

Touching Places / Placing Touch: Space, Culture and Tactility
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Touching Places / Placing Touch: Space, Culture and Tactility

Title : *Touch in the skin's culture of the modern medicine : the birth of biosubjective care*

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Abstract:

Touch is original cause of therapeutic relation. But, at present, touch in medicine is circled in alternative and “smooth” medicine. Touch is an entered point for an analysis of social influence in medicine because “touch is our most social sense” (Tiffany field, *Touch*, MIT Press, 2001, p. 19). Touch therapies are becoming increasingly popular but outside conventional medicine. Social asking of touch appears in modern medicine which do not know take care of it.

Through touch's place in medicine, we can study actual paradigm, based on mechanism and instrumentalism, and also discover his needs of a holistic approach. Touch opens way of a subject medicine as a tale of skin. By discovering or integrating touch therapies, modern medicine can include the subject's space. At the border of body, skin gives to us an access way of subject's care. Finally, it is a theory of other that we can establish by touch: the other person is a touch relation and an affective relation.

Moreover, the alternatives medicine develop a new conception of therapeutic touch ; born in Europe, then exported in America in early 20e century, they return in Europe with a new generation and a new conception of touch : the biosubjective touch.

The therapeutic touch

The therapeutic touch is a practice developed in the techniques of nursing in the American maternities(maternity hospitals) ¹. The nursing consists at first of techniques of hygiene which maintain and organize the environment of the patient: " the adequate

¹. D. Krieger, 1975, Therapeutic touch : the imprimatur of nursing, *Amer.J. Nurs.*, 5, p. 784-787.

use of the fresh air, the light, the heat, the cleanliness, the tranquillity and by the appropriate choice of the diet, while watching to save the vital energy of the patient”².

Florence Nightingale wants to value the feminine knowledge of the care within a rational, depersonalized and male institution; by the virtue, the chastity and the order, her preservation, the nurse has to hasten the cure by adapted care. By moderating their feelings, by showing patience, the dexterity and the sense of the observation are of use as principles to the good judgment and to the fast, firm and soft intervention capacity.

This technical and soft dexterity, attributed to the feminine knowledge, if it lifted criticisms at the feminists, advanced a specific touch less essentialist than introducing into the hospital the recognition of tactile not invasive techniques of care.

Tiffany Field, Ph. D. works actively in the field of the search(research) on the therapeutic massage for the last 20 years. She based in 1992, and steers since, *Touch Research Institute* of University of Miami School of Medicine. She is also the author of several books(pounds) and publications which made the object of numerous mentions. Furthermore, Tiffany Field is very involved with the community in the research known.

Laurence Vaivre-Douret forbids the thesis of a touch to sensori-tonico-motor within a dynamic description of the physical development. The relation of feeding of the child with his(her) mother finds in the staff looking after techniques which can improve the contact with the child by the position of the mouth on the breast, by the driving and the physical posture, and by the tactile accompaniment; the touch is a complete aspect of the practice which tries to restore or to establish a holistic relation between the mother and the child by a sensory contact.

The physical care to the young child distinguishes itself from the care to puericultor because the medical has to lean by being conscious of the illusion so, got, of its latent maternity that is its capacity " to enter empathy with the baby from a steady attention with regard to him(her)»³

To touch the body of others requires an ethics of the care by the concern of the face of others, its sensory intimacy and its emotional subjectivity. To take care of the other one, more than one, requires techniques and understanding of what is at stake in the space of the intersubjective communication of bodies. We would like to present here the minimal conditions of this care of touching both in the normal environment and in the hospital space.

The body care

² F. Nightingale, 1859, *Notes on Nursing : What it is and what it is not*, Philadelphia, J.B. Lippincott, p. 22.

³ Myriam David, 1998, La relation maternelle et la relation soignante, G. Appell, A. Tardos, *Prendre soin d'un jeune enfant. De l'empathie aux soins thérapeutiques*, Ed. Eres, p. 129-135, ici p. 135.

The body care is not reducible with a technical touch which carries out the contact, the gesture and the care in a closed down way, with an instrumentalisation of the body of the other. The technical intention⁴ uses the body like surfaces application without subjective implication. The rigour is translated into coldness without intersubjectivity and a too great implication of oneself in the touch is perceptible by the body of others like an excess if not an invasion of body space.

The care is at the same time business of *technê* and tact. Kant had defined this logical tact to differentiate it from empirical tact: “it is what one could call logical tact: the reflexion represents the object on various sides and arrives to an exact result, without being aware of the acts which occur then inside the spirit”⁵; logical tact touches the world without and before touching it because “tact makes us touch what already touches us”⁶. The professional touch uses logical tact to establish, less one emotional empathy that by the unconscious mental one, an immediate contact which will be translated in a considered care; this passage between the spontaneous contact and the considered care supposes that the understanding, more than affectivity, controls, the body intentionality in the professional touch in order to contain the emotion in the intention. The professional touch, conditioned by logical tact is a reflective touch the direction where it thinks of the being in the world at the time of the effects of contact on the body of the others.

A system of contacts accompanies the practices by emotional reinsurance in the implied familiarity of the nurses with the patients. This “system of the contacts is not possible that insofar as each one gives up the right which it has to hold the others remotely”⁷. The right to touch is organized according to a hierarchy where any member of the categories can between-touch but to touch somebody of another changing category either of a procedure epic, or of a gesture of accompaniment. These asymmetrical relations, Doctors/sick, Doctors/Nurses, Nurses/sick, alternate rites of presentations and rite of avoidance and produce in compensation a touch of accompaniment and compassionnal. Indeed the care, because it applies to the human body, reaches not only the objectivity of the disease (the cause of the evil) but also the subjectivity of the patient (the effect lived by the subject). To take care of somebody is thus not a precaution of principle: the act engages very concretely, through words and gestures, a communication between people. The looking after body, the medical profession tests it also intensely it, is the joint between the medical profession and the neat body.

⁴ . Illich, 2005, *La perte des sens*, Paris, Fayard.

⁵ I. Kant, *Anthropologie*, trad. M. Foucault, Paris, Vrin, 1964, §14, p. 26

⁶ .P. Resweber, 2003, Le soin : affaire de technê et de tact, dans *Les gestes de soin*, Les Cahiers du Portique, Metz, ed. du Portique, p. 85-103, ici p. 91

⁷ E. Goffman, 1974, La tenue et la déférence, *Les Rites d'interaction*, Paris, Ed. de Minuit, p. 67.

The gestuality

The gestuality in consultation, even accompanied by the word and the exchange, distinguishes the extra-communicative gestures from the corpocentrés gestures: those Ci are epic quasi-linguistics because they are equivalent to the word by an acting out, the coverbaux gestures like deictics to indicate a body segment or monstratifs to put the body in scene by the means of the pictographic and kinemimic epic. Since 1964 Paul Ekman shows the epic coil-adaptor⁸: there are universal categories of emotions, associated in a univocal way facial expressions. What enables him to define the joy, sadness, the fear, anger, the surprise and the dislike as being the six basic emotions. With this intention, Ekman and Frisen developed a whole of photographs tested near large populations of various cultures and worked out a tool for coding of the facial expressions in term of emotional label: the FACS (Facial Action Coding System). Pierre Feyreisen develops this psychology of the gesture by defining the gestures of car-contact.

This joint makes it sensitive to the suffering and the pain because of this continuous accompaniment of the life towards death or conversely. This identification between the looking after body and the neat body takes part at the same time of the process of reintegration of the patient in the world of cured and difficult separation between the statute and the person. The implementation of the therapies on the body of the other requires a promiscuity much larger than that of a simple obliged medical visit: that of the intimacy. The incorporation of the products, the imposition of the gestures, the handling of the tools, the affixing of artefacts certainly will upset the traditional co-ordinates of the representation of the body by the subject. Each one could test this instrumentalisation of its own body at the therapies on the body of the other requires a promiscuity much larger than that of a simple obliged medical visit: that of the intimacy. The incorporation of the products, the imposition of the gestures, the handling of the tools, the affixing of artefacts certainly will upset the traditional co-ordinates of the representation of the body by the subject. Each one could test this instrumentalisation of its own body at the point to be able to represent that of others, even if, for the looking after body, all the difficulty is in the integration of this representation of the suffering of the other in its mode of action.

Because the looking after body has the virtue of the communication, not as well by the quality of its members as because of the structure even of its mode of action. Vis-a-vis the body of the other, the looking after body must be able to anticipate the feelings lived by him so that a progressive reappropriation of the body is possible. This passage of the body object of cure to the prone body of care places the body looking after in front of a singular responsibility: that to transpose lived of the body looked after in the terms of the medical profession and reciprocally. This transposition, for given

⁸ Paul Ekman, 1964, Body position, facial expression and verbal behavior during interviews, *Journal of Abnormal and Social Psychology*, 68(3), 295-301.

that it is by the institutional level, does not remain about it less one place of expression for the looking after body; insofar as the looking after body is not only one sponge of its environment, nor a simple neutral mirror, it incarnates in its acts a mode of relation with the body of others.

Behind and under the white blouse, that too much regards as a protective shield or a guarantor of objectivity of the statute, exists a quite real body looking after likely to incarnate in its ethical act a supplement of direction by the care to touch. Delicacy, the attention, the empathy and the compassion are incarnated in the body care by incorporating them by the gesture, the proximity, listening. These techniques of body division with others, if it do not abolish the differences and the distances, make moment and body space of the care a constitution mode to be it sensory: to feel living or live again thanks to the body care cancels and restores emotivity, affectivity and the sensitivity while implying looking after it, looked after and the soignable.

A tactile perception

Through what is soignable physically, the neat one is touched in its psychophysiology, if not its psychology: the body care undermines the subject looked after by modifying the state of its body, the regard of oneself, the image and the diagram body, and the modes of action. To find health is not the only finality of the body care: the reappropriation of oneself by the other rests on a transmission of its knowledge of the gesture, its technique of the body, and its habitus.

The body care is a relation and transmits the relational one without always being able to evaluate nature, the intensity and the effects differently than by physical, emotional and relational health. By giving the care to another out of me, which touches it also reaches me and what I test in me directs the quality of the body care.

“The development of tactile perception⁹ is carried out by the interactive observation of the nonverbal messages in the nursing geriatric :

- Movements of the head: distance, shaking, bringing together, tremor...
- Facial mimicry: grimace, crumpling of the face, smile, tics.
- Movements of the eyes: seek the glance, flow of tears, closing of the eyes, fixing of an object or a person, escape of the glance, tears to the eyes, opening of the eyelids.
- Gestures of the hands: absence of movements, agitation of the hands, crossing of the hands, gives the hand, grattement hands, gripping of an object or hand, sprouting of the finger, research of the hand of looking after, withdrawal of the hand of looking after, handshake of looking after, tapotements, tighten the hand, tremors, etc”¹⁰

⁹ William Schiff, Emerson Foulke eds, 2004, *Tactual Perception*, Cambridge University Press. Morton A. Heller, William Schiff, Eds, 1991, *The Psychology of Touch*, Lawrence Erlbaum Assoc Inc.

¹⁰ D. Saulnier, , Directrice des soins infirmiers du CH Côte des Neiges à Montréal, Les cris répétitifs, dans *L'infirmière Canadienne*, décembre 1989. La seconde partie reprend des extraits du texte d'une aide soignante écrite et publiée par M. Zambon sous le titre « Le toucher parole des mains », *Bilan d'activité*, 1993,

In the context of the AIDS, the direction of the contact at looking after is also confronted with a physical distance and a fear of the contamination. To take off the plastic glove preserves a contact other than that properly aseptized by assuming the risk of the real meeting with the other person and either with the patient. The visual dehumanization of the instrumentalized objectivation of the body by the technicality of the gesture could be attenuated by “a phenomenology of the touch in medium of care”¹¹; to touch the body of the patient directly would restore a true communication as if the skin little by little could, by the risk of the transmission, to restore the authenticity and the truth.

Conclusion

The touch is a therapeutic mode which belongs so that we could indicate like one of the biosubjectifs reports/ratios to the body, like being the doctor of its body¹². By doctor of its body, unlike to be a doctor of oneself, we described the dynamic models by which the subject uses the processes of its body to improve its health, its shape if not the matter even of its body. To know to touch is a medical model of the body, which reaches it according to a topology which is not summarized with the sounding of stethoscope: it is advisable to exceed the paradigm of a visual palpation whose semiology requires only one sensory triangulation (sight-touch-hearing) reinforcing “the glance bordering on the touch”¹³.

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¹¹ Florence Vinit, 1999, Isolement et contact dans la maladie : esquisse phénoménologique autour du sida, dans Léo-paul Bordeleau, Sébastien Charles eds, *Corps et science. Enjeux culturels et philosophiques*, Quebec ed. Liber, p. 133-146. Ici p. 145.

¹² Bernard Andrieu, 1999, Du corps médecin à l'auto-immunisation, *Médecin de son corps*, Paris, P.U.F. coll. Médecine et société. Préface F. Dagognet., p. 13-37.

¹³ Michel Foucault, 1963, Voir, savoir, *Naissance de la clinique*, Paris, P.U.F., 1978, p. 166.