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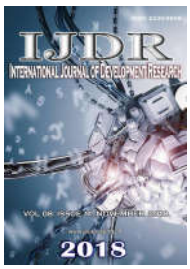

ORIGINAL RESEARCH ARTICLE OPEN ACCESS

HUMANIZATION OF NURSING CARE FROM THE I-OTHER RELATIONSHIP: ETHICS, ALTERITY AND RESPONSIBILITY

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ABSTRACT

Currently, the term humanization has been widely discussed in the health area, however, there are no changes in care practices. Considering alterity as essential for a humanized relationship by the demand for a singular assistance, this study aimed to reflect on the humanization of nursing care from the I-other relationship proposed by the philosopher Emmanuel Lévinas. The I-other relationship pointed out by Lévinas presents the other as absolute alterity and the self as passive subjectivity, which despite being in relation, remain radically separated. The nurse self, before the alterity of the other, becomes responsible for this, and from this responsibility the ethics operates. Health care is human because it is a response to the appeal that comes from the face of the other. Final Considerations: Caring is the essence of nursing. In nursing care situations the other remains as alterity and to assist it in a humanized way it is necessary to recognize and respect its subjectivity, welcoming not only a sick body but a singular face impossible to objectify, categorize and conceptualize.

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INTRODUCTION

Currently, the term humanization has been widely discussed in the area of health, especially with regard to the practice of health care (ALMEIDA, 2014). The current studies show great concern about the humanization of care and awareness of the team and health institutions that assist users (CAMPOS, 2007; NORA; JUNGES, 2013). However, although on the theoretical level, the theme is quite discussed, there are no changes in care practices(BENEVIDES; PASSOS, 2005). However, there seems to be no doubt that the essence of humanization lies in the qualification of the relations that take place in the context of care (ALMEIDA, 2013). According to Anéas and Ayres (2011), any context of care involves two people and the living intersubjectivity of the care moment is what effectively relational space. In this sense, Almeida (2013) states that: "if the intention is to qualify this interaction it is necessary to broaden the understanding so that the professional can understand the meaning of being human, perceiving and understanding himself and the other [...]".

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For Almeida, Chaves and Brito (2010a) a humanized relationship is established when the professional sees the patient as an entire person, in situations in which, besides valuing care in its technical and scientific dimensions, the patient's rights are recognized (SILVA *et al.,* 2008), respects your individuality (TEIXEIRA and CHANES, 2003), dignity (SILVA *et al.* 2008), autonomy and subjectivity (CAPRARA, 2003), without forgetting the recognition of the professional as a human being (CASATE; CORRÊA, 2005). In this context, when the subject is humanization, the central question is the relationship between the health professional and the patient, characterizing a humanized care as one that is personalized (ALMEIDA, 2009). Thus, a philosophy that bases human relations on alterity can construct a care practice in which both involved subjects are valued, "in which the health professional does not see the other as a biological mass on which to apply his technical knowledge and scientists" (ALMEIDA *et al.* 2009), but rather in an "other individual with all its particularities and potentialities" (ALMEIDA, 2012a). For this reason, it is accepted the articulation of the Levinasian philosophy with the practice of nursing care. Emmanuel Lévinas (1906 - 1995), lithuanian-french philosopher, brings

his philosophy from a concrete I-other relationship, in which the other is an alterity and the self a subjectivity (ALMEIDA, 2013).Para Almeida (2010b) encountering the other goes beyond the technical-scientific domain and requires a prior responsibility for freedom due to the imposition of an absolute alterity (other).Nursing, as a profession that cares for the person, constantly deals with these two dimensions in their practice: the ontology (knowledge), which seeks to take possession of the other and the alterity (infinite), which is beyond the understanding of the nurse self (ALMEIDA, 2012b). Before this complexity inherent in the field of nursing care: singular (I-other relationship) and universal (knowledge), which according to the levinasian philosophy, articulate in such a way that the singular does not submit to the universal and that the latter arises in demand of the alterity itself, the following questioning: how to care for the other in a humanized way so that it remains alterity? Therefore, the objective of this study was to reflect on the humanization of nursing care based on the I-other relationship proposed by Emmanuel Lévinas.

I-Other Relationship in Lévinas

Emmanuel Lévinas, conceives ethics as "first philosophy", prior to the ontology (LÉVINAS, 2004). The ethical question arises in Lévinas breaking with Western philosophical thinking that is based on the universal to respond to the singular. The philosopher brings as an alternative: the ethics of responsibility. Responsibility that is not chosen by the self, but is a response to the other's appeal, as Almeida (2014): "[...] responsibility does not arise from an obligation of the self, [...] but it is always a response to the other's request. Thus, freedom is subordinated to responsibility; is finite because it is concrete, situated, the freedom of oneself before another [...]". The responsibility for others in Lévinas is prior to consciousness, independent of the will of the self. Thus, Lévinas affirms:

[...]I speak of responsibility as of the essential, first, fundamental structure of subjectivity. It is in ethical terms that I describe subjectivity. Ethics here does not appear as a supplement to a previous existential basis; it is in the ethics understood as responsibility that the subjective knot itself is given. I understand responsibility as responsibility for others, therefore, as a responsibility for what I did not do, or what concerns me; or that it concerns me precisely, is addressed by me as a face. (LÉVINAS, 2004)

Given the above, the human relationship proposed by Lévinas privileges the alterity of the other, as is pointed out by Almeida (2009): "What fundamentally characterizes the other is the alterity that carries with it, a radical alterity. But although alterity belongs to the essence of the other, it is only possible before the self." Thus, understanding the ethics of the other before the self, as proposed by Lévinas is fundamental when the nurse's job is to take care of a concrete, singular, and not of the human race in general. The Levinasian I-other relationship starts from the encounter between myself and others, from face-to-face responsibility. Lévinas uses the face, the ethics of the face, to emphasize this encounter in the ethical sense. The face that the author exposes is not the face as we see it, but the face that is before the meaning of another and that contemplates all its alterity. Almeida e Ribeiro Júnior (2012) describe the face as "[...] expression of a person who is constituted as a body that moves, intends, relates and structures itself in the world of relationships and therefore is a face that "incarnates". And it is thanks to this vision of the incarnation of the face that the other reveals itself to the self in all alterity and subjectivity, as shown by Almeida and Júnior (2013):

[...] the other, in his body, presents itself as Face and therefore as an insurmountable alterity that marks the body of the self [...] This apparition of the sick subject as face, which is the visitation itself, marks the body of the professional of health in an irreparable and profound way, awakening the subjectivity to its vocation. This vocation is the responsibility towards the other, the noblest sense of life, making the self position itself as presence in the face of a face ("here I am").

By the character of absolute alterity of the face, an asymmetry in the self-other relation is established. This asymmetry is important because it prevents the self from turning the other into an object, as Almeida (2012) "It is in the I-other relationship that the infinite leaves its vestige in the face of the other, establishing an asymmetrical relationship and placing the other in a position of height in relation to the self".

According to Almeida (2013), the asymmetry present in the self-other relation is due to the fact that the other presents itself to the self as a face, as a reality that is beyond the self, an unreachable transcendence, since it is not a symbol that refers to something: "The face is present in its refusal to be content [...] It cannot be understood, that is, encompassed, neither seen nor touched because in the visual or tactile sensation, the identity of the self implies the alterity of the object that precisely becomes content." (LÉVINAS, 2008). Before this, of the above, one realizes, then, that in the I-other relationship, one is transcendent to the other, but in different senses. The other (patient) looks at me in a way that pleads for justice, looks at me from a position of height and at the same time of misery, evidencing the asymmetry of the relationship between them. In the same way, the other reminds the self (nurse) of his obligations, of his infinite responsibility towards him, reminds him that his position of self is to respond to his call (ALMEIDA, 2009). In this sense, it is understood that in the relationship between the self-other, the two are simultaneously in relation, however, remain radically separated. According to Almeida (2014) "it is the responsibility for the other and for others that demands the movement of the professional health self, from the transcendence of sensitivity to objectivity and universality." In this way, it is the revelation of the face of the other (patient) that must direct the care of the self (nurse), care that is personalized, differentiated, unique and according to the particularity of each face, always having origin of the singular (I-other relationship) the universal (knowledge). In this view, the face of the other touches the body of the self, making me human.

Humanization of Nursing Care

In the literal sense the word Humanization means act or effect of humanizing, which, in turn, means "to make human, to give a human feature or condition to; to make it benevolent, affable" (FERREIRA, 2010). Given this concept, would not it be redundant to "humanize the human"? Almeida (2012) answers this question when affirming that humanizing man requires a reflection on humanization, beyond the biological dimension:

The first approach to the terms humanization and dehumanization was based on the premise that humans have biological and physiological needs and attitudes aimed at satisfying them would be considered humanized, while dehumanizing would ignore them. Recognizing only the biological and physiological needs would be insufficient to reach the human being completely. Then, it was proposed to include the psychological needs that contemplate the expression and the respect with oneself (ALMEIDA, 2012). It is known that the term humanization has been used frequently in the health area, although the question of the modism of its use (BENEVIDES, PASSOS, 2005) or the concept of occasion, used to name obvious care characteristic (DESLANDES, 2006). It is not uncommon to hear statements by health professionals, including nurses, that humanized care is one in which "I take care of the other as I would care". It is admitted, therefore, that care is based on an intentionality, "[...] something that starts from the self towards the other, so that while caring for something would refer to a task and a job, caring of a person would mean, for example, concern, concern, solicitude" (ALMEIDA, 2010c). The fact that health professionals are so "accustomed" to know diseases, through their signs and symptoms or behavioral characteristics, ends up wanting to objectify the other, not seeing the face, treating only the disease, the flesh, the body. In this sense, to affirm that humanizing care, would be to fully meet the needs of a human being, in a holistic way, attending to their biopsychosocial needs, as Almeida (2009) reiterates in considering humanized "[...] relationship in which the physiological, biological and psychological needs of the human being are fully met". As seen, the human relationship, proposed by Lévinas, privileges the alterity of the neighbor, which often does not happen in the area of health. Almeida (2014) reiterates that no matter how much care of a person refers to a personalized care, in practice these relationships do not always appear concomitantly. "[...] Caring for an illness is different from caring for a sick person, although these two ways are practiced by health professionals" (ALMEIDA, 2014). In the self-other relationship in the process of caring, the nurse while one self, when facing the other will respond to his face, as absolute passivity. Before the alterity of the other, it faces its singularity, individuality, identity. In this encounter, the self, affected by the alterity, emerges with the infinity inaugurated by the relation. Almeida (2010b) therefore certifies that for a humanized care the nurse, maintaining himself as a singular subject, must perform the attitudes inherent to his role, directing his care to someone and this someone is an alterity, which requires an answer just to his call, to his commandment: "Thou shalt not kill". Therefore, to understand the category of care in this way is to appropriate it according to the subjectivities involved in the caring process. Nursing defined as "science / art of caring" is an important part of this process, since it is the health category that is closer to the patient, and therefore has a greater possibility of applying such knowledge in its praxis, so which can transform daily work, care for the patient and care provided.

Final considerations

The I-other relationship pointed out by Lévinas presents the other as absolute alterity and the self as passive subjectivity, which despite being in relation, remain radically separated. In view of this, to conceive others as completely external to the nurse, deeply affects them by requiring a particular direction of the ontology, so that their technical and scientific knowledge are submitted to the demands of the other, attributing a singularity character to the care. The relation that Lévinas describes is an ethical relationship, the one in which the encounter of alterity occurs. And that, because they are alterities, they do not lose their identity and subjectivity, that is, they are related remaining separated. It presents another that is not a concept, it is face, which remains alterity and cannot be objectified, this understanding is of fundamental importance for nursing, which as a profession, takes care of the person, of another concrete. In sum, the Levinasian philosophy is well-suited to treat human relations, especially in the area of health, since often in the daily life of our work we forget that health care is not limited to technical and scientific activities. There is the other, which is sometimes weakened by the situation it faces, but which remains alterity, requiring fair, personalized, singular care. Thinking about the humanization of care based on the philosophy of Emmanuel Lévinas makes it possible to treat the theme of humanization scientifically (concept and foundation) and invite health professionals to reflect on their practices so that one can take care of the other without reducing it to an object, considering all its biopsychosocial dimensions, singularities and particularities. Assuming this responsibility for the other, it is possible to speak in humanized care, care taken for an alterity.

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