elicits the smile and that laughter is contagious. Thus, when we are with the ill, let us not hesitate to distribute this extraordinary medicine profusely.



¹⁴. Ma pharmacie naturelle. Yves Donadieu : <http://www.01sante.com/xoops/modules/icontent/index.php?page=823> .

¹⁵ . Ma pharmacie naturelle. Yves Donadieu : <http://www.01sante.com/xoops/modules/icontent/index.php?page=823>

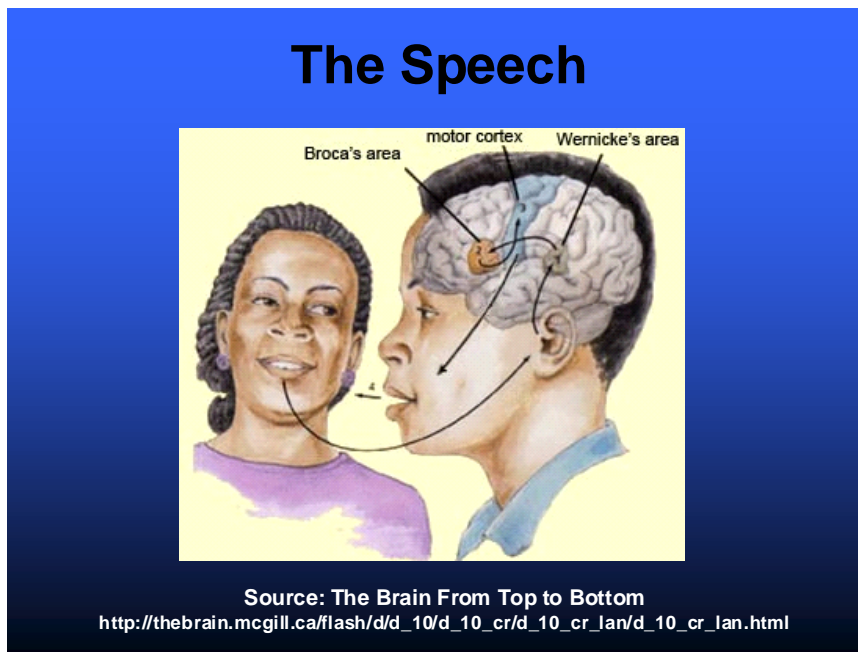
The power of speech

The words that we say have an important influence on others. They enable communication, favour understanding and even resolve conflicts. Without words, our human relationships would probably be reduced to utilitarian exchanges. This was likely the case during the course of our evolution. Our primitive ancestors probably emitted sounds and cries and completed communication with the members of their species by gestures.

Verticality, the enlargement of the skull, the neurologic modifications of the brain, the adaptations of the buccal cavity and the attachment of the tongue, rendered possible articulated language. On the scale of our lives, things are very different, for the baby already has the structures adapted for the development of speech but their neuronal circuits have not yet acquired all the maturity necessary. The baby moreover, manifests communication behaviour from the very first months of life, smiling in response to a smile, babbling, exploring the environment, manipulating surrounding objects and establishing logical relationships between phenomena and the words of the people around. Verbal interactions with the other, especially with the mother, favour the development of language, the enrichment of vocabulary and grammar. A stimulating interaction is thus established and the words of the mother become a call to *humanitude*. Moreover, a paucity of verbal exchanges or their absence can condemn the baby to mental backwardness.

For the sick, communication is as vital as it is for the child. The isolated person, left to themselves, rapidly slides into mental disorganisation and confusion. For them, speech is also a call to *humanitude* which, together with the nurses look and gestures of tenderness, can make the difference between stagnation and evolution. By speaking to them, we show them that whatever their state, they are important enough that we talk and listen to them.

The words of the nurse can also be consoling. They can communicate the hope of getting



better, inform and encourage them. Via this dialogue the nurse, in response to the patients' needs, creates a space where they are free to express their suffering and throw off the burden of their sadness. By putting their difficulties into words, they have the impression of becoming the actor in their situation and this is often enough to encourage them to act or identify solutions to their difficulties.¹⁶

¹⁶ . Picture : *The Brain From Top to Bottom*
http://thebrain.mcgill.ca/flash/d/d_10/d_10_cr/d_10_cr_lan/d_10_cr_lan.html

Already in Ancient Greece, the therapeutic power of the gentle word or « terpnos logos » was recognized. For the caregiver, it is a means which is always at hand and it is up to us to use it advisedly.

Society and our relationship with others

Human beings are social creatures and need others. Life as part of a group is inscribed in the evolution of our species. We find solitude difficult and are always seeking contact and the presence of others, not only for our own development but also to live. The need to belong to a group has been demonstrated by many authors such as Maslow and Henderson.

During the evolution of mankind, this phenomenon manifested itself very early for life in a group was a protection from the dangers and difficulties of existence. Life in society however, presupposes the development of behaviour adapted to this belonging and a certain submission to its constraints and limits.

Today, the child must also learn to live as a social being, to accept rules and establish relationships. These ties are first of all created in the family whose habits, values and prohibitions the child inherits. They are then enlarged to society as a whole. The presence of others favours and stimulates the development of the child and the family group becomes extremely precious for them. Deprived of its support, the child's start in life risks being disturbed. The presence of the family and society is essential to normal physical development, to the satisfaction of the need to be recognized, considered and loved.



The same applies to our patients who also need the presence of others. They respond to the same necessities. Contact with caregivers becomes in effect vital for them for it is sometimes the only social link which is left to them. Deprived of this possibility, they risk regressing. This is why the warmth of a relationship between the nurse and the patient, permeated with *humanitude*, is so important. It is full of particular possibilities that we must exploit and given the vulnerability of the patient, we can even posit that it possesses therapeutic value.

Clothing and finery, a symbol of our identity and our place in society

A long time ago in the course of our history, in becoming human, man conceived a totally new universe. In the beginning under warmer climes, he was clothed with simple apparel. But we think that little by little, he sought to replace his lost hairiness

with the skins of animals especially as his migration towards colder regions obliged him to protect himself from bad weather.

We also think that as he became conscious of his appearance and his body image he discovered his sexual identity, and developed certain modesty and wished to cover himself.¹⁷

But there is more. This evolution of consciousness led him to want to affirm himself as an individual, to be recognized and in order to do so, he used clothing and finery which became symbols of social standing and power. This phenomenon has not ceased to evolve even to our day. From this emerged clothing styles and traditions of an infinite variety across the globe. But the primary function of clothing is still to facilitate the acceptance of the individual by the group.

With evolution, clothing became a really human characteristic profoundly rooted in our way of life, and we need to take this into account in all civilizations. Each age and culture, have developed their canons of conformity and beauty, which still influence us today through fashion.¹⁷

The body and its costumes have a symbolic function which occupies an important place in our social exchanges especially those related to our identity. They are largely tributary of the perception that others have of us. Amongst the means which we have to manifest this identity is the care that we give to our body and of course, our clothing, hairstyles and other finery which fashions our external appearance. To this one must add the wearing of certain objects which act as cultural or religious markers such as medallions, tatooes, body piercing, etc. All these ornaments and accessories contribute to fashion our identity and make us acceptable to our belonging group.

But how does this influence our caregiving?

This characteristic is so important and so deeply rooted in our evolution that we cannot neglect it in nursing. It is an intrinsic part of being human. The exterior appearance of a patient, their cleanliness, their hairdo and if necessary, discrete makeup or a shave, are in effect the necessary attributes of their dignity. Consequently, we should take this into account and by respect, be attentive and help our patients or if required, do it for them.



For our patients, as for all humans during the course of our history, appearance is a question of esthetic value, hygiene and personal dignity. But it is also tied to our acceptance by others and their consideration of us. A slovenly person who smells bad is not easy to accept. In

¹⁷ Image. Wikipedia. Historique du vêtement.

http://fr.wikipedia.org/wiki/image:Dr%C3%A4kt%2C_Gamla_tiden_och_medeltiden%2C_Nordisk_familjebok.jpg.

¹⁸. Image : Harper's Bazar :

http://fashion.about.com/gi/dynamic/offsite.htm?zi=1/XJ/Ya&sdn=fashion&cdn=style&tm=191&gps=71_392_1018_545&f=00&tt=14&bt=0&bts=0&zu=http%3A/members.aol.com/nebula5/tcpinfo2.html

these situations hygiene, which seems so routine and banal, takes on great importance. It enables the person to present themselves in their best light, to feel conform to the social requirements of the group and the situation, to feel good about themselves and to find their self-esteem. All in all, to see oneself fully as a human being, presentable and acceptable to the personnel and the family¹⁸.

In the health care system especially in long term care and even in home care, the role of the caregiver with respect to the hygiene of the patient is often completed by helping them dress. For some people, this may mean physical assistance because of weakness, pain or a problem of mobility. But for the elderly, especially if they are confused or for certain psychiatric patients, it may also mean helping them choose clean clothing which suits them, which is appropriate for the time of the day and the temperature, or to help them match colours.

One can even think of certain accessories which embellish their clothing. Some may find this exaggerated in nursing but one must realize that this phenomenon also goes back very far in our evolution. Very early, man has sought to embellish his face and body. It is a habit which is so profoundly rooted in our human evolution that even today it is a need.

The relationship to our thoughts, death and the divine

Over the course of the ages, the human brain was modified and thinking developed. Mankind acquired various capacities and became « *homo faber* », that is, the one who makes tools. His intelligence and his hands which were freed up by verticality enabled him to create the tools which he needed to hunt, defend himself, and live in a more comfortable manner or resolve certain of life's difficulties. Over the course of this evolution, man's thinking deepened and abstract thinking developed. He became « *homo sapiens* » that is, the wise man, the man who thinks. The capacity for abstraction together with manual dexterity enabled him to express his thoughts, desires and maybe even his fears in cave art.¹⁸



This man whose thinking had already evolved, asked questions about the world which surrounded him, about the meaning of life, of illness and death. Archeological digs in various parts of the world show us that already, a long time ago, humans wished to preserve their dead from predators and the scattering of

their bones. The remains of our ancient ancestors in their dug graves reveal traces of special funerary rituals by the disposition of the skeleton, the decorations of shells or other material ornaments or by the provision of food to accompany them in the beyond. Not only did these men take care of their dead but they also believed in an afterlife.

This reality also has profound roots. Indeed, the history of humanity is punctuated by rituals and beliefs which show the relationship of man to the divine. For in the face of the greatness

¹⁸. Image : <http://www.ethnociel.qc.ca/lascaux.html#lasc1>

of the mysteries of life, nature, and death, man has always sought explanations in magic, superstition and religion. The growth of his beliefs was linked to the development of consciousness and the quest for understanding. Thus, since he possesses the perception of existing, man has always wanted to transcend the ordinary and elevate his thinking towards one or several superior beings. These beliefs have taken various forms, but since the beginning of time, religious thinking has traversed history.

This phenomenon also has an incidence on our caregiving particularly for those who are at the end of their lives and the elderly. It makes us realise that all that is related to death has always been of great importance for humans and that the mystery, the grandure of this moment should also permeate us with great respect. We sometimes mistakenly believe that the spiritual dimension in health care is a thing of the past.

In order to protect ourselves, we sometimes try to maintain a certain distance with respect to this subject. But as caregivers, we must be conscious of the preoccupations which assail those at the end of life and what we can do to help them. Whether our patients express the fear of suffering, the sadness of leaving their family or the fear of what is beyond, we must be ready to listen to them with empathy and support them in their suffering. The role of “ferryman” in the face of death is one of the most noble that we can fulfill.

Health care: the culmination of the relationship with the other

The concept of humanitude touches on the fragility of being human always searching for support and protection. The human infant cannot look after himself and at one time or another during our lives, we are all limited by health problems since we evolve inescapably towards old age and death. Many times during our lives we need others. We are therefore called to solidarity and cooperation. However, Darwin’s theory of evolution mentions only the pitiless survival of the fittest.

Certain archeological digs have nevertheless unearthed prehistoric skeletons bearing lesions and amputations which would have made an active and autonomous life impossible and which show signs of healing, thus of survival, and thus cannot be explained except by the care of the family circle. These discoveries show us that a preoccupation for the weak and powerless is also deeply rooted in our evolution and thus health care is at the top of the concrete daily practice of the concept of *humanitude*. This concept evokes our slow development as humans but also devotion to others and caring for those who are the weakest: the young and the old. This makes us, as nurses, part of a long tradition of *humanitude*.²⁰



Conclusion

This concept, which is very simple and very beautiful, establishes parallels between the development of our human capacities over the ages and the various spheres of our present lives. In this sense it is very contemporary and applies particularly well to the various aspects of nursing. It orients us to a profound understanding of certain daily actions. For example, it

emphasizes the elementary aspects of our relationship with the patient, aspects to which we have not always attached great importance and shows us how the shared look, the smile and the touch can be essential in our interpersonal communications. It also shows us the power of the importance of the word, this profoundly human heritage which is there to teach and to comfort. But it is perhaps at the level of the care of the body itself that the approach of *humanitude* can serve us best. By returning dignity to actions such as getting the patient to stand up, to eat and drink, go to the toilet and keep themselves clean, the care of the feet and the treatment of wounds, we really take up contact with the most humble but the most fundamental side of our helping profession. From this point of view, there is place for the relationship between the caregiver and the care-receiver, for the care of the body as well as for the care of the mind, and for the recognition that the value of our actions is not only related to their technical or medical aspect. The latter evidently is not to be excluded since it also greatly participates in the well-being of patients, but in such an approach it does not take up the entire therapeutic forefront. Without deluding ourselves, perhaps we can hope that the application of this concept can contribute to infusing our actions with the warmth and humanism which make up quality care.¹⁹

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²⁰. Image. La Fondation Perspectives médicales: <http://hospicepm.org/servicii-fr.html#a1>

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